officer of the district. The nurses, too, undertake the whole of the health work in the area allotted to them, including the following up of ailing children. In this they are assisted to a limited extent by the Society for the Prevention of Cruelty to Children and the local committees dealing with infant welfare work. Minor ailments are treated at the school treatment centres, but diseases not coming under this heading are attended to by the school nurse at the instance of the general practitioner in charge of the case. There is one experimental nursery school in the county. A thorough investigation into the school furniture in use in schools has been held, but unfortunately few recommendations for its improvement were suggested. Dr. Greenwood believes that even if a fresh start could be made any scheme adopted would still remain imperfect, and to some extent experimental. Analysing the seating accommodation for 24,311 children, he reports that 7000 had seats without backs, and 2000 had chairs and tables. He is not quite satisfied that tables and chairs are the right thing for children, and, as a matter of fact, experience has shown that, wherever tables have been introduced, except for infants, they have been replaced later by more specialised furniture. The modern tendency to revert to tables and chairs for older children is a temporary phase, and sooner or later the desk will reassert its superiority.

Dr. Greenwood admits the great importance of good lighting, but records that his personal view is that bad lighting has not yet produced a case of eye disease. This may be so, but the fixation of the eye required in bad light is an urgent cause of eye-strain. In an eye predisposed to myopia this strain certainly aggravates the diseased condition. Eight per cent. of the school population in Kent suffer from defective vision, and 2 per cent. from squint.

An analysis of the ages of children suffering from diagnosed or suspected tuberculosis showed that, excluding disease of the glands, there was no difference in the numbers at the ages of 8 and 14 respectively.

SWINDON.

Out of 2632 children examined, 213 were found to have defective vision, 279 enlarged tonsils, 61 of these requiring active treatment. Only one case of rickets occurred, and there was no definite pulmonary tuberculosis. Dental examination of 2120 children revealed 17.3 per cent. with carious teeth; 1000 of these children received treatment under the local authority's scheme. Dr. Dunstan Brewer, successor to Dr. W. F. J. Whitley, reports that for years past Swindon has remained comparatively free from acute poliomyelitis, but that, on the other hand, rheumatism is a common disease, and cardiac cripples are numerous. Four cases of organic heart disease were discovered at medical inspections. Dr. Brewer looks upon diphtheria as "the great killing disease among children of school age," and is of the opinion that the school teacher is much more likely to be the carrier than are the children; he suggests that when throats are being swabbed the teacher should not be forgotten. Commenting on voluntary help, it is stated that the need has been lessened considerably, and that voluntary workers, forming children's care committees and so forth, were now less essential to success than when school inspection was first inaugurated.

The coöperation between the school medical service and local infant welfare work is so close that it is hoped shortly to have a continuous health record of each child between birth and the age of 16.

DONATIONS AND BEQUESTS.—The Manchester Royal Infirmary has received £1000 from the late Mr. Marcus Morreau for the endowment of a bed, a bequest of £100 from the late Mr. Joseph Milnthorpe, and £250 from the late Mr. Joseph Stanier. Donations from Salford and Glossop and from employees of various firms reached £345, while the Manchester Ship Canal Company have increased their annual subscription from £25 to £100. The subscriptions and donations to the Manchester Children's Hospital during the past month reached £816, including £500 from Messrs. Peel and Co., Ltd.

Correspondence.

"Audi alteram partem."

ORGANISATION OF MEDICAL EDUCATION : OPHTHALMIA NEONATORUM.

To the Editor of THE LANCET.

SIR,—Mr. J. Herbert Parsons, in your columns last week, drew attention to the inefficiency of the present curriculum in teaching the medical student how to cope with ophthalmic conditions, more particularly ophthalmia neonatorum. The Metropolitan Asylums Board have established a special hospital for this disease—namely, St. Margaret's, Leighton-road, Kentish Town. Last year rather less than one-third of the cases which occurred in the London area were received at this institution. A large percentage were blind on admission from corneal ulceration owing to inefficient or want of early treatment. Indeed, the average day on which they were admitted to the hospital was the ninth. One can only put this down to ignorance on the part of the midwife or doctor attending the cases, as if they had been educated in the natural history of the disease during their curriculum this would not have occurred. In 1920 the Ophthalmological Society of the United Kingdom passed the following resolution:—

"In passing a vote of thanks to the Metropolitan Asylums Board for permission to visit St. Margaret's Hospital, this meeting of the Ophthalmological Society wishes to urge on the Board, now that so large a number of cases of ophthalmia neonatorum are congregated together in one institution, that facilities should be afforded at their hospital for the teaching of medical students, midwives, and district nurses the natural history and treatment of the disease."

As the result of this the Metropolitan Asylums Board gave permission for St. Margaret's Hospital to be used for the purpose of teaching, and all the examining bodies were informed both of the resolution and the permission given by the M.A.B., but so far no advantage has been taken of the facilities so offered.

I am, Sir, yours faithfully,
Harley-street, W., Dec. 26th, 1921. M. S. MAYOU.

INTERPOSITION OPERATION FOR VAGINAL PROLAPSE.

To the Editor of THE LANCET.

SIR,—Last year you published¹ a lecture I had delivered at the Royal Society of Medicine on the surgical treatment of prolapse of the uterus and vagina. In this lecture I made the following statement in regard to the interposition operation:—

"Schauta, to whom the introduction of this operation is attributed, lost five cases in 89 operations, and in 13 cases there were recurrences. Fothergill, commenting on these figures, justly remarks that 'no results could be much worse than these.' Bissell has reported an almost incredible mortality of 75 per cent., while Vineberg² states that 'I abandoned it (interposition operation) myself on account of the extensive suppuration usually accompanying it.'"

I explained in another part of the lecture how sepsis can be entirely prevented. When I was in America this year I met Dr. Bissell, with whom I discussed the matter. He then told me he had not made any such statement as that attributed to him; for, like myself, he had never had a death following the interposition operation. This information was so contrary to what I had quoted in my lecture that I asked him to make some inquiry into the matter. I have just received from him a letter enclosing one from Dr. Vineberg, which explains how the mistake has arisen. I shall be very glad, therefore, if you will publish these letters, which I enclose, as I greatly

¹ THE LANCET, 1920, i., 993.

² Vineberg, H. N., Amer. Journ. Obstet. and Gynecol., 1919, lxxix., 677.