preputiotomy. Dr. Preiskel's criticisms of this latter simple operation appear to show that he has never performed it. The clumsy lateral flaps of prepuce left by it so atrophy and retract that in a few years the result is practically indistinguishable from a circumcision, though no tissue has been removed.—I am, etc.,

London, W.1.

W. SAMPSON HANDLEY.

Foreign Body in the Vagina

SIR,—The unusual nature of the following case makes it worthy of publication.

The patient was a widow aged 60 years who wore a 2½-in. (6.3-cm.) watch-spring pessary for prolapse. The ring had not been changed for a year, and she complained of an unpleasant vaginal discharge and slight discomfort in the left iliac fossa—this latter being present for two weeks. On questioning her with regard to douching I elicited the fact that she had been in the habit of douching with a weak solution of "lysol," using a bone-nozzle enema syringe. She had last done this three months ago.

I removed the ring with some difficulty with the patient lying on her right side and with her knees drawn well up (I am left-handed), and thought at the time that there was something peculiar about the ring—namely, that it appeared to have an irregular bar fixed across its centre. When it was removed I found the "bar" to be the bone nozzle of an enema, which had become firmly jammed across the inner diameter of the pessary. On questioning her as to whether she had ever mislaid the nozzle of the enema she said that she had—*nine months ago*. She added that the reason she did not suspect the whereabouts of the nozzle was that she thought she had seen the cat playing with it at about the time that it was lost.

My reason for writing the above note is to show how long a foreign body of moderate size may be retained in the vagina without producing symptoms of any severity.—I am, etc.,

London, S.W.4.

G. J. GRAINGER.

Asthma and the Inhaler

SIR,—It is agreed that the treatment of patients suffering from bronchial asthma is a real problem, especially during the winter months. The inculcation of a careful regime and breathing exercises rarely, if ever, succeeds in warding off attacks, and patients have to resort to antispasmodics. Apart from some expensive proprietary preparations most antispasmodics are associated with troublesome side-effects in a large number of asthmatics, and these unfortunates dread the treatment as much as their affliction.

The modern inhaler with inhalant proves a godsend to these patients, and the results from the doctor's point of view are most gratifying. The important point is that the doctor must teach the patient how to use and maintain the inhaler, and apart from treating the attack I advise the use of the inhaler three times daily during a flare-up of acute bronchitis. Simply to prescribe the inhaler is an utter waste of time, and there must be many of them locked away in cupboards and regarded as useless because the patients have not been taught their correct use. Personally I keep one in the surgery for demonstration purposes, and the few minutes thus expended pay dividends not only in the gratitude of the sufferer but also in reducing emergency calls. A small proportion of patients cannot be taught to use the inhaler.

Doubtless there are cases of severe asthma requiring injection of antispasmodics, but I think that the doctor will find that most of his emergency calls will respond to the inhaler if he cares to carry it in his bag.—I am, etc.,

St. Helens, Lancs.

JAMES KAY.

Food Cuts and Calories

SIR,—It is indeed timely that such figures as those of Dr. G. T. Mills (Dec. 6, p. 926) should be published. For too long now has this country been stuffed up with the half-truths and misrepresentations of the Ministry of Food. By using "calories" as a basis of nourishment the M.O.F. gives an entirely false picture—a bottle of whisky a day will supply all the required calories. As is pointed out, the actual calories obtained from our diet are nothing like those promised and even less like those needed. Perhaps this accounts for the poor resistance of the population to minor infections and their lack of physical stamina.—I am, etc.,

Coventry.

JOHN HALE POWER.

Foetal Cries

SIR,—I was interested in the cases of vagitus uterinus which have recently been described in your correspondence columns, particularly with Dr. Jean Burton-Brown's letter (Oct. 25, p. 672), in which she mentions 123 cases occurring between 1800 and 1941. The phenomenon, however, has been known for well over 2,000 years. In book xxiv of Livy's *History of Rome* he records a case which occurred in Italy during the critical days of the second Punic war in 214 B.C. On this occasion the Romans were encouraged by a foetal cry of "Io triumphe" to persevere and ultimately overcome the fears and trials of their time. It is to be regretted that foetal cries of to-day, interesting though they may be, contain no encouragement for us to endure our present hardships.—I am, etc.,

Isleworth, Middlesex.

C. W. F. BURNETT.

Future of Almoners

SIR,—As practising hospital almoners we should like to comment on Dr. Trevor H. Howell's letter (Nov. 22, p. 843) on the care of the "chronic sick" by almoners when the new National Health scheme comes into force. May we first correct the implication that almoners cherish "their money bags" and regard assessment or collection as their main function? In hospitals where almoners have not yet been able to shake off this millstone they anticipate the new scheme with joy because it will leave them free to carry out the job for which they have undergone an intensive training—i.e., to do social work in co-operation with the medical staff to facilitate the patient's recovery.

It is true that we may be free to do more for the "chronic sick," but in many hospitals a great deal is already done. The main difficulty is that our scope is severely limited by the lack of suitable old people's homes or domiciliary nursing services. While we are willing and anxious to do all we can to relieve the often unpleasant and pathetic lot of the aged sick folk, the magnitude of the problem far exceeds the resources at our disposal. The difficulty lies not so much in almoners' being so busy with money bags that they have no time for caring for the chronic sick, as that there are inadequate voluntary or statutory provisions for their care.—We are, etc.,

M. CHAVE JONES.

M. EPPS.

Wallington, Surrey.

Pulmonary Tuberculosis in Austria

SIR,—Only recently I happened to see Dr. A. Macfarlane's letter (Aug. 30, p. 348) containing rather far-reaching conclusions regarding the effect of undernourishment on tuberculosis. Unfortunately the figure given for 1945 is not correct. In 1945 there were 7,269 deaths from pulmonary tuberculosis in Austria and not 5,043. The corresponding figures for Vienna are as follows:

Year	Deaths from Pulmonary Tb.
1940	2,146
1941	1,987
1942	2,337
1943	2,230
1944	2,390
1945	3,734
1946	2,379

The drop in 1946 can only be explained in one way. In 1945 under the stress of hunger, overcrowding, lack of hospital accommodation and medical attention a great number of cases have died who under normal conditions should have lived some more years. In my opinion this will be felt in 1947 and probably in 1948. The number of newly discovered cases of pulmonary tuberculosis has been increasing steadily since January, 1946. Clinical experience indicates a close connexion between undernourishment and the incidence of primary tuberculosis in young people and the flare-up of inactive disease in older persons. I do not think that the death rate and the morbidity in Vienna allow to abandon proved views and to build up a new theory on the effect of undernourishment on tuberculosis.—I am, etc.,

A. FISCHER,
Chief Tuberculosis Officer.

Public Health Department, Vienna.