

breast-fed, or, in fact, to be fed in any way different from that adopted before the operation?

Mr. Barrington Ward did good service by giving us instructive statistics as to the immediate operative mortality among Mr. Lane's hospital cases. Among 172 patients 22 died, or, if cases under one year only be counted, 18 died out of 144. So far as the patients are concerned, this would seem to be an immediate mortality of at least 1 in 8. But, as Mr. Ward said, by including the secondary and tertiary operations the number of operations can be raised to 369, and he thus arrives at the percentage mortality of 5.9 quoted by Mr. Lane. How many of the patients die within a few weeks or months of their leaving the hospital we have not yet been informed.

But, after all, the actual mortality is not the main point. The main point is, do the children who survive the operation (and we know that some of them do) speak better or worse than those who have been operated on in early childhood? At present there is absolutely no proof that they speak better, and, judging from what we have seen, they apparently speak worse. I may add that I have seen a considerable number of these "flap" patients besides the few that were shown at the meeting. As far as I could judge, the general opinion of those who were present at the meeting and who heard the patients talk was well expressed by several of the speakers, who said that, judging from the results shown, there could be no question that the patients operated on by Langenbeck's method spoke much better than the others. Not one speaker ventured to express the contrary opinion.

To prevent misconception, I may repeat again what has been said many times, that we advocates of the Langenbeck operation do not object to a very early operation in suitable cases. There are cases of cleft of the soft palate and narrow clefts involving the hard palate that can be closed with advantage, even within the first year of life, by Langenbeck's method. What we do believe to be wrong is the performance of an extensive "turnover flap" operation, which has admittedly a high mortality, which does nothing to improve the child's chance of life (although doing a good deal to diminish it), which is known in many cases to leave an extremely defective palate, and of which the advocates have never brought forward any proof whatever that the speech of those who survive is as good as, much less better than, that of those who are operated upon by Langenbeck's method in early childhood.

I am, Sir, yours faithfully,

London, June 3rd, 1911.

JAMES BERRY.

DR. COOKE FUND.

To the Editor of THE LANCET.

SIR,—May I through your columns acknowledge (on behalf of my Barnstaple colleagues and myself) the splendid response which has been made to our appeal. To each and every generous giver we tender our warmest thanks. I enclose a communication from Dr. Cooke which I should greatly thank you to publish. The net result of our appeal is that we find ourselves in possession of some £2000—a splendid nucleus for such a fund as is foreshadowed in Dr. Cooke's letter.

It is only fair to say that the idea of a permanent scheme first emanated from Sir Henry Morris—himself a most liberal giver—but numbers of our correspondents have touched upon it and I gladly commend the suggestion to your advocacy and to the consideration of your readers. If only one of our medical benevolent or charitable institutions would take over the £2000 and (after securing to Dr. Cooke some such annuity as he could procure by sinking the capital) make a further appeal on an extended basis and for a permanent purpose the result would in my opinion be assured. It would be intensely gratifying to all who have so nobly supported the "Dr. Cooke Fund" if instead of the capital being sunk it could be utilised as suggested and form a monument for all time to the fraternal freemasonry of our profession.

Thanking you for the space which I feel sure you will be good enough to allow me,

I am, Sir, yours faithfully,

JOHN R. HARPER,
Treasurer.

Barnstaple, May 25th, 1911.

[ENCLOSURE.]

Westward Ho!, 24th May, 1911.

DEAR DR. HARPER,—Will you please accept for yourself and your Barnstaple colleagues my most sincere thanks for all you have done on

my behalf, and will you be good enough to express to those who have so generously subscribed to the Dr. Cooke Fund my heartfelt gratitude and intense appreciation? Such a magnificent response to your appeal deserves to be chronicled to the lasting honour of the medical profession, and no words of mine can adequately acknowledge it, and I only wish I could personally thank and shake by the hand the hundreds of warm-hearted medical men and women who have been so good to me in my distress.

I have been thinking how best I can show the reality of my gratitude. It seems to me that I can do so in no more practical and effective way than by adopting the admirable suggestion that the capital should on my death form the nucleus of a permanent fund for the benefit of the medical profession which has so generously subscribed it. Will you formulate some plan for carrying this into effect, and if my blindness and the exceeding goodness of my medical confrères result in the establishment of some permanent addition to our medical charities it will surely help me to bear my affliction with patience and fortitude.

Again thanking you, and through you every one of the many kind contributors who have lightened my darkness and brightened my life,
I am, very gratefully yours,

Dr. J. R. Harper, Barnstaple.

CHARLES M. COOKE.

GENIUS AND INSANITY.

To the Editor of THE LANCET.

SIR,—As a soldier, Mr. Kenneth Campbell's letter with respect to the alleged epilepsy of Julius Cæsar has much interested me. The original authorities containing materials for the life of Cæsar are the eighth book of the Commentaries, Sallust, Catullus, Livy, and Varro. Appian, Plutarch, and Suetonius wrote about 150 years after Cæsar's death. The only mention made of "fits" is by Plutarch, who reports that Cæsar had his first fit whilst at Corduba. He was then 55—a rather late period of life surely for epilepsy to first manifest itself! The whole story was probably tittle-tattle. What did Thackeray think of history? "I say to the Muse of History, O Venerable Daughter of Mnemosyne, I doubt every statement you have ever made since your Ladyship was a Muse."

I am, Sir, yours faithfully,

M. C. GRIBBON,

Lieutenant, 67th Punjabis.

Junior Naval and Military Club, June 3rd, 1911.

SENSATIONS DURING A STOVAINE OPERATION.

To the Editor of THE LANCET.

SIR,—I underwent an operation for varicose veins on May 1st, and at 9.15 A.M. an injection of stovaine was made between my second and third lumbar vertebrae, and after five minutes pain-sensation to a pin was lost up to the nipple level. A curtain screened my view of the proceedings, and having the services of two surgeons the veins were removed within 50 minutes through six incisions (three being 5 inches). Thinking the patient's sensations might be interesting to others, I record them. Within a minute or so of injection a pleasant numbness, accompanied by the slightest of tingling, seemed to be taking possession of the lower trunk and limbs. These soon became dominated by a pleasurable sense of ease which is difficult of description and was augmented by the reclining posture with the head and shoulders in moderate elevation. Having seen no stovaine operation, the incision was, I must admit, somewhat anxiously awaited, though, in fact, it needed not to be, for the linear pressure of the knife felt only like a firm lead-pencil stroke, and my confidence was now complete that pain was banished. All the pressure impulses, though doubtless dulled, were felt to accompany manipulations of the limb, and were experienced as little pulls and pushes mingled with the slightest of prickings (like a gentle tug on a short hair). The power of localising these was also retained, though a little confused by the simultaneous work proceeding in the varicose area. These were the only feelings except one other which led me to remind them that the lotion was a hot one and belied one's sense of possessing a limb of leather. I maintained a conversation with the anaesthetist unhampered by any indisposition, and the only other feature was the colouring of my conversation by the pleasurable sense already referred to. Of this fact I was also conscious, though unable, or at least disinclined, to inhibit. It was, however, quite fit for a modern theatre. Loss of motion in the limbs accompanied the anaesthesia and returned in two hours, ordinary sensations