

CLEFT PALATE AND HARE-LIP.

In the process of normal development, every human being passes through the stage of cleft palate and hare-lip several months before birth. Arrest of development at this stage means that, when the baby is born, he or she suffers from a cleft palate, a hare-lip, or the two combined.

There is more superstition than scientific knowledge concerning the immediate and remote causes of this condition. Heredity? In some cases, surely. And when there is a definite history in two families, inter-marriage of their members is undesirable. But the conditions under which this deformity is handed down from one generation to another are still so obscure that it is impossible to dogmatise over them. Nor is any useful purpose served by reviewing the literature, often fantastic, of ante-natal influences and impressions presumed in a flash to have determined the unborn baby's fate in this respect.

Hare-lip is a congenital slit of the upper-lip which may involve the soft tissues only or may also include the bony structures. A hare-lip is complete if it extends into the nostril, and incomplete if it does not do so. It may indeed be so incomplete that the only evidence of it is a thin red line in the upper-lip just a little to right or left of the middle line. The defect may exist on either side of the middle line and is most common on the left side.

Even in simple cases the nose is broad and flattened owing to lack of support by the underlying structures. The lack of such support is particularly great when the palate is cleft, and an abnormal communication exists between nose and mouth. The effect of this combined deformity of palate and lip is very serious, for the power of suction is lost and fluid taken into the mouth is apt to escape through the nostrils instead of being swallowed. The child is therefore unable to suckle and must be carefully spoon-fed. Speech is also impaired, being very indistinct and often incomprehensible. Both taste and smell are much diminished, and the facilities for infection of the back of the nose are much increased. It follows that the baby is much handicapped in its fight for life from the moment it is born, and this handicap is hardly ever overcome entirely, however skilful and conscientious the treatment given.

It is a curious fact that boys are more liable to this deformity than girls in the proportion of three to two; the reason for this sex difference is still obscure. Another curious fact is the frequent association of other deformities such as club-foot with this condition. Why? No one knows.

How common are cleft palate and hare-lip? The statistics of various countries are remarkably unanimous in the estimate of 0.1 per cent. In other words, among a thousand babies one will be born with some form or other of this ailment, and the odds are that if the deformity exists at all, it will be in a severe form.

Till a quite recent date, there was hardly one civilised country in which a central organisation was provided for the treatment and training of these cases. They were not collected in special hospitals, but were distributed in general hospitals, where surgeons with little or no special experience and training in this high technical subject dealt with one or two cases every year in the course of their general operating work. What was true of the surgeon was equally true of the dentist; not having specialised in this subject, he could only apply his general knowledge of dentistry to it. Further, the correction of speech defects and the training of the voice was not entrusted to persons with special knowledge of it.

Now in many countries these patients are being drafted into special hospitals where they enjoy the benefits of

skilled team work by surgeons, dentists, nurses and experts in phonetics. The results are already very encouraging, and the high mortality among these babies is being considerably reduced. It has been calculated that the operation mortality in skilled hands is now less than 1 per cent., whereas formerly it was much higher. This great advance is in part due to the advances made in general anaesthesia, which no longer is dependent on inhalation of chloroform or ether by the mouth.

What is the best treatment? There are many different operations and they all require exceptional dexterity, experience and patience. In some cases the specialist refuses to operate at all, finding that better and surer results can be achieved by the dentist, who fits a false palate and other contrivances so skilfully into the mouth that much of the functional effects of the deformity are repaired.

A few years ago the Finnish Red Cross received an important legacy which was ear-marked for the benefit of sufferers from cleft palate and hare-lip. A committee of experts was appointed to recommend the best employment of this windfall. It was agreed that an investigation should be undertaken of the frequency of this deformity in children, that a teacher should be trained to deal with the speech defects, and that financial aid should be given to some surgeon who was willing to undertake a special study of the technique required.

It has already been ascertained that in Finland alone at least 70 babies are born every year with cleft palates. Though many such babies die early, it is probable that the total number of sufferers in Finland from this condition is between 2,500 and 3,000. This in a total population of only 3,670,000.

It is to be hoped that the enterprise of the Finnish Red Cross in this domain will inspire national Red Cross Societies in other countries to follow its example. For cleft palate and hare-lip are ubiquitous.

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ECONOMY IN LIVER EXTRACTS.

The Ministry of Health have issued an Order under the Defence Regulations, limiting, as a war-time measure, the use of liver extracts. The Order provides that liver extracts shall be administered to patients suffering from pernicious anaemia or other megalocytic anaemias only and that such administration shall be only by injection. These restrictions will not apply to preparations manufactured before August 31, 1941.

Until now liver for medicinal preparations has been imported, home supplies being used for food purposes. This has meant the use of shipping refrigeration space which is urgently required for other needs. Further, the preparation of extract of liver to be taken by mouth involves the use of glycerine and alcohol among other substances, and these, as is well known, are in immense demand for munitions.

Fortunately, it is possible to achieve economy in the use of liver extracts without patients suffering any hardship. Liver extract is a specific in the treatment of pernicious anaemia and other megalocytic anaemias only and it has been proved that by far the most effective and economical way of administering it is by injection. It does not, however, have the same specific effect on the other and much more common forms of anaemias which can be effectively treated in other ways. Patients, therefore, with other forms of anaemia need not suffer, while at the same time ample supplies of liver will be assured for those who really need it.

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