leaves a permanent and often unsightly scar, and is often followed by recurrence.

Most surgical textbooks advise excision of the swelling as the best treatment. No mention is made of what is by far the simplest, easiest, and most satisfactory treatment. In the great majority of cases ganglia can be cured by the application of firm, steady pressure with the palmar aspect of the end of the thumb to the swelling—the thumb being supported by the fully flexed fingers. The part should be resting on a hard, firm base, such as a table or desk. Tremendous pressure can be exerted, but it is accurately controlled, and, as the swelling goes, it is quickly and automatically relaxed. In superficial swellings in thin patients the jelly can be seen to disperse in the tendon sheath. The ganglion is a collection of jelly in a diverticulum of the sheath.

Some discomfort, hardly amounting to pain, is felt by the patient, but he may be reassured that the surgeon will possibly feel as much discomfort. It is important that the surgeon should not strain or damage his own metacarpo-phalangeal joint, for considerable pressure has sometimes to be applied. If the patient is unwilling to accept the discomfort involved, or if very considerable pressure is necessary (and this is not usual), local infiltration with procaine may be used. In a very nervous subject a little gas may be administered or intravenous "pentothal," though this should rarely be necessary. Most cases are very easy to do, but a few are difficult, and it is not always possible to foretell which will be the easy ones. Generally the ganglia with a bony background are easy, and those with a soft-tissue background are not so easy.

In the great majority of cases this treatment is successful, but in a few—those in which the opening into the tendon sheath is small or the jelly very solid—the swelling cannot be dispersed. In such cases puncture of the swelling with a fine tenotome after infiltration with procaine and subsequent pressure is the treatment to be adopted, and is effective. The results of treatment are very good indeed: most cases can be dispersed, and few recur. If there is a recurrence, the treatment is repeated. Excision is not the best treatment and should seldom, if ever, be necessary.—I am, etc.,

Rotherham. ERIC COLDREY.

Temperature Recording

SIR,—It is interesting to see confirmed by Professor Alan Moncrieff and Dr. B. J. Hussey (Dec. 4, 1948, p. 972) what one was taught as a student about temperatures. I should like to add a general practitioner's comments. The article does not emphasize the need to test thermometers. I once found a variation of 2° F. (1.2° C.) in a dozen thermometers certified as accurate. Position does not seem to me important, except to avoid the cavernous, sweat-soaked axillae of neurotics, also the rectum. Perhaps I am exposing some psychological kink when I say that I feel interference with the rectum should be limited to those digital examinations which can only be made P.R.

My practice is to use any one of three positions—the groin in children, the mouth in older children and adults, and the axilla only when there is an obvious throat or mouth condition involving gross risk of cross-infection. I make a correction for groin or axillary temperatures and record all readings as though they were buccal.

The time factor is rightly emphasized. I think I take not less than thirty temperatures a day, and allow at least two minutes for each—more, if there is doubt. This involves an hour a day: but it is not difficult to use this time pulse-recording, examining ears, soothing relatives, etc. It is worse than useless—and, I am afraid, a common fault in hospital and general practice—to make hasty and inaccurate temperature records.

Finally, one should not forget that the "normal" temperature is merely an average. On a hot summer evening in London the temperatures of twenty patients with "afebrile" disorders were between 98.6° F. (37° C.) and 99.2° F. (37.3° C.); whereas off the coast of Newfoundland on a winter morning I recorded a succession of temperatures below 96° F. (35.6° C.). Apart from climate, many patients vary from the normal. For this reason I take the first opportunity to record the normal temperature and pulse of a patient—e.g., when he brings his panel card. In this way one knows that even a pulse rate of 60 may be tachycardiac and a temperature of 98.6° F. subnormal. I have a great respect for a thermometer—if it is a good one used intelligently.—I am, etc.,

Wembley, Middlesex. M. C. ANDREWS.

End of Compulsory Vaccination

SIR,—To many of us Dr. C. Killick Millard will always be associated with vaccinia, and it was a pleasure to hear his voice again (Dec. 18, 1948, p. 1073) in vindication of his well-known views on the subject. While I have subscribed to some of his arguments in the past I do not share his complacency about the future. Compulsory vaccination of infants, despite the exemption clause, was a procedure that few medical men could push with a clear conscience. I have always felt that the advantages, disadvantages, and possibilities should be clearly explained to the parent, and that no doctor should take the responsibility of advising yea or nay.

Mass vaccination of a community threatened with smallpox is seldom, if ever, justified. At the same time vaccination is the specific measure against smallpox and should be employed promptly and accurately where indicated. The medical officer of health who panics and advises mass vaccination is like the sportsman who "browns" the covey instead of picking his birds in front, and the results are comparable. If—to follow up the simile—he fails to pick up the wounded birds (those inoculated but not yet showing a "take") or permits them to escape into the next parish, the results may be disastrous. I have not been impressed by the claims of those who have attempted to justify mass vaccination, not only for the reasons which Dr. Millard gives regarding self-limitation of smallpox, but also because of the fact that in most instances the measure was adopted too late to be of any effect. It is just possible that compulsory vaccination reduces the effect of the first impetus of an epidemic and thus gives us time to mobilize our forces, but it may be argued that it may mask the initial infection.

Medical officers are now expected to "push" vaccination as they do immunization against diphtheria. The only reason which I, personally, can advance for the vaccination of an infant is that in later life, should he be compelled to be vaccinated, he will have less risk of contracting encephalitis. Similarly, I would feel bound to point out the danger of primary vaccination to an adult in need of protection. The obvious policy is to produce a vaccine which will not carry a risk of causing post-vaccinal encephalitis and which we can advocate with confidence.—I am, etc.,

Kirkcaldy, Fife. JAMES R. W. HAY.

POINTS FROM LETTERS

Proof-readers' Disease

Dr. J. S. MEIGHAN (Bridge-of-Weir, Renfrewshire) writes: I claim to have discovered a new disease—proof-readers' carelessness. Almost all books now published in this country have many more printer's errors than before the war. . . . The disease is not confined to books but also affects newspapers. . . . How is it that almost any American book one picks up, or book printed in our Dominions, has much fewer misprints?

O Russia! O Mores!

Dr. ASHLEY A. ROBIN (Burley-in-Wharfedale, Yorks) writes: I regret having to take you up so soon after criticizing your reviewer Dr. Darlington, but after reading the annotation "O Russia! O Mores," (Dec. 4, 1948, p. 991) I wonder whether the real issue is one of an individual bad reviewer or whether it is a fact that this review was in keeping with your recent treatment of Soviet science in general. On Aug. 30, 1947, in a leading article entitled "Ourselves and the Russians," you dealt with an article entitled "The Sham Political Neutrality of the *British Medical Journal*" which had appeared in *Meditsinsky Rabotnik*. The *British Medical Journal* was accused of "a tendency to preserve silence on and to ignore the achievements of Soviet medical science . . . and to publish mendacious information." This was hotly denied, and a "sincere desire to inform British readers of the advances and the contributions of Russian medicine" was expressed. Since then there have been four contributions dealing with Soviet affairs. These articles were uniformly hostile. The last article by a Soviet contributor was on Dec. 8, 1945. In it V. Parin, reporting the Soviet Academy of Medical Sciences, says: "All the speakers mentioned the achievements of medical science in Europe and the U.S.A. . . . and expressed great interest in foreign equipment and in the foreign scientific press." I trust that patience is a Russian virtue. . . .