who, up to that period, had never even tried to walk. In spite of my having told him of this exceptional circumstance (upon the authority of Sir Richard Quain) Dr. Reid now complacently tells me and your readers generally that a child can only do this "through use and after long practice." The fact I have cited is certainly hostile to Dr. Reid's theories, and tends to show that when walking is delayed much beyond the usual time, such complicated motor acts may be exercised, independently of previous trials and failures, simply because in the mean time the motor mechanisms concerned with these acts which the child has inherited have had time to develop.

I am, Sirs, faithfully yours,

Manchester-square, May 17th, 1897. H. CHARLTON BASTIAN.

DR. RENTOUL AND THE GENERAL MEDICAL COUNCIL.

To the Editors of THE LANCET.

SIRS,—From the letter of my colleague, Dr. R. R. Rentoul, published in THE LANCET of May 15th, it would appear that he only imperfectly realises his position as a Direct Representative. Having undertaken to act as representatives of the profession on the Council it appears to me that it is incumbent upon us, at whatever personal sacrifice, to attend the meetings of the Council and to do all we can to promote the interests of our constituents. The Direct Representatives are so few in number that for one to drop out of the ranks is to weaken the influence of the others. I trust, therefore, that Dr. Rentoul will, notwithstanding what he has said, take his seat at all the meetings during the forthcoming session of the Council.

I remain, Sirs, yours faithfully,

GEORGE BROWN,

Direct Representative for England and Wales.
Hart-street, Bloomsbury-square, W.C., May 18th, 1897.

OPHTHALMIA IN LIVERPOOL.

To the Editors of THE LANCET.

SIRS,—I am surprised to find a leading article in a journal like THE LANCET, that has for a motto "*Audi alteram partem*," supporting, upon what is admittedly scant evidence, the opinions of one medical man against three others.

Before replying to the leading article in detail allow me to say that I am visiting surgeon to the Liverpool Workhouse Hospital and have nothing to do with the Kirkdale or Sheffield schools and that my remarks below only apply to the workhouse. In the first place there is no question of severe ophthalmia. Mr. Fuller never used such words with reference to the workhouse. A second mistake is made at the very beginning of the article in reference to the "workhouse schools." We have no "schools" at the workhouse. The so-called "schools" are receiving or probationary wards, where children are temporarily placed until their condition and destination are accurately determined. For instance, cases of granular lids so slight as to be considered latent are sent there from the wards under medical observation to ascertain how they will do without treatment. Cases admitted from town at all hours of the day and night, apparently in good health or with such trifling complaints as not to require hospital treatment are also sent there. The "ins-and-outs" rarely get beyond this place, and its entire population is a floating one, varying in number from a dozen to fifty. Nearly every day cases are being sent to it from the wards and *vice versa*, and every fortnight it is cleared out as far as possible, the healthy sent to Kirkdale, and the residuum to hospital or to the country homes, according to circumstances. This is the only place in the workhouse where any real fault was found by the inspector. On Nov. 25th, 1896, Mr. Fuller visited these probationary wards, which on that day contained forty-four boys and girls, and next day, on going round the ophthalmic wards, I found eleven new cases that had been sent there through Mr. Fuller's influence. I examined these cases carefully and two had absolutely nothing the matter with their eyes, one had a congested eye, and the others showed signs of having had granular lids in scars and congestions, but there were no granulations and no discharge. Some were sent back at once and others were kept for a few days under treatment, and I thought no more about the matter till February, 1897, when Mr. Fuller's report was received. Fortunately for us the state of the eyes of every case that passes through the ophthalmic wards is recorded, and I was thus able to join

issue with him to the effect that his diagnosis was incorrect and that he had exaggerated the symptoms. Had it been otherwise we would have been helpless, for when his report came down only two cases out of the eleven were under the care of the vestry and the habitation of the others was quite unknown.

Now it was, with these doubtful cases in my mind, that I put the question to Mr. Fuller as to the value of the absence of discharge as a diagnostic sign of the latency of granular lids and of the danger of contagion, and, in fact, as a sign of the temporary cure of the cases. I agree that it takes years often to ensure that a permanent cure has been effected. Mr. Fuller's reply was that granular lids were always contagious in all stages, because when there was no apparent discharge the lids were found sticking together in the morning, so that there really was discharge. This sticking together of the lids in the morning would to me be evidence of discharge, and I always ask the nurse in such cases whether the children wake up with their eyes bright and clear and free from stickiness; and this is my most important sign that the disease is latent and that active-treatment should stop. I have not heard Mr. Fuller's opinion as to this condition. Bacteriology may help us in the future, but the importation of the gonococcus into the discussion seems to me to show that we know very little about this phase of the question as yet and may leave it on one side. And now allow me to enlighten the writer of the leading article about the authorities quoted by me.

Mr. Nettleship says in his "Diseases of the Eye," p. 968, where he is writing of chronic granular disease, "When accompanied by discharge the disease is contagious, otherwise not." Is not that explicit? Mr. Swarzy, in his "Handbook of Diseases of the Eye," p. 87, says in reference to acute and chronic granular ophthalmia, "Both forms are contagious, and probably the infection occurs only by transference of the secretion from one eye to the other by means of fingers, towels, handkerchiefs," &c. If the writer of your leading article will go through all the other authorities within his reach he will find that they are of opinion that the discharge of the eyes is the chief factor in spreading the infection, and consequently the less the discharge or secretion the less danger of infection. I think all of us will agree that distinct granulations should be treated and isolated, whether there is apparent discharge or not; but it is in the intermediate cases between healthy lids and distinct disease where disagreement will be found. For instance, before the Poor-law Schools Committee one medical inspector said that 90 per cent. of pauper children had "unhealthy eyes"; and another examiner will find 30 per cent.; another, perhaps, 20 per cent. of unhealthy eyes in the same school. At Liverpool we adopt a common-sense and practical view of the matter—neither an ultra-scientific nor a faddist one. We have separate wards for acute and chronic cases, and convalescent homes for those convalescent. Our supply of granular lids comes to us from town and affects mostly the younger children. As the children grow older the disease disappears, and only some of the "ins-and-outs" present any injury to the eyes. We cannot quite understand the reports of frequent serious eye disease in granular lids that come to us from the metropolis, and half suspected these to be due to *nimidia diligencia medicorum*.

The small lecture at the end of the article on granular ophthalmia is, I assure the writer, not necessary. I know all about eversion of the lids, follicular conjunctivitis, towels, damp soil, &c., for have we not read it before? and although not an oculist, my experience of granular lids exceeds that of most ophthalmic surgeons of my day, and I have always looked the disease fairly and squarely in the face. I therefore repeat that complete absence of discharge, with, of course, the unavoidable concurrent subsidence of other symptoms and signs, is one of the best practical tests of latency or cure of granular lids, and a sign that active or severe treatment should give place to freedom, fresh air, or school, provided that care and medical supervision is still exercised to detect relapse.

I am, Sirs, your obedient servant,

May 16th, 1897.

W. ALEXANDER, F.R.C.S. Eng.

"VAGINAL DOUCHING."

To the Editors of THE LANCET.

SIRS,—Having to deal with many cases of gonorrhœa, I should like to make two brief comments on Dr. Giles's paper in THE LANCET of May 15th.