it can be done ; only the mother has to concentrate on it. She has to settle down to a placid existence for the few extra months, she has to go to bed early, give up her games, and take extra nourishment. It is hard, after the weary months of pregnancy, and it is not conducive to a quick return to the prematernity figure, but most mothers realize that it is worth it.

I must apologize for bringing up this discussion some months after it has appeared in your columns, but that is partly because of the necessary delay in the post.—I am, etc.,

Bangkok, Siam, April 15th. H. W. TOMS.

OPERATION FOR CATARACT

SIR,—The letter by Dr. H. M. Traquair, in your issue of June 6th, is important from a practical point of view. There is no doubt that his experience of dissatisfied patients after operation for removal of monocular cataract is that of most ophthalmic surgeons. Further, I agree that where the operation is done at all, one is usually persuaded to do it by the patient, even though the uncomfortable post-operative condition has been carefully explained beforehand. The two chief arguments in favour of removal of monocular cataract are, where the other eye possesses good vision, improvement in the visual field, and improvement in the appearance of the pupil. While the former is certainly an advantage in these days of fast-moving traffic, the latter appeals particularly to the female sex, where the milky appearance of the pupil is a source of inquiry and annoyance to the patient. I have found this type of patient much more appreciative than any other, after operation, especially where an iridectomy has not been done at all, or, if done, is of the small peripheral type. Dr. Traquair's experience that patients can shoot pheasants after operation as well as before the development of cataract is as it should be. The resulting improvement in the visual field after operation is all-important in game shooting. The act of game shooting is a beautifully co-ordinated movement of the whole body, and, even when the vision is only fair, can be carried out satisfactorily provided that the correct movements of stance, swing, and anticipation are employed. Most first-class game shots shoot with both eyes open, in contrast with rifle shooting. Again, the loss of accommodation after the removal of the lens is no handicap to game shooting.—I am, etc.,

Blackpool, June 13th. W. BARRIE BROWNLIE.

TREATMENT OF DYSMENORRHOEA

SIR,—I have read with much interest Mr. Venn Dunn's paper on the treatment of dysmenorrhoea in your issue of June 6th, and it is a most remarkable fact that, in a communication professing to give advice on the most effective methods of alleviating, and, if possible, curing this most painful concomitant of a normal process, no mention is made of the benefits of diathermy applied from front to back through the pelvis.

It is so frequently young unmarried girls who are the sufferers from dysmenorrhoea. Such patients may be questioned and examined per rectum, but a routine per vaginam examination is out of the question in general practice, and more often than not the result of such examination as can be made is negative. What is to be done?

We may classify such patients into the psychological or endocrine type. But are we much further on? It is not every medical man who has the time or the personality to practise psychotherapy—the successful administration of which is only given to a small proportion of busy practitioners ; and, as means of treatment, it is little more certain than endocrine therapy, which, at present, is in a state of nebulous chaos.

More than thirty years ago Dr. Betton Massey of Philadelphia advocated treating dysmenorrhoea by through-and-through galvanism—this was long before diathermy was discovered—and I have used this older method with success. Anyone *au courant* with modern therapeutics as practised on the Continent and in America would certainly give diathermy pride of place in the treatment of dysmenorrhoea of doubtful origin. When this remedy fails, then, and not till then, is it necessary to submit virgins to vaginal examination. In the case of those who are not virgins the position is different ; but even here, when no definite cause can be found, diathermy will usually effect a cure ; and, where diathermy is not available, galvanism is a very good second.

It is common knowledge that the action of diathermy is to cause a dilatation of the blood vessels, and so it increases the blood supply and also, in a less understood manner, it regulates neuro-muscular function. Are not these two qualities exactly what is wanted in the treatment of simple dysmenorrhoea ; and, if treatment is to be administered, is not success more likely to be obtained by these methods than by a reliance on analgesics and the advertised claims of makers of so-called endocrine preparations, or by submitting the patient to dilatation " which may have to be repeated in three months' time " or other surgical procedure which may or may not be successful?

The lamentable want of knowledge of the field of usefulness of electrotherapy is daily brought home to those of us who practise this most useful specialty, and one is forced to conclude that the lack of appreciation of its efficacy in certain conditions must be traditional in this country.—I am, etc.,

Cheltenham, June 9th. J. CURTIS WEBB.

KERATODERMIA BLENNORRHAGICA

SIR,—The above diagnosis in the case described under this title in the *British Medical Journal* of June 6th (p. 979) does not appear to have been established, either on clinical or bacteriological grounds, and would seem to be unwarranted, as there was no history of gonorrhoea nor was any evidence of this disease discovered. The diagnosis was apparently made because a keratotic eruption cleared up after treatment, among other remedies, by a gonococcal vaccine.

Barrett (*Arch. Derm. and Syph.*, 1930, xxii, 627) has stated that in order to establish a diagnosis of keratodermia blennorrhagica three things are essential—namely, (1) a gonorrhoeal infection of the uro-genital tract ; (2) a keratotic eruption ; and (3) a gonorrhoeal arthritis. Of eight cases recently published six conformed to these requirements (as did two cases which I have had the opportunity of observing), while of the other two, one described by Louste and Lévy Franckel (*Bull. Soc. Franç. de Derm. et de Syph.*, 1930, xxxvii, 378) was a rare case in a child, 5 years of age, with gonorrhoeal vulvitis but no arthritis, and the other had a history suggestive of recent gonorrhoeal epididymitis but no active lesions ; this case, however, was complicated, as the patient also had a syphilitic infection.

Adamson (*Brit. Journ. Derm. and Syph.*, 1920, xxxii, 183) has pointed out that there is a striking similarity sometimes between arthropathic psoriasis and keratodermia blennorrhagica.

In view of the findings in this case it would seem more probable that the condition was associated with the abundant streptococcal infection proved to be present, rather than with a hypothetical infection with the gonococcus which could not be demonstrated.—I am, etc.,

NORMAN BURGESS,
Clifton, Bristol, June 9th. M.A., M.D.Camb., M.R.C.P.