deaf child or of the methods of educating him; they feel that such experimentation should be in collaboration with teachers. Children may be taken from school, their parents being imbued with the idea that their hearing is going to be restored. They may be told that the child has been instructed on entirely wrong lines, and a new method is going to be elaborated. Eventually they all return to the special schools, and occasionally one of them can hear a little better, but the majority are in no way improved. Precious months of their all-too-short educational life have been sacrificed to no useful purpose and the lost time can never be made up.

Now, suppose for the sake of argument that a child acquires a knowledge through the ear of 200 to 300 words and can answer a number of familiar questions and can respond to commonplace requests. What educational use is going to be made of this new power upon ordinary lines? Such a child can never be educated by aural means alone, and he must return to a special school for deaf children. It is a painful fact, only too well known to teachers of the deaf, but not appreciated by the layman, that even slight deafness in both ears has an extraordinary effect on the educational progress of a child, and necessitates a radical modification of the ordinary methods of school education. Lip-reading, as a means of communication, is a necessity, and only after lip-reading has been learned can the education be pushed on at anything like the normal rate of progress. What, then, of children whose deafness is gross?

The oral method of instructing deaf children cannot be dispensed with in the case of any child who has an appreciable degree of bilateral deafness. The "hard-of-hearing" find lip-reading of inestimable value, and it may even for them be described as a practical necessity. In my opinion, the ideal place for experiments with the hearing of deaf children is at the school attended by the child, and the experiments should be conducted in coöperation with the teacher. If the experiments are in the hands of a medical man, and at a clinic at a distance from the school, then an experienced teacher of the deaf, possessing an intimate knowledge of the psychology of the deaf child and of methods of educating him, should be associated with the doctor. To develop residual hearing, apart from the intrinsic value of any hearing power, exercises a wholesome effect upon the quality of the voice of the deaf child. Every child in my school with the slightest degree of hearing has regular "hearing" exercises at frequent intervals. But, as a general rule, it is only when there is a large degree of hearing, combined with an active intelligence and good memory, that there is any chance of the pupil being transferred to an ordinary hearing school and his education continued on oral and aural lines. And even the best of these transferred cases have to rely upon their lip-reading ability, and be given favourable positions in front of the class.

I should like to see readers of THE LANCET who have conducted experiments with deaf children, with a view to stimulating a dormant sense of hearing or to improving already existing hearing power, tabulating their results publicly. Parents and teachers could see to what extent real achievement has been reached. Respecting any particular series of experiments it is desirable to know (1) the number of cases the investigator has treated; (2) the length and nature of the treatment in each case; (3) the auditory, mental, and educational condition of each case when the experiment began; (4) the degree of progress made individually in the development of hearing acuity—physiologically considered, and apart from improvement in the power of mental interpretation; (5) the extent to which any increased acuity of hearing power has influenced subsequent educational methods and progress.

I am, Sir, yours faithfully,

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WELSH NATIONAL SCHOOL OF MEDICINE.

To the Editor of THE LANCET.

SIR,—There is, we find, some confusion in the public mind as between the two appeals for university education purposes in Wales which appeared on Dec. 6th and 7th. May we explain that the two coördinate appeals were necessary and, indeed, inevitable, and were issued with the approval of the University and College authorities.

The Welsh National School of Medicine owes its inception and its present position to the foresight and energy of the governing body of the University College of South Wales and Monmouthshire and their friends. When, however, the new charter of the University of Wales was granted, it became necessary to give a national and university status to the school of medicine, although the administration remained in the hands of the Council of the University College of South Wales and Monmouthshire. Indeed, the Royal Commission recommended that the medical school should be a separate constituent college. When, therefore, funds were required, it was the business of the University Council, as controlling the finances of all the university colleges in Wales, to issue the appeal on behalf of the Welsh National School of Medicine.

The appeal of the University College of South Wales and Monmouthshire is entirely for its special and immediate needs, and is not in conflict with any other. The most urgent need of the College is for new laboratories in physics and chemistry, and these are as important for medical students as for students in pure science. Meanwhile, the need of the Welsh National School of Medicine for a fund of £100,000 (or its equivalent in annual income), before August, 1922, is very urgent in order that the school may qualify for the Treasury grant of £5000 per annum. That grant is absolutely dependent on the success of the appeal now made on behalf of the Welsh National School of Medicine, and contributions will be gladly acknowledged on behalf of the Appeal Committee by Mr. Gwilym Hughes, Organising Secretary, Welsh National School of Medicine, Newport-road, Cardiff.

We are, Sir, yours faithfully,

(Signed) KENYON, Pro-Chancellor.

A. H. TROW, Vice-Chancellor.

University of Wales, Dec. 28th, 1921.

IMPORTANCE OF THORACIC RESPIRATION.

To the Editor of THE LANCET.

SIR,—I have read with great interest Sir Arbuthnot Lane's article in your issue of Dec. 24th, 1921, on the importance of thoracic respiration, for the reason that it refers to points, raised in an article in *National Health* (June, 1919), where I showed how much thoracic respiration was dependent on efficient nutrition, by which I meant the proper supply of nourishment and the bestowal of great care and attention on the functioning of the intestinal canal. My experience of the importance of the free and indeed forcible passage of air through the naso-pharynx as the chief if not the only factor in the development of this cavity and of its thorough ventilation, coincides entirely with the views on the mechanics of the naso-pharynx and of the bones of the face which Sir Arbuthnot Lane has described in detail in many papers on this subject.

I am quite satisfied that the infection of the lymphatic tissue of the naso-pharynx by organisms can be avoided by suitable breathing exercises, and I also believe that a certain proportion of adenoid hypertrophy can be removed by improving the vitality of the tissues generally by proper food, efficient intestinal drainage, and increased oxygenation of the blood in the manner indicated. After, and usually before I deal surgically with infections of the adenoids, I employ these methods of treatment to remove any residual infection and to prevent recurrence. It is important for those who operate for the removal of adenoids to realise that the