

deterioration in the motives of those who present themselves as candidates for a career in the medical profession. He does but reiterate the view of all true educationists when he points out that personality cannot be measured by standardized intelligence tests, nor indeed by any method which does not ultimately depend upon human judgment. The truth is (and I am by no means alone in emphasizing this point) that the chief defect in most of the recruits for our profession to-day is the lack of an adequate standard of general education. I am fully aware of the practical difficulties and disadvantages which confront those who still dare to advocate a preliminary grounding in the humanities, and to insist that the essential purpose of a university is the pursuit of learning for its own sake. Nevertheless, it can hardly be denied that the deterioration in type of applicants for entry to the medical schools has increased *pari passu* with the tendency to cut short the general school curriculum in favour of early specialization, a tendency which, I regret to say, has been fostered to some extent by the older universities ever since they ceased to insist upon some measure of classical learning as a *sine qua non* of graduation.

Medicine has always been, and still is, a vocation, and until our educational authorities are willing to make some attempt to revive this elemental conception I can see no real prospect of maintaining those traditional values upon which the reputation of British medicine has rested for many centuries, and which now seem to stand in some jeopardy, a danger of which most of your correspondents appear to be painfully aware.—I am, etc.,

London, W.1.

MAURICE DAVIDSON.

Scrotal Incisions

SIR,—In a case of hydrocele the tunica vaginalis was excised through a scrotal incision. Subsequently, much discomfort, often amounting to sharp pain, was felt in the wound because of the pull exerted on the sutures by strong, irregular contractions of the dartos muscle. A mild infection of the wound also occurred along one of the sutures. This was probably due to mobility of the wound and intermittent tension on sutures. I am not sure whether activity of the dartos muscle is adequately recognized as a cause of pain in the wound after scrotal incisions, at least in those subjects in whom this muscle is known to be unusually active. In such subjects an inguinal incision would be preferable.—I am, etc.,

Singapore.

A. MOHIUDDIN.

Danger of Surf-bathing

SIR,—The lack of facilities to remedy the danger of surf-bathing is a scandal. An Australian expert on this subject states that only three adequate rescue lines are available in this country, let alone such equipment as suggested by Dr. C. Langton Hewer (*Journal*, August 7, p. 358). Let us learn from Australian experience in this matter and follow the lead offered us from Australia House. They are willing to train and help us to equip adequate rescue teams, but their generous offer has been mostly rejected in this country.—I am, etc.,

London, W.1.

MICHAEL ASH.

Measuring Circulation Time

SIR,—Dr. A. Gee discusses an interesting method of measuring the circulation time (*Journal*, August 21, p. 446). It is important, however, in choosing patients for his purpose to exclude those who may suffer from peripheral vascular disease. I remember one patient who suffered from intermittent claudication. In his case there was an interval of 13 seconds (Dr. Gee's maximum normal "foot-minus-arm" time) between fluorescence in a skin weal raised over one knee and one raised on his big toe. In fact there was a 20-seconds difference in the times taken by the fluorescein

to reach the two big toes. This demonstrated dramatically which leg was the worse, but actually gave little information in addition to that gleaned from the patient's history.—I am, etc.,

Norwich.

F. C. RUTTER.

Varicocele and Male Subfertility

SIR,—Dr. J. K. Russell (*Journal*, May 29, p. 1231) in his original article specifically states that "only in those cases in which there was palpable and visible enlargement of the pampiniform plexus was a diagnosis of varicocele made." He goes on to deprecate surgical treatment of the condition. Dr. H. A. Davidson (*Journal*, June 12, p. 1378) accepts these findings, but advocates surgery, and says "as much as possible of the varicocele is excised." Thinking that this treatment was rather drastic for a condition which tends to spontaneous cure, I ventured a mild protest (*Journal*, July 24, p. 241) and am now taken to task by Mr. Howard Hanley (*Journal*, August 14, p. 413) for supposing that he removes the pampiniform plexus. How many people reading this correspondence could come to any other conclusion? Speaking as a general practitioner with 30 years' experience, I have not advocated operation for the condition, but I have seen several cases who had been operated on. I was not impressed. In conclusion, if the subfertility is due to heat, as it may very well be, cooling can be carried out in easier ways.—I am, etc.,

Shilphey.

H. S. RUSSELL.

Ring Incorporated in Finger

SIR,—If Dr. I. J. Macqueen (*Journal*, August 21, p. 471) will try the experiment of winding twine from the base to the tip of one of his own fingers, he will find how uncomfortable this is, due to engorgement of the fingertip with blood. I, too, have used his method with success, and to the gratitude of my patients, but the twine should be fixed first at the fingertip and wound proximally, the long end being passed last. In the absence of an aneurysm needle, a large darning needle passed eye first under the ring is quite as effective.—I am, etc.,

Acle, Norfolk.

J. F. FILBEE.

SIR,—The method of removing a ring from the finger described by Dr. I. J. Macqueen (*Journal*, August 21, p. 471) has been successfully used several times at Chase Farm Hospital. Oedema may be a great difficulty, however, and I do not think the method will always succeed "no matter how oedematous the soft tissues may be." A refinement in these difficult cases is to reduce the swelling by injecting 1,000 Benger units (200 viscosity reducing units) of hyaluronidase ("hyalase") in 1 ml. of 1% procaine, and then massaging the finger. I believe many rings have been cut off unnecessarily in jewellers' shops in the past. This piece-of-string trick has now been made known to jewellers (*The Watchmaker, Jeweller and Silversmith*, October, 1953, p. 100), and it is hoped that they will use it or refer the patient to hospital for it.—I am, etc.,

Enfield.

C. ALLAN BIRCH.

Hospital Treatment at Home

SIR,—In recent years much has been written in criticism of general practice, so it is indeed a welcome change to read Dr. James M. Stalker's paper (*Journal*, August 28, p. 512) in which he makes some timely suggestions with regard to the general practitioner's need for better facilities for special investigations, and his place in medical education. All who are interested in raising the general practitioner's status should press for the immediate provision of direct access to ancillary examination facilities at hospital everywhere, and also to make available in the patient's home investigations enumerated by Dr. Stalker.

But the doctor's responsibility to his patient does not end with the confirmation of the diagnosis. The general practi-