prolapse, and, therefore, consider that extensive resection is both unnecessary and uncalled for.—I am, etc.,

Stratford Place, W. HARRISON CRIPPS.

ARTHRECTOMY.

SIR,—I was present at, and, by the kind permission of the President took part in, the discussion at the Royal Medical and Chirurgical Society last month, when Messrs. Barker and Pollard read papers on "Primary Union after Excision of the Hip." I felt and expressed the greatest admiration for the results obtained, results which, until now, have, I believe, never been approached. Since that meeting I have excised the hip three times. In the first case I obtained primary union, except at one superficial spot, under a single dressing; the second case done a fortnight ago has been dressed once; the third is recent. The results of these and other cases I hope to record by-and-bye. It is, of course, too early to say much about them yet, and I only mention these to show that I do not write from any captious motive, but am sincerely anxious to give all credit to the originators of primary union after excision of the hip. Still I think Mr. Barker, in his paper published in the JOURNAL of January 19th, is hardly just to the work of others. He says (p. 123, second column, first paragraph), in reference to operation by other methods, "The patient usually lay in bed for months . . . suffering a martyrdom at each dressing, &c."; and, lower down, "The best results in any long series of cases hitherto published . . . have never shown a smaller gross mortality . . . than about 36 per cent." I venture, Sir, to directly traverse the statement as to "martyrdom" and as to the mortality. If Mr. Barker had looked at the figures published in my book on *Hip Disease in Children*, he would have seen that my own mortality in a hundred cases was fifteen, and that the average mortality of 2,461 cases, some going back as far as 1860, was less than 35 per cent. My own mortality was only raised to 15 per cent. by following out my cases carefully, for five of the fifteen died more than a year after the operation. These statements, therefore, should not, I think, go uncorrected. As to lying in bed for "months," I cannot, of course, say how many months Mr. Barker means. In my own cases the average time, as near as I can get it, is somewhat under three months, but this is made so high, mainly by some thirteen cases which were especially bad. and does not, I think, represent an average result. However, I shall be the first to acknowledge the vast improvement in this respect obtained by Messrs. Barker and Pollard, though I think in any case it is not wise to allow the patient up under three weeks or more.

My own belief is that Messrs. Barker and Pollard have introduced splendid improvement in the management of excisions of the hip, but it is certainly incorrect to say that either "martyrdom" or any severe pain has been suffered during dressing (except in very isolated cases); neither has dressing been "very frequent." Of the advantages of primary union and of the possibility of obtaining it there is no doubt, nor is there any doubt of the importance of removing, as perfectly as possible, all tuberculous material from the affected part, a fact I have many times pointed out in the case of the knee since nine years ago when I originated erasion. I do not, however, think that those who have had much to do with excision of the hip will agree with Mr. Barker that the anterior incision is so entirely superior to that over the trochanter as he seems to think; at least. such is my experience. For other details I must refer to my book.—I am, etc., G. A. WRIGHT.

Manchester, January 20th.

ARTERIAL ORIGIN OF PILES.

SIR, —I should not have felt justified in further trespassing upon the valuable space of your JOURNAL had I not considered that a distinct advantage might be gained by a final settlement of this vexed question. Mr. Allingham in his letter states that "nowhere in our work is there any mention of the arterial origin of piles." If I may accept this as a tacit assurance that he wishes to abandon all those passages in his work which, if not definitely stating, distinctly infer that piles originate in arteries, it would contract the differences between us to a narrow point, and that is the clinical advantages of retaining the term arterial pile. In the first place I fail to see any utility in a term which conveys a false impression, and engenders the conception of a heterodox pathology; and further, I consider a pathological is always a more precise and instructive distinction than any derived from a clinical source. For instance, I consider that it is far more practical, and much more useful, to call a tumour which originates and entirely depends upon a diseased condition of a vein—even though the normal concomitant artery may accidentally bleed either from irritation or ulceration—a venous rather than an arterial pile. In order to make the *reductio ad absurdum* of Mr. Allingham's argument more conspicuous, I have only to quote that part of his letter in which he pleads for the application of the title arterial to those "tumours which are not affected by excesses in diet." When Mr. Allingham can submit for independent inspection a hæmorrhoid in which the arterial predominates over the venous constituents, then I will not only admit the arterial origin but also the clinical, as well as the pathological, advantage of retaining the term arterial pile.—I am, etc.,

Manchester. WALTER WHITEHEAD

EYESIGHT AND THE EDUCATION ACT.

SIR,—Many of your readers have no doubt seen the letters and leading article in the *Standard* about shortsightedness amongst the children in the public schools. There are proposals that special inquiries should be made as to the eyesight of the scholars, and that the poorer children should be furnished with spectacles. None of the correspondents allude to the Committee which was formed at the annual meeting of the British Medical Association, held at Glasgow in August last, to inquire into the health of children in primary schools. As a member of said Committee, I have already made and transmitted to Dr. Warner a report of above 500 children in Prestonpans; and I find that there were only twelve shortsighted, though many of those at the Board School are the children of miners. My view has always been that shortsightedness is commoner amongst a town population than amongst a country or seafaring population, and that it is promoted by want of habit in exercising the eye to varying distances. It is distinctly hereditary.

But the reason of asking the favour of inserting this letter in the JOURNAL is that I am not satisfied with the assumption made in the leading article in the *Standard*, and apparently in all the letters allowed to appear (for some editors will not insert any letter which contradicts their leader), namely, that the advancing process of shortsightedness will be stopped by the use of glasses, and that without them it is likely to go on. It is admitted by physiologists that the eye has a power of accommodation to distances, and that this is to a certain extent under the control of the will, and may be increased by exercise. It seems to me that shortsighted children should do their best to recognise distances, and to make increased attention to the play of inference and comparison by which distances are partly recognised or recognisable; but if they are furnished with spectacles at an early age, it is likely this educative process will be checked, and that they will become like so many people, helplessly dependent upon their eyeglasses. If the children are allowed to hold their books to their own focal distances in a good light, it does not seem to me that their shortsightedness would be increased by the want of glasses. I have been told by some medical men that this view is not favoured by oculists: nevertheless I am not disposed to abandon it through mere deference to a dogmatic opinion. I have several times heard the celebrated oculist, Sichel, of Paris, declare it to be a mistake habitually to wear glasses. Sichel was himself myopic. He said he had much improved in the seeing of distant objects by practice and the changes of time upon the eye. It would gratify me much to see this question discussed in your columns by those who have had experience in treating eye-diseases: not specialists solely, but also surgeons and general practitioners.—I am, etc., W. W. IRELAND.

Prestonpans.

THE COLLECTIVE INVESTIGATION REPORTS.

SIR,—Dr. Isambard Owen, in his address on the Geographical Distribution of Certain Diseases, at the Medical Society, proved very conclusively the extreme prevalence of rickets in large towns lying on the coal measures, but that in the Lancashire coalfield there was one notable exception, namely, the town of St. Helen's. So noticeable is the immunity from this disease in St. Helen's, surrounded, as it is, by other towns where it is most common, that it is worth while to ask wherein it differs from the other towns in its neighbourhood.

St. Helen's is certainly no cleaner, no less smoky, than any other Lancashire town, and has besides special atmospheric impurities of its own, such as escapes of chlorine, hydrochloric and sul-