mentioned above; several of my patients have been followed up for over ten years with no further advance of the disease. The value of *x* rays in the benign prostatic field is nearly as great as in the similarly too-little-used field of uterine fibroids. Much of the early bladder trouble is due to spasm or congestion ("edema"—Barringer); these are usually quickly allayed by *x*-ray treatment and operation avoided. All early prostate cases might well have a suitable course of *x*-ray treatment; for in a considerable percentage this would be found to be a prophylactic against further troubles. Pituitary irradiation might help some cases (as in uterine fibroids).

An Eyeless Needle

Dr. WRIGHT LAMBERT (Keighley) writes: In reply to Mr. J. L. Aymard's letter (July 14, p. 74) he may be interested to know that I devised a needle-holder to facilitate threading, and holding, a tubular needle such as he has been using. My description appeared in the *Lancet* of Oct. 21, 1944, p. 536. The holder can be supplied by Down Bros., London, who also supply needles of all calibres and shapes to fit the holder, which will also take an ordinary hypodermic needle.

Prolapsus Ani in a Child

Mr. F. W. M. PRATT, F.R.C.S. (London, W.1), writes: I was interested to read the list of methods of treatment for this condition given in "Any Questions?" (July 21, p. 105). It is really time that most of these methods were forgotten or banished from textbooks. For instance, nothing could be more ineffectual or productive of hysteria in both parent and child than to order defaecation in the lying position. As the writer says, many cases undergo spontaneous cure and need no treatment, but there are also many cases which are persistent and should be given active treatment. I do not think that a psychological state is a common factor; diarrhoea certainly is. The following method of treatment is most effective. Under vinesthene anaesthesia 0.25 to 0.5 c.cm. of absolute alcohol is injected into each quadrant of the anal submucosa through a proctoscope, as in the injection treatment of haemorrhoids. No preliminary enemata or wash-outs are given. I have used this method for about the last eight years, and in nearly every case have had an instantaneous cure. In a very few cases this injection has had to be repeated on one other occasion.

Fox-Fordyce Disease

Dr. JOHN T. INGRAM (Leeds) writes: In my experience Fox-Fordyce disease (Aug. 4, p. 171) is responsive to oestrogen therapy, and responsive to this only.

Visiting at Children's Hospitals

Dr. L. A. PARRY (Hove) writes: A children's hospital is examining the desirability of allowing a daily visit to their children instead of, as at present, twice a week. I shall be very grateful if any children's hospital which has adopted the daily-visit system will give me information as to how it is working, especially in connexion with the incidence of infection, and the psychological effects on the children.

Adder-bites

Dr. T. V. COOPER (Dorchester) writes: In the *Journal* of July 7 there is a question and answer dealing with adder-bites. The answer advises the use of antivenomous serum subcutaneously. Why did not the adviser advocate serum intravenously? Adder-bites are not uncommon in this area. Among Service personnel I have heard of as many as three cases in one day during manœuvres on heath land. At the time of which I speak serum was not available, but I never heard of a fatal issue. Serum is now available on a small scale (see *B.M.J.*, Aug. 4, p. 172). I make a practice of holding a small stock. Under refrigerator conditions I regard, perhaps wrongly, this serum as being potent for use for at least 4 to 5 years, not the one year mentioned in the answer. The Pasteur Institute, who make the serum, give a keeping period exceeding four years. Within the past few weeks I saw an airman home on leave who received an adder-bite while out shooting rabbits, in which a delay of about two hours occurred before he was brought to the hospital; 10 c.cm. of serum intravenously when seen and a further 10 c.cm. four hours later appeared to cut short the systemic symptoms, and he was well enough to go about in four days.

*** Our adviser replies: Calmette in his authoritative work on venoms (1908, p. 263) recommends that the antiserum against snake-bite should be injected into the subcutaneous tissue of the abdomen; on page 265 he remarks: "In cases in which phenomena of serious intoxication have already appeared, and when asphyxia threatens, one must not hesitate to inject 10 or even 20 c.cm. of serum directly into a vein." So there is authority for intravenous injection in urgent cases. As regards the length of time during which the serum remains potent, I gave one year as a conservative figure.—ED., *B.M.J.*

"Doctor" or "Medical Practitioner"?

Dr. C. R. MOORE (Bray) writes: The restrictions on the use of the term "nurse" reported in the *Journal* of July 28 (p. 130) make one wonder how long it will remain customary to use the term "doctor" to connote registered medical practitioner. The latter description satisfies most of us, and it seems hardly in keeping with the dignity and ethics of the profession to be inaccurate.

Active Practice of Medical Women

THREE FINAL-YEAR MEDICAL STUDENTS write: With reference to the large proportion of women taking the medical course—approximately one-third in the final year in our university—it would be of interest to know, on available statistics, how many of these are likely to be actively practising at the end of three or five years after qualifying.

The Shortage of Nurses

Three Sister-tutors, I. G. MORSE, J. EYRE, and E. M. STONE, write: Much attention has recently been given to the shortage of nurses. In actual fact, how great is this shortage and how can it best be overcome? The urgent need of the moment is to recruit domestic workers and to provide the hospitals with trained orderlies; in this way nurses and student nurses will be freed from extraneous duties and will be able to devote their energy to the nursing of patients. For the provision of trained orderlies one scheme has already been suggested: that the Ministry of Labour should set up a national auxiliary service for hospitals, and through this establish courses of training for prospective hospital workers. It is obvious that the domestic duties now performed by nurses must, when given over, be given into other capable hands. Adequate remuneration and good working conditions will be essential to the success of the scheme. At this moment, when massive redistribution of labour is in progress, the time is ripe as never before to establish this new and most necessary grade of hospital worker.

Tuberculous Persons in Prisons

"C.438" writes: Dr. Audrey Roberts (July 21, p. 100), after discussing work done in prisons by prisoners with tuberculosis, asks whether modern prison conditions may be accounted aetiological factors in the disease. My experiences in a prison in 1942 may be of interest, though the term "modern" needs some qualification, since the prison was built 100 years ago, presumably under the influence of the attitude towards crime prevailing at that time. Most of the day, actually 19 hours, including an unbroken period from 4 p.m. to 6.30 a.m. (except when doing special overtime work), was spent in the cell. (I learn that since 1942 supper time has been altered to 5 p.m., so reducing the evening cell period by one hour.) During this time all urine passed, washing-up water, etc., remained until the morning. Though the size of the cell was adequate, the window space was definitely not so. If the cell faced north the occupant was unfortunate in not having any sun during this time. Even when more favourably placed, the smallness of the window combined with its height from the floor (intentionally too high to allow seeing out without standing on a chair—a punishable offence) and the extreme thickness of the walls and bars made it impossible to sit in the sun for more than a very limited period, and then only by following the patch of light in its arc across the cell. Unless one were fortunate enough to be in an outside work-party the two 1/4-hour exercise periods daily were the only time spent out of doors. On wet days exercise consisted of walking round inside landings. Sanitary conditions were primitive, and mattresses and blankets were the legacy of the previous occupants, though clean sheets were given fortnightly—on two occasions palpably damp. Added to this the food was low in quantity and especially lacking in green vegetables, with fruit of any kind practically non-existent. It was noteworthy that the extra slice of bread and cup of cocoa received for three hours' heavy overtime work on hand-loom weaving were cut off, so that we received the same food as those doing shorter hours of sedentary work. Conditions must vary from one prison to another (the one cited was in no sense a reform prison), and they must have been much aggravated by wartime restrictions—e.g., short staffs, rationing, and the blackout. Whatever the reasons, such were the conditions. Unfortunately it is difficult to assess their effect on the health and on the incidence of tuberculosis, since no medical examination was made on discharge.

Correction

In the article by Prof. S. Sarkisov in the issue of July 14 (p. 37) it was stated that bio-electrical investigations (electro-encephalograms) had been carried out in England by Adrian, Matthews, Walter, Ultridge, and others. The name Ultridge was inserted in error, and the name of Williams omitted.