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