surgical textbooks mention it, and one can only wonder at the apathy of our surgical colleagues. Imagine the consternation that would be caused at the Final Fellowship examination by the question, "Describe the technique of circumcision as practised by the Jews."

"Ritual" circumcision takes about two seconds, and apart from a shield and scalpel does not involve the use of scissors, forceps of any kind, sutures, or general anaesthesia. Nobody can deny that the results are excellent in every way. Preputiotomy would take almost twice as long, on the average, and the introduction of scissors points (they would frequently have to be sharp ones) is not without potential danger to the meatus. The final result can only be described as aesthetically and cosmetically deplorable. Were it practised on a national scale there would soon be a revulsion of feeling on the part of public opinion and the incidence of cancer of the penis and cervix would rise to even greater heights. Your correspondent asks us to face the facts but has only produced half-hearted proposals to meet them.—I am, etc.

London, W.1.

DAVID PREISKEL.

Chemical Carcinogenesis

SIR,—As you point out in your leading article (Oct. 25, p. 659), chemical causes of cancer are so numerous that specific action is not confined to any one of them. It is perhaps worth noting that they all cause damage to a group of cells, with stagnation of circulation, which must be maintained for months. Partly devitalized cells, with local stagnation, are quite characteristic of cancer. As the artifact and the disease seem to originate from the same conditions, the origin must be intracellular, and there is little doubt that local stagnation is a dominant cause.—I am, etc.,

Montreal.

RICHARD KERRY.

Tapered Sutures for Vascular Surgery

SIR,—A successful issue after such operations as those for coarctation of the aorta, congenital pulmonary stenosis, etc., depends chiefly on the establishment of a water-tight, or rather blood-tight, anastomosis of the blood vessels concerned. Accurate apposition with no tension is essential if leakage is to be prevented, and this can generally be attained; but there is another snag—leakage from the needle holes—and I know of several disasters from this "complication." In these cases an atraumatic (eyeless) needle with non-capillary suture material was used with the obvious result that the suture did not completely dam the holes made by the needle of larger calibre. I put forward the suggestion, which may have been made before, that the suture material should not only be absorptive but that it should be tapered. Only the first few inches need be tapered, and experiment will easily prove the exact gradation of tapering necessary to adequately dam the holes made in the vessel wall by the needle. Most good fishing lines (made of silk) are tapered: there should be no difficulty in procuring tapered suture material.—I am, etc.,

Dundee.

F. R. BROWN.

Synchronous Combined Total Gastrectomy

SIR,—I have read the article by Messrs. J. Basil Hume and Guy Blackburn (Nov. 22, p. 817) with great interest and feel that they deserve congratulations on their ingenuity in approaching this problem. While it is an asset of the method that the question of operability can be decided on abdominal exploration, there are a number of points I would venture to criticize. I cannot agree that the division of the thoracic arch in the combined abdominal and thoracic incision "is undesirable for the patient's convalescence." When, in the abdomino-thoracic approach, the costal arch and diaphragm are divided, the ribs can be retracted with minimal pressure and therefore minimal trauma and shock; again, the arch can be firmly reconstituted at the close of operation by a single suture through the cartilages. The resection of a rib appears to me a more serious problem for the patient.

Are they not too generous in their time allowance? A single surgeon, using the abdomino-thoracic method, can easily do an uncomplicated case inside two and a half hours. I certainly do

not consider that "excision of the cardia and 2-3 cm. of the oesophagus is essential if ablation of a growth is to be radical." Some 80% of gastric carcinomas begin in the prepyloric region and only in the late stages involve the glands on the left of the cardia, while the glands on the right are removed in the standard partial gastrectomy for carcinoma. It is the spread to the coeliac axis and porta-hepatis glands that decides the issue as regards glandular involvement in late cases. For this reason alone total gastrectomy is unlikely to give late results better than partial gastrectomy in the case of carcinoma arising in the common site. Its best role is for linitis plastica, growths of the fundus and cardia, and as a palliative for certain late carcinomas. Finally, is the Roux or any type of entero-anastomosis really necessary in total gastrectomy? I have not found it so in a small number of total and a fairly large number of high partial gastrectomies.—I am, etc.,

Dublin.

T. O'NEILL.

Anticoagulants in Coronary Thrombosis

SIR,—Prof. A. A. Fitzgerald Peel mentions my name in his letter in the *Journal* of Nov. 15 (p. 794). He does not seem to have used heparin in the cases he cites—the drug that produced such a remarkable recovery in Prof. Lambert Rogers's case of pulmonary thrombosis. Whether heparin offers any advantage over dicoumarol I do not know. It will be observed that Prof. Peel's first two cases had each more than one lung infarct before treatment was started. Two cases with hypertensive heart failure and lung infarct were given dicoumarol and developed further lung infarcts. His fifth case with hypertension and angina of effort, after treatment with thiocyanate and the blood pressure dropping from 220/110 to 180/94, developed a severe attack of coronary thrombosis.

I respectfully submit that Prof. Peel's cases are rather complicated to dogmatize about the action of heparin or any other anticoagulant in coronary thrombosis in its initial stage. Prof. Peel has, however, established in his letter "that the blood coagulability is not the only factor which influences the extension of a coronary thrombosis." In my judgment the two essential factors in producing coronary thrombosis are degenerated arteries in the heart and low blood pressure, which will favour the formation of a thrombus.

Coronary thrombosis usually occurs when the patient is quiet and often in bed, when the circulation is quiet and perhaps slow. In my letter of Nov. 1, I pointed out that it was the underlying cause—arteriosclerosis—that required treatment. A suitable regimen would be one in which flesh foods are reduced to a minimum, with plenty of fruits, vegetables, etc. From years of observation I have found the prolonged use of iodide of potash is the only drug I know that will arrest atheroma of the arteries and largely restore them. But the drug has to be given at least three months before decided changes can be observed from the improvement of the patient. Dr. Lauder Brunton expressed a similar opinion on this action of iodide of potash in his book on the action of drugs.—I am, etc.,

Glasgow.

J. T. MACLACHLAN.

The Extent of Neurosis

SIR,—One cannot but express sympathetic agreement with Dr. Willoughby Clark's plea (Nov. 8, p. 746) that more time should be devoted to those suffering from functional illness. Nevertheless, his suggestion that two afternoons per week could be set aside for such patients—each presumably to be subjected to an hour's psychiatric probing—is for the average busy practitioner a sheer impossibility. This would entail the sacrificing of one's hard-earned half-day (often no half-day at all) and Sunday afternoon to this, albeit worthy, purpose. Admittedly the neurotic forms a certain proportion of the normal surgery "clientele," though I disagree with Dr. Clark's estimate that from one-third to two-thirds are in this category. It is considerably lower than that—I would place it at perhaps 15% to 20%. Many of these people have very mild functional derangements, which the much maligned pill and bottle of medicine go far to eradicate, combined as they are with the sympathetic advice of an experienced practitioner, who can find out quite a lot about his patients' problems in considerably less time than

the regular weekly hour advocated by your correspondent. Incidentally I have yet to meet a psychiatrist who did not prescribe phenobarbitone in some form for his cases.

Needless to say the more severe forms of functional disability should be referred to an expert, though in many industrial areas psychiatrists are in very short supply. One can only hope that more psychiatric clinics will be set up in the near future. All this and more will no doubt be provided in Mr. Bevan's nationalized Utopia, which we are assured is just around the corner. Meanwhile the general practitioner will continue to give of his best to the neurotic patient. But ten hours a week! No, Sir! It just cannot be done.—I am, etc.,

Blackburn.

T. J. BURKE.

SIR,—Was there so little neurosis in the Victorian era? I remember it was an axiom in Edwardian times that nervous disorders were rare among the working classes, and it was not till good King George's days that this idea began to be undermined. The 1914-18 war damaged it badly. Since then social workers have told me nervous disorders were frequent in all three eras, especially among women of the depressed classes.

Why did we meet them so seldom in hospital? First, I think, because the sufferers had no suitable vocabulary. Pain, sickness, wasting, even our old friend "a nasty 'ackin' cough," were recognized respectable symptoms. Forty or fifty years ago, what sort of shrift would depression, fatigue, and anxiety have received at "out-patients"; and, to arrive at our second reason, what sort of treatment?

It seems strange so little is known of the distribution and occurrence of the nervous disorders. In his book *The Spirit of Discipline*, Dr. Francis Paget has an interesting passage on accidie: "Homeless and solitary hermits are especially assailed by it, and monks find it most troublesome about twelve o'clock, so that some . . . have held it to be 'the sickness that destroyeth at noon-day.'" Dostoevsky notes the frequency of nervous disorders among Russian peasant women. Oliver Wendell Holmes notes its frequency in New England, and quotes the seventeenth-century divine, Cotton Mather, on this subject: "New England, a country where Splenetic Maladies are prevailing and pernicious, perhaps above any other." In the seventeenth century at home has anyone noticed what a superb clinical picture Bunyan gives us of Mr. Fearing in the *Pilgrim's Progress*? Few men knew social life and conditions in the eighteenth century as John Wesley knew them, and he lived from 1703 to 1791. In one of his letters he refers to "Melancholia" as being so prevalent that it is known as the "Englishman's Disease."

Accidie, splenetic maladies, melancholia may have no determinate meaning. Neither has neurosis. Those who believe "nerves" to be a modern invention should look up Proverbs xviii, 14: "The spirit of a man will sustain his infirmity; but a broken spirit who can bear?"—I am, etc.,

Glasgow.

IRENE N. CLOUGH.

An Endotracheal Flange

SIR,—May I compliment Dr. John Gordon (Nov. 15, p. 785) on his design of a metal flange for use in endotracheal catheters under a face-piece? Those anaesthetists who are unable to obtain such a flange or a catheter with rubber flange incorporated, and do not wish to tear the end of the catheter with a safety-pin, may welcome the following suggestion. Pierce the catheter with the point of a red-hot safety-pin. The resultant holes will be permanent and will last the life of the catheter without splitting.—I am, etc.,

London, W.4.

DONALD BLATCHLEY.

Cats and Poliomyelitis

SIR,—Dr. F. L. King-Lewis's letter (Nov. 15, p. 795) tempts me to say that I had one case of poliomyelitis in a farmer who lived in an isolated farmhouse. In this farm there had been from time to time an epidemic in which the cats became paralysed and died immediately. This also may be coincidence.—I am, etc.,

Letchworth, Herts.

NORMAN MACFADYEN.

Child-bearing and Tuberculosis

SIR,—I would like to join other contributors to your correspondence columns in congratulating Drs. C. J. Stewart and F. A. H. Simmonds on their paper (Nov. 8, p. 726) on the above subject. This carefully compiled review gives statistical confirmation to the results already published by myself in 1943 and 1946 and obtained in the special maternity unit for tuberculous women at Black Notley. When the unit was first opened in 1937 I approached the subject with scepticism, but over ten years' experience of treating a total of 260 patients, 75 of whom had active pulmonary tuberculosis on admission, has convinced me that it is difficult to justify termination of pregnancy on medical grounds alone.

Dr. P. Heffernan (Nov. 22, p. 837) refers to a temporary improvement which may occur in active cases during pregnancy, followed "in only too many cases" by an "acute flare-up" at the end of the puerperium. It does seem possible that physiological changes in metabolism during pregnancy may have some degree of beneficial effect, but much further research on this aspect is required, and until such an effect can be proved more than a clinical impression, or an arm-chair hypothesis, it should not enter into the practical management of tuberculous women. I must, however, again dispute the contention of Dr. Heffernan (and others) that pulmonary tuberculosis is particularly liable to "reactivate" or "flare-up" shortly after delivery. At any rate under the conditions available at Black Notley fewer cases break down after delivery than would be expected to occur within the same time in the natural course of the disease irrespective of pregnancy.

Apart from such inexorable progression of the disease, the real cause of those breakdowns that occur are due to such factors as the strain of caring for the infant, overwork, financial strain, etc. In other words, the cause of breakdown is social rather than medical, and if abortion is being considered for a phthisical woman we should recognize that the indications are indeed social and not the threat of harm resulting from pregnancy and labour *per se*. This of course raises important medico-legal questions, and Drs. Stewart and Simmonds's conclusion that its necessity must be established in each patient should be always in the forefront of our minds. Incidentally, the legend of a sudden fall of diaphragmatic level with delivery—and the alleged effects therefrom—still seems to worry many workers. Like Charles II, it is "an unconscionable time a-dying." Space will not permit me to enter into a dissertation on this particular aspect, but there is no doubt that the effect of diaphragmatic level has been very greatly exaggerated.—I am, etc.,

Black Notley, Essex.

RAYMOND C. COHEN.

SIR,—The article on the above subject by Drs. C. J. Stewart and F. A. H. Simmonds (Nov. 8, p. 726) has prompted me to write expressing my alarm at the ever increasing number of articles which have appeared recently on this subject, all endeavouring to prove that pregnancy has no effect on tuberculosis. It is not my intention to challenge their views and findings except to mention that tuberculosis runs such a variable course that it is almost impossible to provide reliable controls. The articles are misleading in that the natural inference drawn from them by anyone not in close contact with the domiciliary control of tuberculosis is that there is no justification for terminating pregnancy in a case of tuberculosis, whether active or not.

The present-day appalling overcrowding as a factor in the spread of tuberculosis is well known. The fate of young children in tuberculous households was investigated by the Lancs County Council in 1929, and this proved that the death rate in children under 5 from non-pulmonary tuberculosis (two-thirds of the deaths being from tuberculous meningitis) was approximately fourteen times greater in a household where there was open tuberculosis than in a normal one. Under present-day living conditions this would no doubt be appreciably higher.

The development or otherwise of lung changes is only one of many factors that have to be taken into account. There are others that from a practical point of view are of far greater importance. Correlated with these is the appalling failure of