

other form in the body, such as whitlows, otitis, or similar infection, gives a hint, but in this particular case there was no such infection at all, and it seemed rather strange that a carbuncle should occur in the kidney so shortly after the patient had had an uncomplicated twin delivery.—I am, etc.,

High Wycombe, Bucks.

R. A. KILGOUR WIENER.

Corneal Graft Surgery

SIR,—I have just read Mr. B. W. Rycroft's reply (Dec. 25, 1948, p. 1119) to my letter (Dec. 4, p. 999) urging the establishment of an eye bank in London, and find it disappointing. I maintain that an eye bank is more necessary in the heart of the British Empire than in New York. Action must be taken at once to set one up. Its functions would be: (1) to provide corneal material for transplantation; (2) to act as a research institute; (3) to provide training in the technique of corneal grafting, which should be done on animals. It was disappointing to one who loves England as much as I do to find no eye bank for sight restoration there.—I am, etc.,

Wembley Park, Western Australia.

F. W. SIMPSON.

Carcinoma of Cervix

SIR,—Mr. W. Sampson Handley (Jan. 22, p. 156) says that circumcision or "universal dorsal preputiotomy" will give the female protection against cervical carcinoma. This is considered by some to be a controversial issue, and, while we are consulting the psychologists on the effects of physical and mental trauma on the youth of the nation inflicted before they have an opportunity to express their own opinion, why not put the stress on education in personal cleanliness? Many otherwise intelligent people who wash their necks and behind the ears every day have a strong resistance, which perhaps a psychologist could also explain, to retracting the foreskin and applying soap and water.—I am, etc.,

Philadelphia, Pa.

C. A. FORSSANDER.

SIR,—Surely it is unscientific to compare Jews with a mixed group of circumcised and uncircumcised Western Europeans and with other racial and linguistic groups. If one desires to know whether circumcision appears to have any effect upon the incidence of carcinoma of the cervix and penis are there not a sufficient number of males in these islands alone who have been circumcised during the neonatal period and who are therefore available as controls? All that remains is to collect the statistics.—I am, etc.,

Belfast.

F. R. KINKEAD ALLEN.

Dislocation of the Hip-joint

SIR,—Reading the interesting account of a dislocation of the hip-joint at rugby by Mr. R. Salisbury Woods (Feb. 12, p. 272) recalled to my mind a similar case I saw many years ago whilst acting as house-surgeon at Oldham Infirmary.

The patient, a football player and a man of powerful physique, was admitted to the accident room straight off the football field with a vague history of a leg injury. He was sitting upright on the stretcher, his body bent forward as far as possible, the knee flexed, and the thigh adducted and fully flexed on the abdomen. In this position he said he was perfectly comfortable, but any attempt to move him or get him to lie flat gave him agony. A very brief examination only was possible, but it was pretty obvious that he had a dorsal dislocation of one hip-joint.

Chloroform had to be administered as he sat on the stretcher. He was next laid on the floor on a mattress, and under deep anaesthesia reduction was completed without great difficulty by flexion of the thigh on the abdomen followed by outward rotation. Recovery was rapid and uneventful.

The patient gave a short but very precise account of what had happened. The weather conditions were bad; rain was falling, and the ground was more sticky than slippery. Immediately before being hurt he found both feet immovably fixed in sticky mud with his body bent forwards. At that moment another player jumped on his back and he felt sudden acute pain in the hip before the two men fell in a heap.

This was his story, and at the time I found it difficult to explain the injury in such a muscular man. I formed the opinion (wrongly, in view of Mr. Salisbury Woods's clear

explanation) that, the limbs being a complete fixture and the body bent, the impetus of a heavy weight suddenly thrown on the back thrust or jerked the pelvis forward sufficiently to allow the head of the femur to leave the acetabulum.

Mr. Salisbury Woods refers to the fact that dislocation of the hip is uncommon. In my own experience of forty-seven years of practice in hospital and in a mining community, where accidents of all kinds are frequent, I saw only one other dislocated hip—in a miner who was buried by a fall of coal and who sustained a fracture of the mid-dorsal spine and dislocation of the left hip. Owing to the flaccid paralysis and loss of sensation in both lower limbs I found reduction quite easy without any anaesthetic.—I am, etc.,

Edinburgh.

JOHN MCKENZIE.

POINTS FROM LETTERS

Cog-wheels

Dr. G. C. PETHER (Hadley Wood, Barnet) writes: Dr. Eustace Chesser (Feb. 19, p. 325) dares to suggest that the well-ordered world of the planners may not after all be a complete food for the starving nor drink for the thirsty. . . . In my opinion many people are also emotionally insecure because they are unable, or the State will not allow them, to become complete individuals. . . . How can a man remember or appreciate the fact that his half-pint helps to send Bobby to school? The planners pretend that he does, and I do not believe it. Not long ago I wrote to the fathers of fifteen young factory workers who had failed to attend for the remedial exercises provided for their post-ural defects in the firm's time. Only one replied—the rest had apparently ceased to be fathers when their boys were about 15. This is the tragedy of planning, apart from the fantastic cost of remedial measures of doubtful value so ably demonstrated by Dr. Ffrangcon Roberts (Feb. 19, p. 293). The population for whom these measures are designed is in increasing danger in its personality, for when you give a man something (I will not use the word "free") you take something away from him. And deep inside him he resents it.

Robert the Bruce and Leprosy

Dr. G. L. KERR PRINGLE (Berkhamsted, Herts) writes: The interesting address by Sir William MacArthur at a meeting of the Section of History of Medicine at the Royal Society of Medicine on Feb. 2 (Feb. 19, p. 320) raises the question, Had the Bruce leprosy? Now at Liberton (Lepertown), a small village a few miles south of Edinburgh, there is a mineral spring dedicated to St. Catherine, which was said to have curative properties in leprosy and scaly skin diseases, and it is on record that the Bruce had treatment there on several occasions. I am sorry not to be able to give chapter and verse for this statement. The mineral spring contains a certain amount of petroleum, and oozes out from the shale-bearing strata which extends from Broxburn in West Lothian and ends at Liberton. The presence of petroleum in the mineral spring would no doubt be beneficial in the treatment of skin diseases associated with scales, such as psoriasis.

Amethocaine Hydrochloride

Dr. C. E. D. H. GOODHART (Carshalton, Surrey) writes: I have read with interest Mr. C. A. Jackson's article (Jan. 15, p. 99) and the subsequent correspondence. I would suggest that an additional way in which its toxic effects may be avoided is to limit the strength of the solution to 1%, which besides being as effective as the stronger percentage has the further advantage of being less likely to lead to overdosage.

Taking Children's Temperatures

Dr. A. A. MACDOUGALL (Glasgow, W.2) writes: Like Dr. A. Cyril Wilson (Feb. 12, p. 284) I too am surprised, but for different reasons, that no psychiatrist wrote to you at the time commenting on Dr. Joan Malleon's views (Dec. 18, 1948, p. 1078) on rectal temperature-taking. As do many others, I hope, I believe that homosexuality, vaginismus, etc., are found in such human subjects as are in some degree psychopaths, and only in such. My experience, both in general and psychiatric practice, leads me to protest against the implication that putting a thermometer in a rectum will ever make a psychopath of a normal person. The physician should be gentle and considerate, and avoid uncalled-for interference with parts which the normal patient, young or old, prefers to be left alone. That is why I oppose the rectal method. "All interferences with bodily orifices should whenever possible be avoided. . . . being erogenous zones. . . ." quotes Dr. Wilson. That would seem to rule out the mouth as well as the rectum. And what of the axilla? Is it not an erogenous zone too? And is not a thermometer a stark phallic symbol? Drs. Malleon and Wilson will have to consider whether they can continue at all to take temperatures.