divisions-extractions, by which the whole varicose vein could be extirpated through incisions—rarely more than 1/4 to 1/3 in. (0.63–0.85 cm.) in length—at intervals along the vein, the sites for incision carefully selected in the standing patient and indelibly marked before operation. The incisions, made parallel to the lines of tension of the skin, gape but little and do not require suturing. Only very few ligations of severed veins are ever necessary, and perforating veins and tributaries can be divided and ligated or, if small, torn off flush with the deep fascia without the use of a vein enucleator.

In some cases new varicose veins have appeared so soon after extirpation of the old as to raise inescapably the question of overloading in the deep veins and a new compensatory reflux through deep communicating veins, and the wisdom of severing all deep communications, if that were feasible.

Here I take opportunity to record my indebtedness to Mr. Park's painstaking anatomical studies (*Lond. Hosp. Gaz.*, 1945, 48, 221). He has demonstrated the number, complexity, and variability of the communications, deep and superficial, of the veins of the leg, and thus provided illuminating and irrefutable anatomical warning—a timely reinforcement of the conclusions many of us had come to from clinical studies—that it is not feasible on any occasion to deal with more than a very few of the deep communications.—I am, etc.,

London, E.16.

H. M. HANSCHALL.

SIR,—The article by Prof. A. M. Boyd and Mr. D. J. Robertson (Sept. 20, p. 452) with instructive phlebograms will I fear lead some to be less radical in their attacks upon varicose veins. It has always been accepted that solutions injected into varicose veins *must* inevitably enter the deep veins—and that very promptly, the patient noticing the taste of the solution within a few seconds of the injection. It has always been thought that the deep veins escaped damage because of the large volume of swift-flowing blood they contained diminishing internal damage, but most of all they were unaffected by sclerosing solutions because they were healthy normal veins.

I have encountered quite a number of Army pensioners with femoral thrombosis following ligatures and injections, but I have ascribed this complication to the long rest in bed (2–3 weeks) allowed after the operation of ligature or the occurrence of superficial thrombosis. Conditions in the Army apparently made it difficult to follow the ambulatory routine of civil life following ligatures and superficial thrombosis. I do not recall a single femoral thrombosis in a very large series of my own treated strictly on ambulatory lines. Others of the Army cases I have seen were due to operating on cases with bad thrombophilic histories, cases usually avoided for fear of stirring the hornets' nest.

Varicose veins are as hard to eradicate as rabbits, and if the article of Sept. 20 induces some to pull their punches I fear the pest of varicose veins will start to gain upon us again. For my part I will continue to inject downwards from the top ligature (if there is no valvular obstruction), upwards and downwards from the lower thigh ligature, downwards from the external saphenous ligature, and upwards from the excellent Dodds's ligature of the internal saphenous at the ankle. Up to a total of 100 ml. of 30% brine is used if the patient is anaesthetized, and less painful solutions if not. Following this all thrombosed veins are injected at weekly intervals. The foundation stone of success is to achieve a firm solid saphenous vein from groin to knee following the ligature.—I am, etc.,

London, W.1.

A. DICKSON WRIGHT.

Leprosy and its Problems

SIR,—In the leading article (June 7, p. 813) and in Dr. Bernard Moiser's letter (Aug. 30, p. 347) mention has been made of cockroaches as possible carriers of lepra bacilli. The idea that insect vectors play a role in transmission of the disease is evidently sound. But if an insect is to blame it could not be the cockroach, at least not exclusively. In this country we have had leprosy for centuries, but the disease is now practically extinct. It could not have been transmitted by cockroaches, because they did not exist in this country until a decade or two ago and are still practically unknown in the countryside, where leprosy has had its origin.

If an insect is a vector of this disease, lice or fleas are more likely to be instruments of transmission than any others. Leprosy is a disease of filth and disappears with cleanliness. It flourished in the Dark Ages, when the human body was neglected and when the old maxim of St. Jerome was still valid, that "*poenitens eo foetidior, eo pulcherrior*." The common belief that leprosy is transmitted by sexual intercourse might find its explanation in a transfer of phthirius inguinalis. In this connexion it may be mentioned that McCoy and Clegg found acid-fast bacilli which seemed to belong to the leprosy family in lice. The fact that savages are exempt might be explained by their nakedness and consequent inability to breed the body louse. When the savage begins to wear clothes and live in houses he will contract the disease, if the opportunity for infection is there. All this could fit in with the louse as vector.—I am, etc.,

Reykjavik.

NIELS DUNGAL.

Foetal Cries

SIR,—The prenatal cries of the Trowbridge foetus reported by Dr. E. Curphey (Sept. 27, p. 508) were anticipated by one at Strasbourg in 1821. A detailed account of the occurrence is given in a letter by Dr. William Lister to the *Edinburgh Medical and Surgical Journal* of October, 1822. There are remarkable points of similarity in the two cases.

The mother of the Strasbourg foetus had suffered repeated losses of liquor amnii up to the last month of her pregnancy. A sudden stumble, followed by considerable loss of liquor, occasioned unusually violent foetal movements and, to quote the author, "all at once the company present were alarmed by the cry of a child." The crying was repeated and "distinctly came from the womb of the patient. After a time it desisted." Two days later, in the eighth month of pregnancy, the mother went into labour and was delivered by cephalic presentation of a foetus of a premature infant. "The new born child," says the doctor, "gave a few weak tones" and died half an hour after birth. The author's comments on the aetiology of the event are worth repeating: "To judge from the evacuation of water, about the middle of the pregnancy, it may be well supposed that there had been some rent in the membranes by means of which the air was probably introduced. From the foregoing, it may then be well comprehended how the child cried; but how it could live 48 hours in the confined womb, surrounded with water in an amphibious manner is incomprehensible."

There may well have been other occasions between 1821 and 1947 when premature loss of amniotic fluid, air round the foetal face, and contraction of the uterus on the foetal chest have combined to produce cries loud enough to astonish the neighbours.—I am, etc.,

London, S.W.1.

W. HARTSTON.

The Extent of Neurosis

SIR,—I cannot let Dr. D. Yellowlees's letter (Sept. 20, p. 468) pass without comment. After reading the leading article on "Neurosis in Industry" (Aug. 16, p. 257) I had originally considered the results of my small survey in the form of a short article, but I did not think it worth the space and condensed the material into a letter (Sept. 6, p. 396). I agree that "more emotionally ill than actually so" is not altogether a very apt phrase, but it is not easy to define shortly the difference between an illness due to the invasion of external elements, or failure of internal mechanism, and regarded with no undue alarm by the patient, and the exaggeration of discomfort energized principally by an increase in already present strong basic anxiety, probably acting through endocrine channels and along pathways of outlet grooved from early childhood. By "actual" I meant "in terms of physical pathology" rather than and as different from a state of psychical activity.

I am in complete agreement with the fifteenth paragraph of Dr. John Rickman's very apposite article (Sept. 6, p. 363), which formulates the situation of the bromide-receiving woman perfectly, and Dr. Yellowlees will notice that I rate her as 100% ill. By "normal ailment" I meant one which is understandable and treatable in physical terms of microbial invasion and chemotherapy, and which is the normal sphere of the physician. To

the psychoneurotic the physician can only be a "wet shoulder" and a generous giver of palliative sedatives, for the conduct of a psychotherapeutic analysis, involving many hours of a specialized relationship over many months and interacting problems, is beyond both the time and the scope of the general practitioner, even if the patient were willing to undergo it. I need hardly remind Dr. Yellowlees of the degree of resistance of these anxiety-ridden people.

Whatever may be the genesis of "sufferings which lead to 'trivial or pointless complaints,'" to quote Dr. Rickman, they are kept in being by a dynamic vicious circling of anxiety which is rooted in disharmony of human relationships, both between the patient and his idealized image of himself and between him and his outer circle of relationships. The disharmony is in latent hostility and dependence and can grow like a weed as readily in a country cottage as in a town house. My own impression is that the disorders and evacuations of war, by adding what the German psychologists call *Angst der Kultur* to the inner anxiety, will produce a considerably increased crop of character disorders, if not actual neuroses, in the next 25 years. Society is already aware of it, in the widening provision of child guidance clinics.

If one has the time one will find disharmony and misery behind the demands for a nerve tonic, but nothing out of a bottle will help it to change. I would suggest to both Dr. H. G. St. M. Rees and Dr. Charles Shearer (Sept. 20, pp. 468 and 469) that the answer lies in the psychic walls built round an originally defenceless and unloved personality, which, while protective, prevent him from human community and participation; and let me add that they can be as strong as ferro-concrete and as crippling as osteo-arthritis.—I am, etc.,

Stockton-on-Tees.

L. F. DONNAN.

Homosexual Offences and Psychotherapy

SIR,—Everyone must be grateful to Dr. F. H. Taylor for his most interesting paper on "Homosexual Offences and their Relation to Psychotherapy" (Oct. 4, p. 525). There is a great shortage of facts regarding sexual abnormalities, and in the past prison medical officers, who have valuable opportunities of studying severe and chronic cases, have published little. This is, of course, not intended to minimize the very valuable contributions of Sir Norwood East.

One would naturally expect Dr. Taylor's views to be pessimistic, since in prison psychiatry the hopeless cases and failures are most likely to be met, while the successfully treated ones live normal lives. If I might be permitted to show the brighter side of psychotherapy I would cite a case of a Jewish woman aged 33 who was married, with two children. She suddenly found that she was falling in love with a pretty Irish maid and could not tear herself away from this girl. She wished to give her presents, dress her in different clothes, touch her, but not make any actual overt sexual approach. A few years previously she had fallen in love with another married woman. This patient was treated once weekly for three months. She lost her abnormal attachment, discovered she was able to feel real affection for her husband (whom she had liked but not really loved previously), and for the first time in her life had an orgasm. No doubt Dr. Taylor would say that this was not a genuine case of homosexuality, but one can always use this argument when insisting that "genuine" cases are not curable. I could produce other similar cases which have recovered under psychotherapy.

Dr. Taylor brings forward no evidence to dispute my contention that the so-called bisexuals are really partly developed homosexuals. Moreover, it is difficult to know where there is "a perversion in the psychiatric sense" and where there is "sheer depravity." Surely this depends on the outlook of the observer? I doubt whether the prostitute group is not composed of partly or wholly developed homosexuals also. Can anyone imagine that shortage of money would lead a normal man into homosexual prostitution? I can imagine many crimes from burglary down that most normal men would prefer. I would agree most whole-heartedly with Dr. Taylor's finding that the dreams accompanying nocturnal emissions are homosexual in inverts. In my experience they are almost entirely so, and why Hubert and East found otherwise is a mystery. I have always used the dream content to show the progress of a patient

under treatment, since it invariably changes as the patient recovers, and it is a bad sign if it does not do so.

It is obvious from Dr. Taylor's own statistics that punishment has no satisfactory effect, since so many cases have previous convictions. My own solution to this problem is that there should be a definite clinic for psychosexual conditions to which the courts send these cases for psychotherapy. The psychiatrists working on this one type of case would be certain to become more skilled than otherwise, and the patients more likely to be cured. Cases which did not respond and who were a menace to the community should be segregated under the best possible conditions, which surely could "differ appreciably from a prison sentence."—I am, etc.,

London, W.1.

CLIFFORD ALLEN.

Treatment of Homosexuals

SIR,—Dr. F. H. Taylor's article (Oct. 4, p. 525) on homosexual offences makes me wonder once again why one never sees any mention of gonadal treatment in these cases; surely it must have some effect on at least a proportion.

A few years ago on transferring to a new area I came across a health visitor, aged about 35, who had a very deep voice and a distinct moustache. She had had a major operation, presumably a hysterectomy, about a year previously for dysmenorrhoea. About a year after I met her she was forced to leave the district as there had been several complaints from the mothers of girl guides in a company which she ran. I do not know exactly what these complaints were, but it was common local gossip that the girl was a homosexual. I feel sure that if this girl had been given appropriate hormone treatment at the time of and subsequently to her operation she would not have become a Lesbian.

I should be interested to know if others have any experience of these cases being prevented or alleviated by hormone therapy.—I am, etc.,

Rushden, near Buntingford, Herts.

L. M. M. BEADNELL.

New Treatment of Rheumatoid Arthritis

SIR,—If, as Dr. G. L. Kerr Pringle (Oct. 4, p. 547) suggests, Dr. Imre Barsi's hypothetical anti-rheumatic substance (Aug. 16, p. 252) is a known hormone, it may be chorionic gonadotrophin or some other. If it is not chorionic gonadotrophin—and the remission of rheumatoid arthritis often begins so early in pregnancy as to suggest that it is not—then the anti-rheumatic substance, or more properly the balance of definite blood values of a number of hormones which has an anti-rheumatic effect, is likely to be present in the blood during the progestational phase of menstruation.

Although, as far as I am aware, no regular amelioration of symptoms between the 14th and 28th days of the menstrual cycle has been reported in rheumatoid arthritis, it seems reasonable to start the investigation of haemotherapy in this disease with trials of progestational blood, which is so much more easily obtainable than pregnancy blood. Dr. Barsi apparently did not make his injections at any particular phase of menstruation, nor does he mention any side-effects on the periods and the breasts, which one might expect. It would be interesting to know if there are any.—I am, etc.,

London, S.W.3.

JOHN EBBETTS.

Supplementary Petrol

SIR,—Honesty is no longer the best policy. The medical profession have recently filled in their application forms for supplementary petrol and given an honest estimate of the total quantity of "motor fuel" required per month in their practices, but they have found in return that the Ministry of Fuel and Power has reduced all their allowances by 10%.

Surely, Sir, this is a case of class warfare at its worst. The bacilli, cocci, vibrios, and spirochaetes have not been asked to make a similar 10% reduction in their attacks on the community, and they will therefore gain an unfair advantage over the profession.—I am, etc.,

London, W.8.

H. STEPHEN PASMORE.