

of the breast, which is modified from an earlier procedure described by W. W. Babcock.¹⁰ If a lump is present in the breast it is always removed. If the discharge is not associated with a lump an attempt is made to find the duct from which it comes by observing the dried nipple under the magnification of binocular loupes while pressure is applied to different segments of the breast. In this way the source of the discharge can be located in 80% of cases. A blunt probe is inserted into this particular duct and held in place with a suture, and microdocheotomy is performed. This operation causes little upset to the patient and leaves only an inconspicuous scar.

The management of patients in whom the source of discharge cannot be found depends on the results of testing for haemoglobin and its products. Those with a negative test are kept under observation and the Occultest is repeated periodically. Those in whom the test is positive are further subdivided into two groups according to age. If the patient is over 40 simple mastectomy is performed. If the patient is under 40 observation is continued; Atkins and Wolff consider that a malignant cause in this group is relatively unlikely, and they had only two out of 118 patients under 45 in whom a carcinoma was found without a lump.

This scheme of management advocated by Atkins and Wolff will commend itself to many surgeons as being simple and clear cut besides being based on the extensive experience of the breast clinic at Guy's Hospital.

Some Hospital Statistics

The recent publication of the first and second volumes of hospital in-patient statistics for Scotland^{1 2} raises the question again of whether such figures have any value. They are intended to give "a clear picture of the work which the hospitals do, how it varies in different parts of the country, and the extent to which changes take place in the pattern from year to year." Statistics are published with a similar purpose in England and Wales, but unlike those for Scotland are based only on an approximately 10% sample. It was in fact a 9.62% sample in the latest of these reports.³

The epidemiologist has often, perforce, to deal with crude or "raw" material, but he can usually with some measure of appreciation estimate just how serious the errors are. The first of the present two volumes of Scottish statistics with its 119 pages of closely printed tables does not enable him to do this. Perhaps the most revealing part of the report is Appendix D, which deals with anomalous returns. Five hundred and twenty-five patients under 14 years of age were apparently married, 8 males had malignant neoplasms of the cervix or body of the uterus, 19 females had enlarged prostates, 20 men had aborted, while another 37 males experienced the discomfort and complications of childbirth or pregnancy. Some 181 males were discharged from gynaecological wards, while, of 335 people with infections of the newborn over the age of 1, 60 were 75 years and over, and so on. If these are examples of the anomalies which can readily be detected, what about those which cannot be

readily discovered? The indications are that these may be so numerous and all-pervading as to cast very serious doubts on the value and validity of any of the tables or related information. Furthermore in the preface it is ambiguous for the Scottish Home and Health Department to state that the tabulations were carried out centrally by the department. Although collected by it, the data surely were processed commercially in Birmingham—again an arrangement which was not ideal. Criticisms of a similar kind can be levelled at the figures published for England and Wales, which have an additional liability to error in being derived from a small sample. Indeed it is doubtful if accuracy can be achieved without continual, minute attention to detailed recording of the data by junior medical staff in hospitals. Unless it can be shown to such people that the energy expended has value in helping the care of patients and research, their interest will flag and the whole project may ultimately die of apathy.

Committees are tempted to keep up with the Joneses just as individuals are, and certainly new up-to-date equipment can be exceedingly helpful in running health services or anything else. But learning to use a computer to best advantage can present more problems than finding one's way about a new cooking-stove. If machines of astonishing speed and accuracy have been installed to deal with statistical data, the question must arise: What should be fed into them? Surely they must be given data recorded with the most scrupulous care. Yet the ability to make an accurate observation is probably much rarer than is commonly thought, and it is unlikely to be sustained unless the observer is ever-conscious of the part he is playing in keeping the facts straight, whether for scientific or administrative purposes. The National Health Service has a unique opportunity in Britain to devote more attention to its medical information services at all three levels—individual hospitals, hospital boards, and centrally. Only by the possession of reasonably accurate medical information on these lines can we plan effectively and economically for the future.

Priapism

The term "priapism" has been defined as prolonged erection of the penis in the absence of sexual stimulation, and despite some modification of its original meaning this has now become its accepted medical sense. Earlier uses of the term often related to seafaring men and others in whom the role of excessive venery could commonly be presumed, but such cases now only doubtfully qualify for inclusion. It is perhaps fortunate also that the current vogue for attributing obscure complaints to psychosomatic illness has not reached to the point of extending the present definition. Patients of any age may be victims of the condition, though it is commoner in adult life than in childhood. The duration of erection may extend for periods of months or years.

A variety of causes have been enumerated. Some are readily apparent, while in other cases the mechanism remains uncertain. In the former group come local irritative or obstructive factors, such as periurethritis, vesical calculus, and

¹ *Scottish Hospital In-patient Statistics, 1961, 1964.* H.M.S.O. £2 10s. net.

² *Scottish Hospital In-patient Statistics, 1962, 1965.* H.M.S.O. £3 5s. net.

³ *Report on Hospital In-patient Inquiry for the Year 1961, 1964, Part 2, detailed tables.* H.M.S.O. 17s. net.

¹ Boerema, W. J., *Med. J. Austral.*, 1964, 2, 340.

² Burt, F. B., Schirmer, H. K., and Scott, W. W., *J. Urol.*, 1960, 83, 60.

³ Fraser, W. J., *Brit. med. J.*, 1955, 2, 419.

⁴ Oldfield, J., *ibid.*, 1959, 2, 1227.

⁵ Freeman, D. M., *ibid.*, 1960, 1, 55.