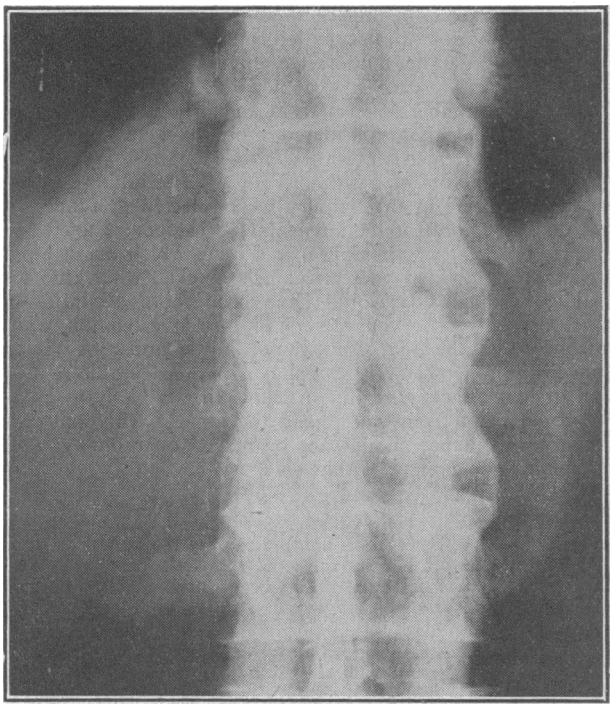
have in the last seven years lost their livelihood and become poverty stricken. In January, 1956, there was a complaint of numerous cases of "stiff backs and rheumatism." These people used well water which contained 7.4 parts per million of fluorine. One man who could not fasten his clothing and could scarcely feed himself was with difficulty held on a donkey and taken to hospital for examination. His radiographs show increased density of the vertebrae and



ribs. The trabeculations of the bone are considerably thickened. There is calcification of the intraspinous ligaments. These appearances are typical of skeletal fluorosis.

We are indebted to Miss A. M. Bond for estimating the fluorine content of water; to the United Christian Hospital, Lahore, for taking the radiographs; and to the patient himself for his co-operation. It is hoped that water from a more favourably situated well may become available for these villagers.—We are, etc.,

F. H. KEMP.
DAGMAR C. WILSON.

Oxford.

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SIR,—I do not understand these anti-compulsionists; their arguments have no validity when the element of compulsion permeates the whole social fabric. Most water supplies are treated in one way or another to achieve an arbitrary standard of potability—nobody asks the consumers' permission. We *have* to send our children to schools of approved efficiency or be prosecuted. The content of flour is Government controlled. We have to use electricity of a voltage which is quite unpleasant if we play with live terminals in our bath. The list could be extended.

Apart from this, Dr. William C. Fothergill (*Journal*, April 21, p. 919) overlooks two big points. Thousands of people have been drinking water with 1 p.p.m. or more of fluoride for thousands of years without anyone discovering any ill-effects, even when, as in America, investigations were directed to this end. On the other hand, it is proved that people lucky enough to drink such water from birth suffer very much less from dental caries, that blot on civilization. If the Ministry of Health is indemnifying local authorities against legal action, I imagine it is not from fear of ill-effects but from fear of unreasonable action from fanatics.—I am, etc.,

London, W.1. N. J. AINSWORTH.

## Trendelenburg Operation

SIR,—In recent correspondence about the Trendelenburg operation there is a point in Mr. R. Rowden Foote's letter (*Journal*, April 14, p. 858) which I consider a most important one. He calls our attention to the fact that a ligation in the main trunk of the saphenous vein frequently disseminates the varices, and in fact makes the leg worse rather than better. I too have noted this fact in many patients over the past few years who have had, from all accounts, careful, diligent, and reputable treatment by ligation along the course of the main trunk, including "top ties."

As a result I have for some time been an enthusiastic "extractor" of varicose veins (where possible) by the "stripping" operation. Previously I had been a mere "ligator." What results I have seen so far certainly seem to warrant the change. In any event, the employment of "strippers" provides the opportunity of exercising a fair degree of grace and skill and lends a certain amount of diversional interest to what is otherwise a somewhat uneventful and often tedious operation.—I am, etc.,

London W.1. P. PATON PHILIP.

## Management of Carcinoma of the Bronchus

SIR,—In the *Journal* of April 28 (p. 981) Dr. B. Jolles, of Northampton, described how he achieved relatively high depth doses of *x* rays when treating lung cancers, with little local or general reaction. I achieve the same result by using a rotating technique, where the *x*-ray beam is horizontal and the patient sits in a slowly rotating chair. I aim at a central dose in the chest of about 1,500 r a week. The skin receives about one-third of this. The treatment-time is half an hour a day. As with cases treated by the "sieve" technique, constitutional effects are minimal. The treatment is a palliative one, and can be terminated as soon as symptoms are relieved. Repeat treatments can be given Sometimes I give a single dose of 500 r as an alternative where a longer treatment does not appear justifiable. Apart from the undoubted benefit to many patients, only by treating these cases of lung carcinoma can we determine which ones are suitable for treatment, and possibly learn how to make the treatment more effective.

I agree with Dr. Jolles that the after-care of the patient is most important. The better it is, the better is the palliation obtained.—I am, etc.,

Derby A. G. G. MELVILLE.

## Femoral Neck Fractures

SIR,—It was with regret that I noted in the article on femoral neck fractures and shoulder dislocations in the series "Emergencies in General Practice" (*Journal*, April 21, p. 912) the repetition of the conventional statement that fractured necks and pertrochanteric fractures require three months' rest in bed, whether operatively fixed or not. I think it should be pointed out that this is by no means a general practice.

It is correct, I believe, to state that all elderly people deteriorate if kept in bed, and that the more senile the patient the more serious the deterioration, both physical and mental. The main purpose of surgery is defeated in the elderly if the patient has to remain inactive for long, and bed exercises are an inadequate substitute for walking and are often impossible in the uncooperative elderly patient.

Mr. Mervyn Evans,[1] in 1951, pointed out the improved figures for mortality and function obtained by early mobilization in pertrochanteric fractures fixed with a nail and plate. This was enlarged upon at a meeting at the Royal Society of Medicine on November 4, 1952, when a symposium was presented on problems of fractures in the aged[2]