AT WHAT AGE SHOULD A CLEFT OF THE PALATE BE CLOSED?

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Of recent years there has been a marked tendency towards the performance of the operation for closure of the cleft of the palate at an earlier age than formerly. But surgeons whose experience of this operation renders them well qualified to express an opinion are by no means agreed as to the age at which it is most desirable to operate. While, on the one hand, Mr. Arbuthnot Lane says the best age, provided the health of the child permits of it, is during the fifth week, Mr. James Berry, on the other, is strongly of opinion that in the vast majority of cases the age at which the operation is undertaken with most advantage to the patient is some time during the third year of life.

During the last fourteen years I have performed more than 300 operations for hare-lip, or cleft palate. The ages of the patients varied from a week to twenty-one years. From the experience thus gained I have arrived at the following conclusions. The usual type of deformity is a complete cleft of the palate associated with a hare-lip, and in the following remarks I refer more particularly to this class of case.

So far as the palate is concerned the chief object of the operation is to render the powers of speech more perfect than they otherwise could be. Therefore, from a purely theoretical point of view, the earlier in life the cleft is completely closed the better.

From a practical point of view, however, there are several objections to the complete closure of the cleft during infancy. These objections have reference to the operation of staphylorrhaphy rather than to that of uranoplasty.

In the case of a child born with a complete cleft of the palate, the subsequent powers of articulation, though greatly improved, will never be perfect, even though an operation has been successfully performed during infancy. The explanation, I believe, is that when the cleft involves the hard palate, the defect in development is not limited to the structures of the mouth, but also includes the nasal chambers, which are so largely concerned in the production of the voice; consequently some imperfection in articulation is to be expected in cases in which the hard palate has been involved, even though an operation for the closure of the cleft has been successfully performed. If, on the other hand, the defect is limited to the soft palate, the prognosis is much more hopeful. I have had several cases in which I operated for a cleft of the soft palate only before the children could talk, and three or four years afterwards they spoke quite naturally, it being impossible to detect from their speech that the palate had ever been cleft.

As further confirmation of the statement that the cleft in the palate is not entirely responsible for the nasal character of the articulation, one has only to remember that from time to time children are seen who speak as if there were a cleft of the palate, but on examining the mouth the only defect noticeable is that the palate is highly arched, thus encroaching upon the nasal chambers.

I am quite convinced that in order to obtain the best result in respect to articulation, it is essential for the soft palate to be well formed and freely movable. Otherwise it cannot act satisfactorily as a nasopharyngeal diaphragm.

OPERATION UPON THE HARD PALATE.

I believe the cleft of the hard palate may with advantage be closed during infancy, not by raising a muco-periosteal flap from the palate bones on either side and uniting them in the middle line, for, owing to the width of the gap, this would in most cases be impossible, but by raising a muco-periosteal flap from one side, and turning it over on a marginal hinge, as suggested by Mr. Lane.

If this is decided upon, it certainly should be done before operating upon the lip. A raw surface is thus left to granulate, but in the hard palate, provided the gap is closed, excess of cicatricial tissue is of no moment.

OPERATION ON THE SOFT PALATE.

In the case of the soft palate, however, the matter is somewhat different. In order to obtain a well-formed and freely movable soft palate, excess of cicatricial tissue must be avoided. If the cleft of the soft palate is closed during infancy, this can only be done by means of a turn-over flap, which of necessity leaves a raw surface to granulate, and will ultimately cause some contraction and stiffening of the parts. If, on the other hand, the operation upon the soft palate is postponed until the child is about 2 years of age, there is more tissue to work with, and it is generally possible to fashion a good soft palate and uvula by paring the edges of the cleft and uniting them in the middle line. Excess of cicatricial tissue is thus obviated, for union takes place by first intention.

Though I have of recent years operated upon the hard palate during infancy and closed the cleft of the soft palate later, I am not convinced that the subsequent powers of articulation in these children have been better than in those in whom the complete operation has been postponed until the second or third year. I am convinced, however, it is unwise to operate upon the soft palate during infancy, for my best results have been obtained when the cleft was closed a few years later in life.

BROPHY'S OPERATION.

Professor Brophy of Chicago has drawn attention to the fact—which I have on several occasions verified—that in a complete cleft of the palate the superior maxillary arch is excessive in diameter by just the width of the cleft. For some years Dr. Brophy has overcome this defect by forcing the maxillary and palate bones together in the middle line. The cleft thus obliterated, it only remains to pare the edges and unite them together. I have on two occasions adopted this procedure, following to the best of my ability the written instructions of Dr. Brophy. In neither case was I successful in obtaining satisfactory approximation of the palate bones, and therefore did not proceed further with the operation. There is no doubt that in plastic work especially the skill of the individual surgeon counts for a very great deal, and it is quite possible that my defect in manual dexterity accounted for my want of success. However that may be, I do not propose to again attempt the operation until I am satisfied that the results, as regards speech and appearance, are after this method appreciably better than can be obtained by less severe and less dangerous measures. After all said and done, the object with which an operation for cleft palate is undertaken is to render the afflicted individual more capable in later years of fighting his battle in life. There can be no virtue *per se* in closing the cleft during infancy; the real test of the operation is the remote and not the immediate result.

CONCLUSION.

All surgeons are agreed that the cleft should be completely closed during the first few years of life; but the point yet to be decided is whether it is better to operate during early infancy or during early childhood. For my own part, for reasons I have already mentioned, I prefer as a general rule to postpone operating upon the palate until the child is between 2 and 3 years of age, and then at one operation completely close the cleft.

The question, however, is clearly a matter of evidence, and well worthy of investigation.

In London there is surely plenty of material available; and if at one of the medical societies a series of cleft palate cases from four to six years after operation were brought forward by surgeons who hold diverse views respecting the age at which the operation should be performed, in order to demonstrate the after-results of their operations (a set-piece for recitation, such as "This is the house that Jack built," would certainly be a novelty), some light would be thrown upon the vexed question, At what age should the operation be performed?

WOMEN AS UNIVERSITY LECTURERS.—The Austrian Minister of Public Instruction has recently addressed a circular to all the universities of the Empire inquiring as to their attitude in regard to licensing women as lecturers. So far only the philosophical faculties of the German and Czech universities of Prague have replied—the former in an affirmative, the latter in a negative sense.