

organ in locomotion (as in deformity): with a rounded toe it is almost inevitable that the terminal phalanx of the great toe is caught by the rounding and displaced towards the centre of the shoe, the first and irrecoverable stage in the creation of a hallux valgus. With a straight inner border—if she means what she says—the natural swing of the forefoot inwards is ignored and made impossible in all the activities of children which typically involve raising the heel off the ground (as in tripping, climbing, dancing, running) and accentuating the degree of swing present when the foot is at rest. The axes of the heel and forefoot meet at an angle: that is, the borders of the two together are neither “straight” nor parallel, and the foot forced into a shoe with a straight inner border is having its fore part displaced into the valgus position and the inner longitudinal arch strained at its weakest point—i.e., the nominal keystone, where the immediate support of the superincumbent structures is a soft tissue—namely, the inferior calcaneonavicular ligament. Result, traumatic flatfoot, without any lower age-limit in the walking period, if “straight” shoes are worn.

Let the inner shoe border be straight from the ball till it clears the big toe, by all means. It can, with advantage, while straight veer slightly in. Then let its junction with the anterior border of the shoe (which it meets at something less than a right angle) be rounded off: that is common sense. But no “rounded toe.” If the shoe is thus well-shaped it must be fitted to the foot, for length and for width. In all her search for up to “four width-fittings” Dr. Hollman does not tell us if she met or searched for adequate foot-measuring instruments, or, if she found them in conjunction with her “four width-fittings,” whether they were used. What’s all the rest, without that?—I am, etc.,

London, S.W.

MARGARET EMSLIE.

SIR,—I have read Dr. Catharine Hollman’s article on children’s shoes (March 5, p. 719) with great interest. It is a matter to which I have given some thought, and the problem seems insoluble. The older the child (I am referring to girls), the more difficult it becomes. We all know the advantages to be gained from wearing sensible shoes, but—let me be quite dogmatic about this—straight inner margins and rounded toes mean ugly footwear, and no amount of medical prating will persuade shops to stock them or teenagers to buy them. I see little wrong with the low-heeled casual shoe—the “flattie,” but the stiletto-heeled, pointed court is a horror by any standard.

Do we, perhaps, blame our shoes too much? Some members of my family, including myself, are bedevilled with narrow feet and a high dorsal arch which make the buying of well-fitting shoes expensive and frustrating for the adults and wellnigh impossible for the children. Perhaps the trouble lies within ourselves and it is the deformed gene rather than the ill-fitting shoe which leads to the deformed foot. “Choose your parents well” would seem to be as true of feet as of much else in life.—I am, etc.,

Nottingham.

CATHERINE SWANSTON.

SIR,—I would like to congratulate Dr. Catharine Hollman on her article “Shoes for Children” (March 5, p. 719). I was very glad that she agrees that the casual-type of shoe can only stay on if too short. I was, however, a little doubtful if her criterion for a good shoe—namely, “well-shaped”—was adequate. What

about the weight of the shoe? Many children’s shoes are very heavy, with a heavy heel and unyielding sole, with the result that they encourage out-toeing and an incorrect posture when standing. A child cannot walk with a proper foot action if the sole will not bend, but only “homeward plod his weary way.”

As regards fittings of children’s shoes, would it not be interesting to find out how many shops measure the real length of the foot—that is, standing with full weight on it? Also how many measure both feet?—I am, etc.,

Tunbridge Wells.

W. H. GERVIS.

SIR,—Mr. J. Anthony Clark (March 12, p. 803) is quick to take up his pen in support of the work done by his firm in promoting adequate footwear for children. But we would be more impressed if he showed the same concern about footwear for teenagers and adults. Why is it assumed that it is only in the growing period that foot faults will occur? Why must we confine our education to parents and give the impression that it is only during the growing period that we have to take care of the feet? The problem is a much wider one. As Mr. M. D. England points out (p. 803), the only sensible shoes are those held on by lace, strap, or elastic across the dorsum of the foot. All the rest—the casuals, the courts, and the slipper types of footwear which fill our shops—are orthopaedic abominations and harmful at any age. There are only two ways of keeping on such footwear. Either the shoe is so short that the forefoot is jammed into it, or, if it is of adequate length, the wearer has to curl up her toes in order to prevent the shoe from falling off.

Anyone going round the average small town will find it almost impossible to buy a sensible smart shoe for her teenage daughter or for herself. Why? Because such shoes are not fashionable, and are therefore not made. No doubt Mr. Clark and his fellow manufacturers say that they can do nothing about altering the fashion. That may be so, but we have seen no real effort on their part to influence taste in teenage and adult footwear. The fact remains that it is fashionable, and no doubt profitable to the manufacturers, to wax eloquent about the importance of adequate juvenile footwear, and the importance of protecting the child from deformities of the feet, but it is considered bad taste to spoil the self-expression of the teenager who wants to be smart.

May I suggest a constructive step towards better footwear for the nation? Let the manufacturers get together and advertise in the same way as the Milk and Egg Marketing Boards. Let them produce educational advertisements describing the principles of good footwear which apply to all age-groups, and let them back up this campaign by producing sensible and smart shoes for all age-groups.—I am, etc.,

Bridgend General Hospital,  
Glamorgan.

A. W. FOWLER.

SIR,—The “bulge” age-group of girls in the secondary schools often need shoes of size 6 and over. The girls like pretty light shoes and therefore wear casuals, and only the firmest parents succeed in making them wear lace-up shoes or bar shoes, which are heavily built and are available.

I should like to ask where are the pretty light shoes conforming to Mr. M. D. England’s requirements (March 12, p. 803). If any can be found they will be in ladies’ shoes at £3 or over. Regarding the letter from the sales director of C. & J. Clark Ltd. (March 12, p. 803), I cannot find a pretty, leather, bar shoe in a *wide* fitting in size 6.