

he exposes certain defined areas, and has technical skill in the removal of his gloves, which protect a wide margin about his fingers. In coitus the exposure is to relatively prolonged frictional contact under pressure; the areas involved are freely secreting; the individual is emotional and not necessarily sober; and if chemicals are used they are applied at an indeterminate later time. A condom protects a very limited area: chancres of the root of the penis or the scrotum are not rare.

The question whether an effective method would be opposed on moral grounds is irrelevant—we are asking if such a method does in fact exist. If the application of calomel cream after coitus would prevent syphilis I do not see that it has any moral bearing. That is a non-specialist opinion, and as such of little more or less value than my views on mathematics. Similarly Colonel Chapman's statements in his letter on morals generally and on social anthropology of sex have no special value other than as individual opinions. They have no value in deciding whether effective prophylaxis of venereal diseases is possible.

In fact, as distinct from theory, I know that elaborate plans for prophylaxis in the Services were a failure. I have visited many prophylactic centres, seen the busy traffic of issuing outfits, and like any other venereologist heard all the tales that begin, "It can't be that, I used . . ." To the enthusiasts I would say, Ponder a little on the mechanics of coitus, and add to the result of these meditations common-sense knowledge of the actual circumstances of promiscuity, physical and mental, and it will be clear that prophylaxis is not practicable.—I am, etc.,

Todmorden, Lancs

R. C. WEBSTER.

SIR,—Dr. R. C. Webster (Sept. 4, p. 499) suggests that "the views of a doctor in his professional capacity as to the value of marriage certificates and chastity as an ideal have no special value." I wish to make it clear that I entered into this correspondence principally to protest at the introduction of the question of morality by Dr. G. L. Russell (July 31, p. 268), and to reject as of no practical value Miss K. B. Hardwick's platitude (p. 269) that "the only sure prevention of V.D. is chaste living . . ."

The figures provided by Dr. A. Michael Critchley (Sept. 4, p. 499) illustrate the value of controlled brothels in Egypt. When the Cairo brothels were in bounds there is no doubt that the majority of exposures to infection occurred there, yet only 52% of the V.D. cases were infected in this way. That the number of men having intercourse outside of brothels was small is confirmed by the drop in the apparent exposure rate to one-tenth which followed their being put out of bounds. The corresponding fall in incidence of V.D., however, was only one-quarter. From these figures it is obvious that in the Cairo area it was very much safer to have intercourse in a controlled brothel than elsewhere.

I object, however, to the assumption that Egypt provides a satisfactory example of the controlled brothel. Doubtless an attempt to enforce chastity in military personnel will have a certain degree of success in the prevention of V.D. in countries like Egypt where, by putting certain areas out of bounds, the opportunity for promiscuity is reduced almost to nil, but I think Dr. Critchley is wrong in attributing the drop in promiscuity, and especially the improvement in "the general conduct, morals, and morale of the troops," entirely to the fact that in October, 1942, the brothels in Cairo were put out of bounds. The victory at El Alamein (October, 1942) and the glorious advance of the 8th Army which followed should, I feel, be given some of the credit.—I am, etc.,

Edinburgh.

W. B. LAING.

SIR,—The recent series of letters on this subject has been a source of considerable interest, if only to observe the generations-old conflict of ideas voiced again in yet another form: abstinence v. biological urge, prophylaxis and education v. increased promiscuity, the licensing and medical inspection of brothels v. their increased use and subsequent suppression, sympathy v. punishment for the sufferers, and notification v. the liberty of the subject are the basic chords, but the whole has become hopelessly entangled and indeed has always been so. The tragic part of the whole business is that so diverse are the views which are so sincerely held by their proponents

we appear to have a number of agencies all professing to work to the same ends yet quite unable even to consider working together. As a result nothing really worth while is done and we muddle on as before.

A study of the issues involved leads at any rate to one inescapable conclusion which, once realized, holds out real hope for the future. That is that case-finding is the only essential for venereal disease prevention. If all persons infected with venereal diseases were placed under treatment it would not matter in the slightest how monastic or promiscuous persons were, or how hygienic or otherwise their sexual behaviour. Neither, strictly from the V.D. standpoint, would it matter whether brothels in any form existed or not, or whether or no troops should be discouraged from visiting them. Granted, this thesis—that case-finding is the kernel of the problem—here is the common denominator for the agenda of the National Society for the Prevention of Venereal Disease, the Association for Moral and Social Hygiene, the Central Council for Health Education, and all similar bodies interested in these diseases, not to forget the Ministry of Health and the doctors working in the clinics.

Here then is the means—for the necessity of case-finding cannot be gainsaid. The members of all the above bodies must unite on this to solve the one remaining conflict, that of notification v. personal liberty; and in this will be found scope for all to produce a formula which is satisfactory to the British way of life. The thought of notification and a "venereal police" is quite abhorrent to the majority, but existing methods are inadequate for their purpose. The contact slip as used in the clinics achieves some success for known contacts, but what, if anything, should be done, either individually or collectively, for those that are unknown is the real crux of the matter and deserves the attention of all. Let case-finding be the number one aim, but at the same time the propaganda of these societies and bodies should still preach their favourite subsidiary methods. As long as these are kept subservient to the main issue there can be no great disharmony.

In order to quell any criticism that it is easy to write generalizations I will conclude with a practical suggestion. In recent years propaganda trains, such as the penicillin train and the atomic energy train, have toured the railway stations of the country. Let the above-mentioned educational bodies together sponsor a V.D. train, with the accent on case-finding. Within it the individual factions can each also advocate their chosen auxiliary measures.

I apologize, Sir, for coming in at the end of what is now a very lengthy correspondence, but hope you will permit this contribution to be published before blowing the final whistle.—I am, etc.,

London, W.2.

R. R. WILLCOX.

\*\* This correspondence is now closed.—ED., B.M.J.

### Shortage of Nurses

SIR,—Dr. N. Strang, in his recommendations (Sept. 4, p. 500) for nursing recruitment, has placed in a nutshell what the Working Party has failed to do in a volume. May I add that not only should the student nurse be given a professional salary on qualification but that during her training she should be given the same status as any other university student. To suggest that inflexible rules and regulations, still so prevalent to-day, are necessary for hospital discipline does, in my opinion, reflect darkly on the ability of those charged to maintain it.

If the same methods are used to attempt to attract girls to the nursing profession as are regularly used to draw them to under-manned industries, then it seems to me that those qualities of initiative and responsibility—the hall-mark of any profession—will gradually disappear from the nurse as they have done from the industrial worker since the standard methods of recruitment were started at the time of the Industrial Revolution.—I am, etc.,

Birmingham.

JAMES R. CROSS.

SIR,—Dr. N. Strang's programme (Sept. 4, p. 500) for dealing with the chief menace in the hospital world to-day is refreshingly constructive. It omits, however, practical suggestions for dealing with a major cause of reluctance to enter the nursing life—viz., the attitude of parents who become experts in steering their girls to other channels of employment, not without reason, though their thoughts are often camouflaged. They are conscious of the too high sickness rate that is common during training years. This factor in shortage has never received due attention.