

Retinal detachment is another possibility to be borne in mind, but in this condition the patient will probably also complain of a shimmering film seen by the affected eye. Vitreous particles may also be derived from large retinal haemorrhages and intraocular foreign bodies.

There is no ocular treatment for "spots before the eyes" as such. When they are due to constitutional disturbance, treatment on general lines must be given. When the "spots" are due to intraocular disease—for example, retinal detachment—the causative lesion should be attacked. When they are harmless no treatment can disperse them, and the custom of piously prescribing potassium iodide as a remedy is quite useless. "Spots before the eyes," in the absence of general illness, demand a careful eye examination. If no abnormal signs are present, other than mobile vitreous opacities, the patient should be reassured.

Diseases Spread by Breast Milk

Q.—*What diseases of the mother are likely to be communicated to the infant via her milk?*

A.—The answer to this question is quite simple: no diseases are known to be transmitted to the infant via breast milk.

Certain possibilities may be considered, but these are more academic than practical. Staphylococci from a breast abscess might enter the milk, and could infect the child, and for this reason it is wiser to discard or boil milk expressed from an inflamed breast. It is not thought possible for bacteria in the systemic circulation to pass the cell barriers and enter the milk, but it is possible that viruses of small molecular size could do so. There is no evidence that this happens in man. It has been shown that, in specially bred strains of mice, cancer of the breast is transmitted in the breast milk, but nothing of this sort is known in man or other animals. Syphilis might be acquired from the nipple by an infant not infected before birth.

Thrush is frequently acquired from the mother's nipple, not from the milk.

Circumcision in Infancy

Q.—*What are the indications for and against circumcision in the normal healthy baby?*

A.—There are no contraindications to circumcision in earliest infancy. Later, haemophilia is an obvious contraindication.

The indications may be considered under three headings: religious, parental insistence, and paediatric. The first two do not call for any discussion. The third is rare. A preputial orifice so small that micturition is difficult, a long redundant prepuce with repeated ulceration at the tip, or one which is associated with recurring balanitis, and paraphimosis may be regarded as the chief indications. The subject has been well discussed by Gairdner.¹

REFERENCE

¹ *British Medical Journal*, 1949, 2, 1433.

Repeated X-ray Treatment for Cheiropompholyx

Q.—*Is there any danger in repeating x-ray treatment of cheiropompholyx in a case which has already relapsed twice?*

A.—Superficial x-ray therapy should be prescribed only by a dermatologist who knows what treatment the patient has previously received. Using unfiltered, fractional dosage—as should be employed—safety depends upon the actual dosage and the spacing of treatments. There is strong evidence to support the view that a total dosage exceeding 1,500 to 2,000 r units should not be given to any one area of skin. In some sites—for example, vulva and perineum—a total dosage of 1,000 to 1,500 r units should probably not be exceeded and such dosage is usually spaced over many years.

Arachnodactyly and Wedge-shaped Vertebrae

Q.—*Is anything known of the inheritance of congenital wedge-shaped vertebrae? I know a father and daughter who both suffer from this condition, associated with mild arachnodactyly. It would be helpful to me to know whether the daughter's children are likely to develop the same condition.*

A.—Arachnodactyly is due to a dominant gene, though there may sometimes be skipping of generations. Sporadic cases also occur; they may be due to dominant mutations. In about half the cases abnormalities of the vertebral column are also present. Very little is known about the genetics of wedge-shaped vertebrae, except that several instances in a family have been reported. As both the father and daughter are affected it is likely that a dominant gene is involved; if so, there is one chance in two that any child will receive it. It may be, however, that owing to possible skipping of generations the chance that any child will actually be affected is somewhat less.

NOTES AND COMMENTS

Male and Female Symbols.—Dr. E. J. THOMSON (Grimsby) writes: Your paragraph on the origin of ♂ and ♀ ("Any Questions?" March 6, p. 596) is obviously no more than a précis of your meditations on the matter, but it does include statements that read like facts, and some of them are fallacious. A less educated—and I refrain from "sophisticated"—eye would see at once that the symbols are simply primitive drawings of male and female genital parts. They were probably stereotyped, and their significance established, long before they were applied to Mars and Venus, and, on this basis, their use in alchemy becomes logical: the hard metal—the spear—is male, and the soft one—the pot—female.

The use of a distinctive part to represent the whole is common in all early art forms, and the gross exaggeration of sexual parts in Palaeolithic statues suggests that inscriptions of that period might yet be found to show just such hieroglyphs as these. This would put the date of origin nearer 10,000 than 2,000 B.C.

OUR EXPERT writes: I do not quite understand Dr. Thomson's difficulties. I am ready to take his word that the symbols ♂ and ♀ were used to indicate the genitals before they were used to designate the planets Mars and Venus, though I know of no evidence for this. As regards his second paragraph there must be a misunderstanding. An inscription must be "something written." Not only is there no evidence of writing among men of Palaeolithic culture, but the evidence that we have of their achievements suggests that the conception of writing had not dawned upon them. The earliest efforts that can be reasonably regarded as approaching writing are of the second half of the fourth millennium B.C. and are the work of men of Neolithic culture. This is long after 10,000 B.C. But, leaving the meaning of "inscription" aside, I know of no Palaeolithic painting or carvings of these signs, nor do I see any clear resemblance to ♀ in the exaggeration of the female genitalia in certain Palaeolithic figures. On the other hand, a resemblance of ♂ to the male genitalia may well satisfy those with the eye of faith so inclined, but I should like to have evidence from Palaeolithic paintings that it does so represent them.

Correction.—The leading article on remuneration of consultants (*Journal*, April 10, p. 860) should have read that the weighting allowed to part-time consultants and S.H.M.O.s is to be reduced from one and a quarter sessions to three-quarter sessions, not from one and three-quarter sessions to three-quarter sessions, as stated.

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