

the war period I treated in private a very large number of cases of gonorrhoea—I was doing the work of three or four absent specialists besides my own—chiefly by the irrigation method, with, in chronic cases, dilatations and cauterization of lacunae, and I cannot recall one case of arthritis or any sort of joint rheumatism. A little muscular or fascial rheumatism is always with us, and one cannot usually tell whether it is due to the gonococcus or not.

Not a word is said about the spread of the disease to the posterior urethra and its treatment. It is stated that epididymitis occurs occasionally, which is proof of the extension of the infection to the prostatic urethra. Now, in *first* attacks the disease spreads to the posterior urethra in 70 or 80 per cent. of cases under expectant treatment. Is it held that this treatment of the anterior urethra—for this is what we are led to believe—is so successful that the extension to the deep urethra and prostate is so rare that it is not worth mentioning?

I may here draw attention to a very important point in dealing with statistics as to the rapidity of cure of gonorrhoea. It is that if first attacks are excluded the average time it takes to cure by the irrigation method (with possibly dilatations and treatment of lacunae by probe and caustic) is one week or, at the outside, ten days, if treatment is commenced early. The tendency to spread to the posterior urethra is much less than in first infections. Not at all infrequently when a man comes suffering from a third or fourth attack one voluminous irrigation with potassium permanganate will dispose of the disease, and it does not matter whether he comes on the first day of the discharge or not. I am not including those deceptive cases of relapse which only apparently clear up with one irrigation.

The urethral mucous membrane becomes profoundly altered after successive attacks of inflammation or after one long attack. It not only thickens and whitens as seen with the auro-urethroscope, but the columnar epithelium is replaced by several layers of flattened cells, and although the bactericidal qualities of these cells are lost in secondary infections it forms an unfavourable soil for the growth of the gonococcus.—I am, etc.,

London, W., Jan. 1st.

W. WYNDHAM POWELL, F.R.C.S.

VENEREAL CLINICS: A LAY POINT OF VIEW.

SIR,—The remarkable letter of "Venerealee" in a recent number of the JOURNAL—remarkable as evidence of a callous egoism and total lack of honourable principles—has been dealt with by several of your correspondents, mostly from the moral standpoint. There is yet a point which has not received sufficient notice—namely, what right have "Venerealee" and his kind to expect free treatment for diseases contracted through wilful exposure to infections of the consequences of which they are fully aware? "Venerealee" sings the praises of the venereal clinics; I may remind him that these were originally intended for those unable to pay for special treatment, although I have it on the best authority that they are shamefully abused by hundreds who can well afford to pay.

"Venerealee" and his congeners think nothing of sacrificing much gold at the shrine of Venus and view the consequences with indifference; for, as they no doubt remark, "hang the expense, we can always be cured for nothing!" Is it not monstrous that the ratepayers should have to contribute towards the maintenance of these "sexual heroes"?—I am, etc.,

London, W., Jan. 2nd.

C. F. MARSHALL.

SIR,—Mr. Wansey Baily and Captain Armstrong have I fear, "jumped at conclusions" in commenting on the attitude of women, especially of medical women, towards the wide incidence of sexual irregularities in men. It is no doubt trying for them, when they wish us to think the world such a very bad place, that we do not hasten to support them.

A great deal of the work of medical women is concerned with the habits and relations of the sexes, they are women of the world, and know quite as much about these things as their men colleagues.

Medical women will certainly not agree with Captain Armstrong's estimates and figures. They would probably reply that, to their certain knowledge there are a large number of men and boys who have lived, and are living, controlled and continent lives because they believe it to be their duty, and that they all know of exceedingly happy marriages that have followed such living.

While women have never been drawn to bloodless "plaster image saints," they are not attracted to the weak and infantile form of sexuality which is satisfied by casual intercourse or temporary unions. The life of sex, in its fullness, has no relation at all to prostitution of this kind. Women are most attracted to men who are whole men, and who will do and suffer something to attain to full manhood, and to an adult and virile sexuality and point of view.

Morality is the crystallized experience of the race painfully evolved through countless centuries. The moral beliefs of a community are shown by its laws and customs. Our people have at any rate worked out the simple beliefs that every individual has a power of free choice which governs the expression of his instincts, that man is man, and master of his fate, that he is the final director of himself, and that he is responsible to the community he lives in for his acts and their consequences. There appears to be no upholders of the opposite point of view, and even those who fall to the "double standard" take care not to proclaim their own misdeeds and diseases in public.

As regards "notification," "self-disinfection," or any other royal road or universal or quack remedy, "in vain is their net spread in the sight of" any thinking woman. Women want a world that is fit to live in, and has in it a great many more of the whole, responsible, adult men and women who are fit to trust and to marry. These are the people whom we think it of value to our race to uphold and encourage. We refuse to call ours an idle dream.

Mr. Wansey Baily and Captain Armstrong "can have" "Venerealee" and all his tribe if they care to waste good time on them.—I am, etc.,

East Grinstead, Jan. 1st.

MARY GORDON.

This discussion has now travelled far beyond the subject of venereal clinics, and the correspondence may properly close with Dr. Mary Gordon's statement of the medical woman's point of view.

POST-GRADUATE COURSES IN VIENNA.

SIR,—It is a great pleasure to me to send you information you were kind enough to ask as to the post-graduate courses of the medical faculty in Vienna. They were well known before the war, and are rapidly regaining their pre-war reputation. In our present conditions there are many difficulties to be overcome; in many respects things are different from before, but this gives us the opportunity of finding out new ways and new methods of post-graduate teaching.

There is an organization for medical post-graduate instruction at the University of Vienna, under the supervision of the medical faculty. The secretary, to whom all correspondence should be addressed, is Dr. A. Kronfeld, Wien IX, Porgellangasse 22. Different courses will be given.

The following programme has been arranged for next year:

1. Two weeks' international courses, consisting of single lectures during the whole time, given by workers on the special problems of the subject. The courses will be held four times a year. In September a course for country practitioners will be given every year. During these courses an hour in the morning will be kept free for demonstrations and for asking questions. The courses are free, a small contribution for necessary expenses only having to be paid. During 1921 four such fortnightly courses were held, and proved a great success; one was on internal medicine and neurology, and others on surgery, obstetrics, gynaecology and orthopaedics, oto-laryngology, urology, ophthalmology, dermatology, and venereal diseases; there was also one for country doctors mainly on the borderland of internal medicine and surgery. The next course will start on February 5th, 1922, on diseases of stomach, bowels, pancreas, liver, and spleen.

2. During the whole year special courses will be given, for which quarterly programmes will be issued. Most of these courses are paid for. The fee is stated in the programme. As a rule it is lower than the pre-war fee; the big figures are a sign of the unfair financial conditions under which we are living, one pound sterling being equal to 25,000 Austrian kronen or more. The programme may be had from the secretary above mentioned. I take leave to send a number of them to the office of the BRITISH MEDICAL JOURNAL. Special private courses and courses in the English language may be arranged on application.

3. A scheme will be worked out for clinical demonstrations in various clinics. As an attempt in this direction the senior staff of my clinic (medical) and I myself will have the pleasure of demonstrating specially interesting cases on every