the simple reason that cows acquire the disease in the intervals between the tests and therefore contaminate the milk from the herd. Milk even from tuberculin-tested herds, therefore, should be pasteurized, as it is the only reliable safeguard. Fortunately, all the large wholesale distributors of milk safeguard themselves and the public by pasteurization.

Dr. A. H. Macdonald is evidently not acquainted with the accepted theories regarding "immunity."

Legislation on this question is long overdue, and the sooner this question is definitely settled the better. Cows' milk, from any source, should be forbidden for human consumption unless it has been pasteurized. Economics and politics should not be considered when the health of the community can be safeguarded by such simple means.

I visualize in the future the invention of a wonderful machine in which grass will be put in at one end and milk will be extracted at the other. This will have one advantage, I trust, and that is it will be free of all germs, but I have doubts about its epicurean value. In the meantime let us proceed with compulsory pasteurization.—I am, etc.,

"BOVINE."

Control of Venereal Diseases

SIR,—Quotations divorced from their context are always misleading, so Dr. E. W. Assinder's doubts expressed in your issue of Dec. 19 (p. 740) as to the accuracy of my statement that "there is not the same sense of shame with regard to V.D. in Scandinavia as there is in this country" is not wholly surprising. I would be truly distressed if it were thought that my comments were directed against the ideals and mode of life in the Scandinavian countries. On the contrary, my admiration is so great that I constantly speak of their very real democracy, social conditions, and advanced medical standards with profound respect tinged with envy.

What I tried to say, no doubt ineptly, was that the Scandinavian attitude towards sex differed from that of the conventional Anglo-Saxon in being more forthright. For example, in more than one V.D. clinic women nurses staffed the male clinics, arranged irrigation apparatus, and so on, and in one electrical department (not connected with a V.D. clinic) I saw two women and one man lying under the one lamp for lupus treatment, with respectively neck, arm, and leg exposed. I believe that either of these conditions of work or treatment would be unusual in a British hospital; though given sufficiently true *pudor* as opposed to mere prudishness, there is nothing but what is natural in either situation. My impression was that, especially in Sweden, the desire to be healthy was so strong that treatment for V.D. was taken eagerly when required so as to re-establish health.

I have many times had to deal with the sense of shame of married women infected by their husbands, a shame so profound that they dislike the very thought of attending a V.D. clinic lest they feel further degraded by "having to sit with such women as are sure to come there." A very great deal of time, patience, and persuasion has often to be spent in women's clinics to get such married women to attend because of this deep-rooted elemental feeling. They have to be educated in the clinic so as to change that feeling for the constructive wish for health and freedom from infection.

Alongside this desire for health one would wish that in young people of both sexes self-respect and the ideal of continence could be inculcated by precept and example. But "false shame" is a deterrent to clinic attendance, and is in the end anti-social, leading too often to cessation of treatment when relief of symptoms has been obtained, without persistence till complete freedom from infection is secured.—I am, etc.,

London, W.1. MARGARET RORKE.

SIR,—Defence Regulation 33B is a move in the right direction, but I doubt if it will carry us very far. I have had many years' experience in the treatment of venereal diseases as surgeon in charge of several clinics, and it has always been my endeavour to get contacts under control. Several methods are employed, the chief being that of sending a note by the patient to the contact explaining the situation and asking him or her to attend the clinic for examination and treatment if found necessary. What is the result? We are told: the name and address of the contact are unknown; the contact cannot be found or has left the district; the note has been delivered but the contact refuses to attend; when the name and address have been given and a note posted it is returned marked "Name unknown" or "Gone away"; when a health visitor has called she finds that the wrong address has been given; she is often refused admission, or, when admitted, receives an indignant denial that he or she is involved. A few attend.

Several years ago I opened a discussion before the Society of Medical Officers of Health on the subect of the desirability of making venereal diseases notifiable and treatment compulsory. I stressed the point that there would be no publicity and that only those who refused to be treated or those who defaulted would be affected by the law. The opinion expressed was that it would drive V.D. underground and do more harm than good. The subject is difficult, but now, with so many of the population in the public services and under control, legislation should be easier.—I am, etc.,

Hampstead, N.W.3. HAMISH NICOL, F.R.C.S.

Preparation of the Hands for Operation

SIR,—When I did my surgical dressing in the old Royal Infirmary at Newcastle-upon-Tyne in 1896 gloves were not used and the surgeons relied entirely on the antiseptic technique. Rutherford Morison was most particular, and tried out all the known methods of hand preparation. At that time he recognized the importance of smooth skin, and every night in life rubbed his hands all over with glycerin. His favourite antiseptic for the hands and the skin of the patient was 1 in 1,000 perchloride of mercury in watery solution. This always made my own hands desquamate, but I subsequently discovered that I could use 1 in 1,000 biniodide of mercury year in year out without producing any roughness. Morison's results in wound healing were wonderful. I have never seen better, but in addition to hand preparation he was most careful and punctilious about all the details of wound management. Nonetheless he did have runs of mild infection for which we could not account. About 1904, when I was assisting him regularly, we began to use the thick, heavy rubber gloves so largely employed by the French surgeons up to recent times. These were not boiled but sterilized by long soaking in antiseptic solution. Soon after the adoption of the thin rubber gloves, about 1906, boiling became the usual method of sterilization.

Only those surgeons who have operated without gloves and with soft marine sponges instead of gauze swabs can have enjoyed the pure delight of operating. But I should be sorry to have to do without gloves because, since their adoption, satisfactory wound healing has been more uniform, and they are the best protection against infection of the surgeon's hands. If we must do without gloves it is more than ever important to take care of the hands by avoiding all unnecessary risks of contamination both in our work and socially (the late Prof. Garre of Bonn lamented that he could not help his wife in the garden because he had to put his hands in his pockets to keep them clean!). We must also keep the hands smooth. For antiseptics to be efficient they must soak into the surface skin, the nails, etc., and it takes some time and repeated use of chemical antiseptics for these structures to remain saturated. In the pre-glove days we used to notice that it was after the surgeon's holidays when he had been away from antiseptics for some weeks that he was most often annoyed by outbreaks of mild infection among his wounds.—I am, etc.,

British Postgraduate Medical School. G. GREY TURNER.

Erythroblastosis Foetalis

SIR,—For the reasons given in his letter (Dec. 19, p. 738) I would support Dr. Herbert Levy's suggestion that the title "haemolytic disease of the newborn" is an even better and more accurate substitute for "erythroblastosis foetalis" than "haemolytic anaemia of the newborn," and I hope that this title will be universally adopted.

I am familiar with both the types of bone lesions mentioned by Dr. Levy. The first, in which the long bones show, as described by Follis *et al.* (1942), zones of increased and decreased density, occurred in one of my patients who suffered from congenital haemolytic anaemia, and who, in spite of