THE SURGICAL TREATMENT OF UTERINE AND VAGINAL PROLAPSE.

To the Editor of THE LANCET.

SIR,—In answer to Dr. Blair Bell's reply in THE LANCET of June 5th to my letter published in the issue of May 15th, I beg to point out that Dr. Blair Bell appears to labour under some erroneous notions. He says I was subversive without being destructive, and apparently thinks I wished to be destructive. But I believe any unprejudiced reader of my letter will see that instead of being destructive, I strove to be constructive; and, indeed, strove to elucidate the riddle of how plastic visceral procedures are of value in the treatment of prolapse.

Another erroneous notion, which Dr. Blair Bell appears to hold, is that my impressions of prolapse are nebulous. May I assure Dr. Blair Bell that my "impressions" of prolapse are anything but nebulous. I have not laboured since 1908 at this subject without obtaining some clear and coherent ideas concerning it; and, certainly, I am prepared to argue with Dr. Blair Bell on it. It is true he may not understand my words, my "strange and obscure phrases," and my argument; but I cannot help that. If he wants to learn—and he tells us he is still a student—he must try to understand, in spite of its being "tedious" and "nauseous." If he wants to ignore my work, he can do so; and since he is so satisfied with his treatment of prolapse, there is no reason why he should pay attention to me. Critical letters in THE LANCET, I take it, are not merely inserted for the benefit of a writer of an article, but for the main body of your readers who may happen to be interested in the subject, and may be led astray by the *couleur de rose* of an author.

Judging from his letter, it appears to me that Dr. Blair Bell's own ideas on prolapse are somewhat nebulous. He does not seem to understand the meaning of the word "floor"; or, if he supposes that the utero-sacral and utero-pubic ligaments, with other connective-tissue attachments of the cervix, form a floor for the pelvis he is, I submit, hopelessly in error. If he really regards "the musculature of the pelvic outlet," with which he is so "concerned," the real floor of the pelvis, why does he attribute such importance to these other structures, and how does he conceive operations on them act in curing prolapse? He cannot run with the hare and hunt with the hounds. Nor does Dr. Blair Bell seem to understand the meaning of the word "congenital." He is quite at liberty to call solitary extrusion of the cervix occurring in adolescent and older virgins "congenital prolapse"; he may call it what he likes. But the question is whether thinking men will accept his teaching. Has he any evidence that these cases are congenital? If so, why does he not publish it?

I offered in my letter an original and new idea as to the way plastic visceral procedures are of service in prolapse. But Dr. Blair Bell appears not to understand this idea. He refers to it ironically in passing; its basis is presented in "another strange phrase." He apparently does not want ideas; he wants "facts and figures." I object to this attitude altogether. The value of statistics is well known; they can be "wangled" to show anything. What is required, I submit, is not facts and figures, but an interpretation of facts and figures. In his lecture Dr. Blair Bell gave us plenty of facts but no interpretation of them; as to figures, we have a 99 per cent. cure out of 400 cases. But, concerning these, we have some interpretation—that many patients get well, whatever the treatment.

In conclusion, may I express the pious hope that Dr. Blair Bell may attain his ambition of learning "how to reach the 'zenith'" of the surgical treatment of prolapse? It has been a long and tedious business getting as far as we have, as students of its history know, and men are still dubious. As regards my own ideas of advance—my "methods and figures"—Dr. Blair Bell may rest assured they will be published in my own good time.

I am, Sir, yours faithfully,

Rugby, June 5th, 1920.

R. H. PARAMORE.

THE FOUNDATIONS OF PITY.

To the Editor of THE LANCET.

SIR,—Your interesting article on the Prophylaxis of Shell Shock in THE LANCET for May 29th attributes the drawing of the distinction between pity as an emotion and pity as a motive to Robert Louis Stevenson. Dr. John Brown, however, in his immortal "Rab and His Friends" (published in 1858), in reference to the students running to the operating-theatre to get good seats for witnessing the removal of poor Ailie's breast, says:—

"Don't think them heartless; they are neither better nor worse than you or I: they get over their professional horrors, and into their proper work; and in them pity, as an *emotion*, ending in itself or at best in tears and a long-drawn breath, lessens,—while pity, as a *motive*, is quickened, and gains power and purpose. It is well for poor human nature that it is so."

I am, Sir, yours faithfully,

Harley-street, W., June 4th, 1920.

J. DUNDAS GRANT.

Medical News.

EPSOM COLLEGE WAR MEMORIAL FUND.—A meeting of old Epsomians interested in the war memorial will be held at the offices of the school, 49, Bedford-square, W.C., on Thursday, June 24th, at 5 P.M. 1. To discuss the immediate erection of a tablet of commemoration, as it is not possible to begin the chapel rebuilding for some time. 2. To meet the committee specially appointed to collect subscriptions and donations. 3. To decide on the form which the tablet is to take.

UNIVERSITY OF CAMBRIDGE.—The sum of £165,000 has been received for the building and maintenance of a department of biochemistry on a site provided by the University, and for the endowment of a chair and a readership. The benefaction is derived from the residual estate of the late Sir William Dunn, who appointed the directors of the Commercial Union Assurance Co. as trustees for its disposal.

UNIVERSITY COLLEGE, LONDON: A DEPARTMENT OF APPLIED STATISTICS.—The new buildings presented by Sir Herbert Bartlett to University College, London, to serve as a Department of Applied Statistics, were opened formally last week by the Minister of Health. Dr. Addison, in declaring the buildings open, emphasised the fact of the value of applied statistics, and implied that many of our social figures were in an incomplete and unsatisfactory condition. He pointed out that Professor Karl Pearson, as Galton professor, had, with the assistance of his staff, turned out through the department admirable services during the war, especially to the Department of Munitions, and he made a strong appeal for money to equip adequately the splendid premises due to Sir Herbert Bartlett's generosity. The many directions in which the use of applied statistics is necessary frequently escape the notice of medical men, who regard this scientific work, in relation to theirs, as being mainly concerned with the figures of mortality, of census taking, and of disease incidence, whereas the study of, for example, anthropology and heredity equally demand accurate mathematics.

STATISTICS FROM MATERNITY INSTITUTIONS AND FROM CHILDREN'S HOMES AND HOSPITALS.—The Minister of Health is demanding certain information from all institutions receiving resident children under 5 years of age. The details required include the number of cases admitted, average duration of stay, reasons for admission, condition on discharge, number of cases of infectious disease and number of deaths, with date and cause. Immediate information of all deaths from epidemic diarrhoea is to be given. In regard to maternity homes and hospitals the information is to include the number of cases admitted, the average duration of stay, the number of cases delivered by, respectively, midwives and by doctors. The cases for which medical assistance was sought by the midwife are to be classified according to the reasons for appealing for assistance and the period at which this was required. The number of cases of puerperal sepsis, of a rise of temperature above 100·4° F. for 24 hours, with rise of pulse-rate, of ophthalmia neonatorum, of "inflammation of the eyes, however slight," of artificial feeding, and of maternal and foetal deaths, have all to be recorded, with details of causes, results of treatment, and in fatal cases, of post-mortem findings. The Minister also requires immediate and detailed information of every case of maternal mortality occurring in the institution, or due to illness contracted in the institution, and every case of notified puerperal fever.