Dr. Rickman has, in fact, written of the development of psycho-analysis, and nobody is better qualified to do so. But it is a pity that your "Fifty Years of Medicine" number did not include a review of the development of psychiatry. This would include an impressive body of material which would interest (and perhaps convince) the general reader more than an account of the development of one school of psychopathological theory.—I am, etc.,

London, S.W.3. D. S. MACPHAIL.

*** The signed articles in the symposium on "Fifty Years of Medicine" were concerned with the outstanding developments of the past fifty years. Of these, the work of Freud was merely one. Many of the points made by Dr. Macphail were dealt with in the leading article "Progress in Psychiatry."—ED., *B.M.J.*

The Fate of the Foreskin

SIR,—I should like to range my popgun alongside Dr. Douglas Gairdner's cannonade (December 24, 1949, p. 1434) and join in his volley against the respectable bastions of infantile circumcision. Dr. Gairdner refers to 54 boys between 2 months and 3 years referred for circumcision, in all but one of whom the prepuce could readily be retracted after separation with a blunt probe. Records are not immediately available to me, but I can state that during two years as a senior hospital resident I was requested to perform circumcision on infants (children over 1 year being admitted and not all seen by me) at the rate of two or three each week. No infant under the age of 3 months could be seen, on account of the waiting-list. My practice was to carry out gentle separation of the prepuce, as described by Dr. Gairdner, in order to retract it and apply antiseptic to the glans and preputial skin preparatory to operation. In not one of the series of two hundred or so did I find difficulty in retracting the foreskin. This awoke in me the suspicion—since strengthened by fifteen months' specialized experience of paediatrics—that infantile circumcision is an unwarranted surgical procedure.

On the other hand, a comfortably remote acquaintance with troops serving in North Africa suggested to me that ritual circumcision among nomadic tribes in the Middle East, with inferior bathing facilities, was as sound a precaution in the second world war as in the forty years' wandering.—I am, etc.,

Birmingham. BRIAN WEBBER.

SIR,—We think that Dr. Douglas Gairdner's interesting article on the prepuce (December 24, 1949, p. 1433) neglects one or two points. It is easy in the infant (if one has spent some time in "Casualty" selecting candidates for circumcision) to distinguish two types. In the first, on attempting to retract the prepuce, its margin thins, a little of the glans becomes visible, and one can feel that a little more proximal traction would peel the prepuce back—i.e., it is simply adherent or, as Dr. Gairdner points out, not separated.

In the second, on attempting to retract, the margin of the prepuce does not thin so much, a definite constriction is usually visible just proximal to the margin, which is a little bulbous beyond it, and, in any case, one can feel that further traction meets with a definite resistance, preventing the preputial orifice from enlarging. This is true phimosis. We do not think a probe is necessary to make this distinction.

That the first type should be treated conservatively, it is easy to agree. The point is whether the second type later becomes retractable. Through not distinguishing these types in his Table (Fig. 5) Dr. Gairdner throws no light on this point. If these are the persistent 10%, then, as they are easy to recognize, it would appear simplest to circumcise them in infancy.

It is true that after circumcision one occasionally finds the glans very raw and slow to heal (say two or three weeks), which would be accounted for by Dr. Gairdner's histological facts. But we find this uncommon, perhaps in about one case in six, and not occurring necessarily in the younger victims. Might it not sometimes be the result of leaving the prepuce adherent for too long?

Furthermore, our impression is that older children (of two or three years) are more likely to get post-operative sepsis and delayed healing and also (this is more than an impression) are much more difficult for the mother to manage during the two or three weeks required for healing. For these reasons it is the practice in the hospital in which we work to circumcise infants with true phimosis.—We are, etc.,

H. M. ROSE.
A. M. GOULD.

London, S.E.13.

SIR,—Dr. D. Gairdner's paper (December 24, 1949, p. 1433) has dealt comprehensively with an operation which has become little more than a vogue. It is indeed appropriate that some attention should be drawn to the fact that circumcision is needlessly performed in the vast majority of cases.

The main pretext upon which this operation is performed is undoubtedly the so-called "non-retractable" foreskin. I would add to Dr. Gairdner's figure of 10% of non-retractable foreskins in boys of 3 years of age by saying that at least 25% of foreskins at this age have not yet become completely separated from the glans penis. The older view that the presence of the foreskin initiates and encourages masturbation is still present amongst anxious and ignorant parents; yet their own forcible manipulations of the infant's prepuce are more likely to encourage this habit, even if it was harmful.

I would also add to Dr. Gairdner's sequelae of circumcision by pointing out that in 80–85% of developed meatal ulcers meatal strictures also develop. It is for these strictures that meatotomy is so frequently performed, the vast majority of these patients having been circumcised in infancy. Congenital meatal stricture is a rarity. I remember some years ago presiding over an out-patient clinic to which a young mother brought her 3-year-old son and requested circumcision of the boy. Finding no reason whatever why the perfectly mobile and clean prepuce should be removed, I asked why she wanted the operation performed. She replied, "Oh, it looks so much nicer."

This attitude towards sexual cosmetics is more primitive. It is generally the circumcised fathers who desire a similar mutilation of their sons. If 84% of public-school boys are circumcised it is time that doctors enlightened them on the anatomical functions of the prepuce and the importance of hygiene rather than subject their male offspring to this fashionable mutilation.—I am, etc.,

Newcastle-upon-Tyne. J. W. PERROTT.

Insufficient Anaesthesia

SIR,—At the present time anaesthesia for prolonged abdominal cases commonly consists of heavy curarization with minimal narcosis. Like many other anaesthetists I am an enthusiastic advocate of this technique, but as the following case will show one must be reasonably certain that the level of narcosis does not become too light.

The patient, an intelligent and co-operative woman aged 46, underwent laparotomy for suspected carcinoma of the head of the pancreas. Premedication was morphine 1/6 gr. (11 mg.), atropine 1/100 gr. (0.65 mg.), and she was slightly more drowsy than the average when she arrived in the anaesthetic room. Induction was with "tubarine" 15 mg. (after 5-mg. test dose) and 0.4 g. of thiopentone. A No. 9 cuffed tube was easily inserted and directly connected to a Coxeter-Mushin absorber. Nitrous oxide and oxygen 500 ml. of each per minute were run into the circuit and respiration was aided throughout the operation. Small doses of thiopentone and tubarine were given into the drip as required, to the total of 0.8 g. and 65 mg. respectively. Subtotal pancreatectomy was carried out by Professor Charles Wells. During the first three hours the gas mixture was unaltered, but during the fourth hour oxygen alone was given. During the last half-hour (before and during wound closure) 20% cyclopropane was administered. Prostigmin 5 mg. and atropine 1/50 gr. (1.3 mg.) were given during skin suture. The patient's post-operative course was good.

I saw the patient on the third day after operation and during conversation casually inquired about when she came round. Her reply was somewhat shattering—"As a matter of fact, doctor, I woke up in the theatre! I remember going to sleep after your injection in my arm, and some time later I was awakened by the most excruciating pain in my tummy. It felt as if my whole inside were