Correspondence.

"Audi alteram partem."

OSTEITIS DEFORMANS ?

To the Editor of THE LANCET.

SIR,—I read with great interest the note on osteitis deformans, contributed by my friends Mr. Frank Romer and Sir W. Arbuthnot Lane. Whether the cases described are identical with those originally observed by Sir James Paget it is not easy to decide. I have seen a number of cases where for years the affection has been localised to one or both tibiae, but I have also seen a case where the disease became distributed after having been confined to one tibia for over ten years. In this case the second tibia, the clavicle, and the skull were ultimately attacked. I have operated on many cases generally with marked relief; on some I have had to operate a second time. Usually a linear incision along the length of the thickened bone right into the medulla suffices. In cases of marked bowing accompanied by pain both in the bone and knee-joint I have removed a wedge from the tibia and straightened the limb. The fracture heals readily. About 15 years ago I removed a wedge from a very crooked and painful tibia which presented symptoms very similar to those described by Mr. Romer's first patient. The microscopic appearances of the bone removed were described as those of chronic osteitis. I saw him five years later, and his leg had remained quite straight and his pain was trivial. Some of these localised cases give no history of accident.

I am, Sir, yours faithfully,

Liverpool, Jan. 8th. 1921.

ROBERT JONES.

THE FUTURE OF THE POOR-LAW INFIRMARIES.

To the Editor of THE LANCET.

SIR,—I should regret if any observations of mine in opening the discussion at the Harveian Society on the future of the Poor-law infirmaries have brought annoyance to anyone professionally connected with these institutions. At St. Mary's we are not in the least likely to underrate the efficiency of the infirmary personnel. On the contrary, we are agreed that the successful development of the affiliation scheme between St. Mary's and Paddington Infirmary during the past year is due in great measure to the medical superintendent and his resident staff. In particular we have been impressed by the possibilities of such a post as medical superintendent of an infirmary, to which there is no exact analogy in a general hospital, when, as in the case in point, there is found a happy union of clinical acumen and administrative capacity.

Statements, when they are lifted not bodily but piece-meal from their context, can proverbially be made to mean anything. Those of which Dr. J. C. Muir complains in your issue of Jan. 1st were so qualified in the text that it was plain that they implied no personal reflections whatsoever. I had hoped that it was sufficiently clear in my paper that these shortcomings are, in my opinion, made inevitable "by the very nature of the limited personnel and the financial arrangements." The medical superintendent, with the help of two or three residents, and such assistance as may be forthcoming from weekly visits of one or two consultants, has to compete with a mass of clinical material which would elsewhere engage the whole energies of 12 to 20 residents, aided by clerks and dressers, and of a consultant staff 20 to 30 in number, to say nothing of registrars and accessory services. If they were archangels it could not be done. A few of the infirmaries, as we know, are exceptionally equipped, and the arrangements between St. Mary's and Paddington Infirmary are on more ambitious lines, but it was of the majority that I spoke. Of these I held, and still hold, that much remains to be done to convert them into modern hospitals. The statements

that I have made in support of that contention are, according to Dr. Muir, misstatements. We must leave it at that. It is of more moment that we are agreed as to the necessity for change.

When I was asked to open this discussion I ventured to suggest that a medical superintendent should be invited to take part in the debate, and that suggestion I repeated when the question of an adjournment came up. I think we can learn a great deal from criticism—from mutual criticism—if of a constructive nature, and I was under the impression that I had made it clear that many of us who are associated with the voluntary system are very conscious that it is far from perfect.

I write because I am in full accord with Dr. Muir that the spirit in which we approach the linking-up of voluntary hospitals and infirmaries is of the very first importance. Whether his letter or my paper more conduces to that end must be left to others.

I am, Sir, yours faithfully,

South Audley-street, W. Jan. 11th, 1921.

C. M. WILSON.

OCCUPATIONAL HYGIENE AND THE SCHOOL MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—I was very much interested in reading your leading article of Jan. 1st, which ably illustrates the highly unsatisfactory position and prospects of the junior whole-time school medical officer. Undoubtedly his lot is not a happy one, and certainly commands sympathetic consideration. The work is departmental, entirely executive, running in a monotonous groove, and the greater the number taking it up the less chance there is for the individual to get out of it. I agree that the situation is serious and should be ameliorated. At the same time I am somewhat surprised at the remedy suggested by the writer of the article, and equally so at his apparent faith in the infallibility of his cure. I am not unacquainted with factory medical work or public health administrative methods, and therefore do not hesitate to assure you that absorption of the certifying surgeon would simply mean a further increase of junior whole-time officers without any real bettering of unsatisfactory conditions. The only one to enjoy variety would be the administrative officer, as the executive work of factory medical service, at any rate in industrial areas, would certainly have to be undertaken by a separate department. Apart, however, from its doubtful efficacy, is it wise or proper to advocate the advancement of one section of the profession entirely at the expense of another section?

The attempt at justification has no stronger foundation than conjecture and the average certifying surgeon would probably find little difficulty in proving this (to his own satisfaction at least) to be as fallacious as the recommended cure. At any rate, the pushing of a theory of this kind means the promotion of a serious dispute within the profession. This would probably end unsatisfactorily for both parties, and would certainly give a good fillip to a third method of dealing with industrial medical problems which has already many supporters outside the profession. At a time when our medico-political leaders are advocating unity of the profession, and are impressing upon us the necessity of showing ourselves capable of working out our own future, is it not best to leave contentious matter of this nature severely alone? My own view is that it would be much more to the advantage of both these sections of the profession, as well as of the community at large, if they worked together to obtain a useful co-ordination of their separate functions and a general improvement of the disadvantageous conditions under which both are employed. To my mind the appointment of whole-time junior officers for executive work has been overdone, and I would venture the opinion that the only satisfactory way to get out of the blind alley is by a more general establishment of part-time service.

I am, Sir, yours faithfully,

W. F. DEARDEN,

Hon. Secretary, Association of Certifying
Factory Surgeons.

168, Trafford-road, Manchester, Jan. 7th, 1921.