minutes to a routine Trendelenburg operation and is, in my opinion, always worth while doing before embarking on a major operation like lumbar sympathectomy.—I am, etc.,

Coventry.

P. E. ROLAND.

Prevention of Venereal Disease

SIR,—I feel obliged to add my testimony on the subject of prevention of venereal disease to that of your correspondents in the *Journal* of July 31 (p. 268). I am sure that to rely upon methods of prophylaxis to be applied after exposure to infection is to court failure. The attention to detail necessary to make them efficient is rarely available, and the false sense of security given simply encourages risks to be taken. Dr. Earle Moore, with his vast experience, has no doubt that prophylactic treatment if properly carried out can be of value, but he says the average man will not take the necessary trouble; and when one remembers how often the patient was more or less under the influence of alcohol when the risk was taken this is not surprising. If anything is to be done on such lines of prevention, surely the use of a rubber sheath is much simpler and more likely to be carried out; this indeed is what I am in the habit of telling those patients who seem unlikely, in spite of all one can say, to abstain from future risks.

Finally I must add that I am astonished Lord Horder (July 17, p. 171) should take such a pessimistic view of the present situation. Looking back over the 25 years that I have been in charge of a fairly busy clinic I feel that, owing chiefly to the action of the Ministry of Health in making the public "V.D. conscious" and in providing free treatment, we can reasonably anticipate a continuation of the improvement which was so marked before the war and which is now showing itself again. That war conditions should cause a relapse was inevitable and to be expected. Has not this happened in every war since syphilis was first brought to Europe by soldiers in the sixteenth century?—I am, etc.,

East Croydon, Surrey.

P. W. HAMOND.

SIR,—The sexual requirements of the individual vary immensely, and each is entitled to judge for himself or herself whether extramarital relations are right or wrong. There can never be a standard sexual morality. The problem is therefore a moral one for the individual only. To regard V.D. as a moral problem, as does Dr. G. L. Russell (July 31, p. 268) is to be prejudiced. It would appear from what Miss K. B. Hardwick writes (p. 269) that the Association for Moral and Social Hygiene, having found chastity as an ideal unsuccessful, is now preaching chastity as an anti-V.D. device.

The first essential in any campaign against V.D. is to stop looking upon extramarital relations as a disease in itself. The lack of a marriage certificate does not transform sexual experience from something beautiful into something ugly and shameful, but the present official outlook of Church and State, by driving sex into back streets and sordid lodgings, does precisely that, and at the same time favours the spread of V.D. The inevitability of extramarital sex relations must be accepted, and every effort made to keep such relations, if not on a spiritual, at least on a healthy physical level.

All anti-V.D. appliances should be banned until some really efficient method is discovered, and V.D. propaganda stopped. Would not anti-T.B. propaganda be of more value in its own field? Surely the early symptoms of pulmonary tuberculosis are more insidious than those of any of the venereal diseases, and early treatment more important.

Until some super prophylactic drug which can be taken by mouth comes along, legalized and controlled prostitution, as was carried on until recently in France, is the only sure method of V.D. control. The termination of this system in France has led to an increase in V.D. The relaxation of official harshness manifested in the adoption of such a system would also do much to establish a healthier outlook on sexual matters, and a more sensible attitude to V.D. A quotation from *Sex, Life, and Faith* by Rom Landau is appropriate, "The number of divorces for sexual misdemeanour is much smaller in France than in Great Britain . . . they have suffered far less from neuroses or sexual aberrations. Evidently their more frank and natural approach to the problem of sex is to some extent responsible."—I am, etc.,

Edinburgh.

W. B. LAING.

Confidential V.D. Treatment

SIR,—By her complaint against the Minister of Health for removing the statutory requirement of secrecy about V.D. Miss Katharine B. Hardwick (Aug. 7, p. 313) fails to see the wood for the statutory trees and betrays signs of a legalistic mind out of touch with realities.

When in 1916 the V.D. service was started the Government accepted the recommendations of the Royal Commission on Venereal Diseases that attendance should be voluntary and free, but added a statutory requirement of secrecy which was not one of the Commission's recommendations. No doubt this addition was made for propaganda purposes to beguile an unprepared and possibly distrustful public into voluntary attendance at V.D. clinics. No doubt also the provision was inserted in deference to the fears of those who thought that the public would not regard public clinics as sufficiently private and that therefore V.D. would still be treated inefficiently in an underground manner by unqualified persons.

Whatever the reasons for inclusion of the provision of statutory secrecy there is no doubt that after more than thirty years of experience of the V.D. service the public is firmly convinced that the staffs of V.D. clinics do in fact maintain the greatest secrecy, and few members of the public who use the V.D. clinics are as well informed as Miss Hardwick about the legal background or as impressed by its power.

Having worked in V.D. clinics for many years I have no hesitation in emphatically stating that the high standard of secrecy and confidence obtaining in these clinics is due neither to statute (as she asserts) nor to Ministerial hopes (as she agrees), but to the sense of responsibility and loyalty of the medical and lay staffs, who have learned during more than thirty years' experience the great importance of securing the trust and confidence of their patients. Secrecy is now so strongly entrenched by custom in the minds of public and clinic staffs alike that a statute is unnecessary to buttress it. Rather than complain that a Minister of a Socialist Government revokes regulations we should congratulate him and those who advised him for removing unnecessary legal lumber.

Finally, by encouraging ventilation of the Minister's revocation of statutory secrecy Miss Hardwick is tending to obtain the very opposite of what she wants. If she says from the mountain tops that there is now no secrecy about V.D. (because it is not statutory) not only is she publishing error, not only is she casting an unwarranted slur on the devoted staffs of V.D. clinics, but she is herself likely to cause unfounded doubts to arise in the minds of the very public she wishes to protect.—I am, etc.,

London, N.W.5.

F. R. CURTIS.

Thiouracil in Treatment of Thyrotoxicosis

SIR,—We should be grateful to Professor H. P. Himsworth (July 10, p. 61) for his lucid exposition of the status of thiouracil in the treatment of thyrotoxicosis. For more than a year I have taught that white counts are not a routine necessity in thiouracil therapy, but that they should be done in the three following circumstances: (1) In the first few weeks of treatment they are valuable in order to detect the occasional case in which granulopenia reaches a dangerous level. It is helpful to know the usual white cell level of each patient, for this varies greatly in different individuals (my own white count is usually between 4,000 and 5,500 with about 50% to 60% of polymorphs), and it is correspondingly difficult to generalize regarding the level of granulopenia. (2) A white count should be done whenever the minor toxic effects of thiouracil appear. By themselves these manifestations do not call for cessation of the drug; it is the level of the white count that matters. (3) Agranulocytosis: I fully agree with Professor Himsworth that routine white cell counts are no safeguard in preventing or detecting this dangerous complication.

I believe that the quickest way of dealing with a suspected case of agranulocytosis is to make a thick film of peripheral blood, as is done in the diagnosis of malaria, and stain it with Field's stain—a few seconds' gentle agitation in solution A, then in distilled water, then in solution B, and finally in water again. Anyone can make a good thick film if they trouble to practise, and most people should be able to distinguish a polymorph in a thick smear. Given a microscope and the necessary stain (which