thyroid adenocarcinomata in almost 50% of rats to whom they administered thiourea for more than two years.

The histological picture of the human thyroid after thiouracil therapy shows marked cellular activity, and before its general use is recommended further research should be carried out on the possibility of delayed after-effects. The experienced surgeon who resects a toxic goitre knows that 99% of his patients should survive the operation, that about 90% will lead approximately normal lives without special supervision, and that, in the event of an error in diagnosis, malignancy will be revealed and can be treated without further delay. The thiouracil drugs are most valuable in preparing a patient for operative treatment, but caution is advised before suggesting that they should replace it.—I am, etc.,

London, N.2.

HENRI ROUALLE.

REFERENCE

- ¹ Purves, H. D., and Griesbach, W. E., *Brit. J. exp. Path.*, 1947, **28**, 46.

Measles Prophylactic

SIR,—Following your leading article (Nov. 8, p. 737) on the use of gamma globulin as a measles prophylactic it would seem worth while to stress once again the value of a dose of adult whole blood intramuscularly if given at any time up to the sixth or seventh day of incubation. Gamma globulin is expensive to produce and uses the time of highly skilled technicians. Blood, 4 to 10 ml. according to the child's age, taken from the mother and injected immediately, is cheap and speedy therapy. The marked difference in the severity of symptoms in the unprotected case and the partially protected contact is so constant that the method can be advocated as a routine measure when the first of a family of children is found to have measles or other contacts are known.—I am, etc.,

Stanmore, Middlesex.

HARWOOD STEVENSON.

Dicoumarol

SIR,—I read with interest your annotation (Oct. 25, p. 662) on dicoumarol and subsequent letters. I feel that Dr. Frank Marsh (Nov. 8, p. 748) is on the right lines when he suggests a large dose for the first two days, then an interval, and subsequent smaller doses.

My experience with Quick's method of prothrombin estimation has been singularly unfortunate. The results I obtained were far too varied to permit of any serious consideration. We used the clotting time and attempted to double the original figure. This was done throughout by Lee and White's method. In a number of cases alarming features resulted before the clotting time had doubled. Obviously the drug has a cumulative effect, and the clotting time does not begin to rise appreciably until the patient has been on it for some time, and then it rises with marked rapidity.

I would suggest that the drug be given in maximal doses—i.e., 300 mg. the first day, 200 mg. the second day, then 150 mg. daily until the clotting time begins to rise, and at that stage withheld. When the clotting time has returned to its original value, dicoumarol should be given again. We used fresh-blood transfusion to lower the clotting time and found that it works fairly rapidly. There is at least a 48-hours latent period before intravenous vitamin K begins to show its effect.—I am, etc.,

Birmingham.

M. J. PIVAWER.

Yeast Extracts and Fat Absorption in Sprue

SIR,—For a detailed discussion of the points raised by Dr. K. D. Keele (Nov. 15, p. 794) we would refer those interested to our paper in the current issue of the *Quart. J. Med.* (1947, **16**, 99). In that paper the evidence for the effectiveness of yeast extract is given, and due acknowledgment for statistical help is made to Mr. Dilwali (not Mr. Dilwater). As Dr. Keele rightly points out, we were not in clinical charge of the patients in Poona, and so we have relied mainly on biochemical evidence for the effect of yeast extract; nor were we in a position to "settle the issue" at that time by the use of yeast extract alone. However, we have since treated patients with sprue in this country and have been able to maintain them in clinical remission by yeast extract without any liver therapy.—We are, etc.,

Manchester.

D. A. K. BLACK.
L. P. R. FOURMAN.

Status Epilepticus after E.C.T.

SIR,—Dr. A. Folkson's memorandum on a case of status epilepticus precipitated by E.C.T. (Aug. 30, p. 335) prompts me to record a similar case.

In September, 1944, an African woman of the Yao tribe (who live on the borders of Tanganyika and Portuguese East Africa) was admitted to this hospital. She was about 45 years of age. The certificate stated that she wandered aimlessly among her neighbours, that she slept in the bush, and that she thought people were going to kill her. After admission she was either indifferent and pre-occupied or nonsensically loquacious. She had corneal opacities and septic teeth. The spleen was enlarged, but there were no malarial parasites in the blood. There were no neurological signs or history of epilepsy. The blood Kahn was negative and the C.S.F. W.R. was negative, with no increase of cells or protein. Attention to her general health produced a partial improvement. On Feb. 20, 1945, she was tried with E.C.T. at 10 a.m. (105 volts, 0.4 sec., 160 milliamp.-sec.). There was a delay of 3 or 4 sec. The next day at 3 p.m. she suddenly passed into typical status epilepticus. At 3.45 p.m. she was given 1/2 oz. (14 ml.) paraldehyde in olive oil per rectum. The fits began to lessen in a few minutes and had ceased after 1/4 hour. There has been no recurrence to date.

—I am, etc.,

Dodoma, E. Africa.

E. J. FOLEY.

Routine Serological Tests for Syphilis

SIR,—At a recent conference of doctors in America surprise was expressed that in this country serological tests for syphilis were not routinely carried out by law on such occasions as marriage, at life insurance examination, or on entry into the Services as is current practice in the States. It was furthermore stated that representatives of this country had indicated that such a proposal would lead to public outcry and would never be permitted, and in any case such a course was unnecessary, because the incidence of venereal disease is so much lower in this country than in the States.

Surely in these enlightened days such a position is indefensible? If we have no serological tests, what reason have we for saying that our incidence is low? Clinical manifestations of the disease are no guide, because they may be dormant for many years and thus be undetected. Is it national prudery, smug hypocrisy, or a fear of exposition which leads us to adopt this rather dubious delicacy on such a matter? I am not a syphilologist, but doubtless there are many with greater knowledge in the matter who can give the answer to this apparent diagnostic obscurantism, and whose views I should like to hear.—I am, etc.,

Bristol.

K. G. BERGIN.

Penile Carcinoma

SIR,—The incidence of cancer of the cervix in Jewish women is relatively low, and this has frequently been ascribed to the observance of laws which combine common-sense hygiene with religion. Mr. W. Sampson Handley (Nov. 22, p. 841) brings forward evidence which suggests that it is the routine circumcision in the male which is the operative factor. If the "transference to the vagina of the mixed bacterial flora that flourish beneath the prepuce" ultimately, by means of chronic infection, leads to cancer of the cervix, then there must be many more cases in which, even without cancerous changes, it results in discomfort and chronic invalidism. Having built up a strong case and drawn the correct inference, your correspondent advises routine preputiotomy in male infants because "it is unlikely that the routine circumcision of male infants would commend itself to English opinion."

What are the objections to routine circumcision and how does preputiotomy meet them? Does the main obstacle to the former lie in the lack of knowledge of a simple operation or in the psychological objection to imitating the Jews? It seems to me that your correspondent's compromise is a bad one. It is true that circumcision, as generally taught, involves general anaesthesia, pressure forceps, scissors, and sutures, while slitting up the prepuce "in the first few days of life can be done without an anaesthetic." Although reference is made to "an experiment conducted on a national scale for two thousand years" (the estimate is a conservative one), there is no mention of the technique which has made it possible. In fact few, if any,