

Before administering quinine in large doses the patient should always be questioned as to his susceptibility to toxic symptoms, and if there is any fear of this, or if the patient has not had quinine before, small doses must be given to commence with.—I am, etc.,

London, W., Dec. 8th. W. H. WILLCOX, M.D., F.R.C.P.

A Correction.

SIR,—In the BRITISH MEDICAL JOURNAL of December 6th there is an account of the discussion on the treatment of malaria which took place at the meeting of the Medical Society of London on November 20th, and in which I took part. I see it is stated that I said, "Injections of adrenalin as a means of treatment had nothing to recommend it," but this is not quite correct, for at the moment I was speaking merely of the *provocative* treatment of malaria, which has had such a vogue on the Continent. Injections of adrenalin may of course be of value in algid malaria, which has now been shown to be due to an intense infection of the suprarenals.—I am, etc.,

London, W., Dec. 8th. ANDREW BALFOUR.

PREVENTION OF VENEREAL DISEASE.

SIR,—In the face of a national menace, such as the present increase of these diseases threatens to be, it is grievous to find people objecting to any procedure calculated to lessen their incidence, and at the same time offering no alternative policy, but splitting straws as to whether personal cleanliness can be acquired after instruction, or requires scientific personal practice, or deprecating the value of prophylaxis. I am content to adopt and advocate any advice or method that will tend to lessen the probability of contracting these diseases. It matters not to me whether the word "prevent" is used in its earlier significance to "hinder," or its present sense of elimination, or that amazement means what your correspondents infer, or as the earlier use at the end of the marriage service, as long as the result is a bettering of existing conditions. Call the methods recommended for the prevention of these diseases what you like—personal hygiene, early treatment, or prophylaxis—so long as the desired end is attained.

I have no doubt but that personal cleanliness, and the use of germicides in lotions and ointments, has materially reduced the incidence of the disease in soldiers, minor or major success being due to the keenness of the medical officer, and his ability to adapt his instruction to the mental powers of his men.

In 1914 I lectured to a number of recently raised units on personal hygiene, using for a base a lecture I had given when A.D.M.S.(T.F.) in the years 1908–12; but I soon realized that the pabulum readily absorbed by the average Territorial of those days was far above quite a third of my then hearers. It was therefore a question of preserving a standard as a lecturer, or coming down to the level of the most ignorant of my hearers. When I became commandant of a military convalescent hospital I decided to go for the lower stratum; both at Alnwick with 2,080 beds, and at Ashton with 1,560, I used frequently to assemble the staff and patients in the camp theatre, and in a conversational manner place before them the danger at all times of infection, the preliminary and later technique of prophylaxis, and the vital importance, if in doubt, of at once consulting the medical officer. The results were excellent—a greater freedom of communication with the medical officer, increased use of the cleansing in the special room, and a general adoption of prophylactic remedies. Out of over 13,000 convalescents at Ashton only 26 acquired venereal disease; of these 4 contracted it from their wives who visited them, and only 2 who had used prophylaxis suffered, and in each instance the infection was contracted when on leave and drunk. In dealing with the cases acquired locally I used every means to get at the woman, and so have the fountain head treated. As to out-of-door conditions, I think your correspondents will admit that if the spots selected are sufficiently protected for the act, they are equally suitable for the prophylaxis. Personally I am of the opinion that the more prolonged coitus of the house is a greater danger for infection than the more expeditious and difficult performance out of doors.—I am, etc.,

Blotchley, Dec. 8th.

P. BROOME GILES.

SIR,—As a member of the Clinical and Statistical Committees of the Society for the Prevention of Venereal Disease, I have read the letter in the BRITISH MEDICAL JOURNAL of December 6th, signed by Miss Sturge and Miss Molloy, with much interest and a certain amount of regret.

The letter is interesting, because it is of the greatest importance that the opinions of lady members of the profession—and Miss Sturge is one of the most distinguished amongst these—should be freely sought and carefully considered. But it is unfortunate that these two ladies should consider it their duty to deride the efforts of a society that desires not only to cure venereal diseases, but also to prevent their spread by methods of disinfection. Our society does not pretend that the methods advocated will suffice to stamp out venereal disease. It is quite aware that in many cases the methods will fail through carelessness, inattention to detail, drunkenness, and other causes. It is also aware that, relying upon preventive measures, some persons may even be induced to take risks that would not otherwise be run. But, in spite of all these admitted drawbacks, it must surely be recognized that preventive measures cannot but be of very great service to the individual and to the community at large. Human nature being what it is, we cannot enforce sexual continence. Why, then, should we not do our utmost to minimize the evil results which so often follow sexual irregularity? Tea-drinking is a bad habit; but must we only treat the consequent indigestion and not advise on the kind of tea and how to take it? Tobacco-smoking is a bad habit; but may we not advise upon the kind of pipe to use in order to prevent cancer of the lip? Nobody is compelled to drink tea or to smoke tobacco; but many people take the risk; and, although these instances may seem trifling, the root principle is the same, and sexual irregularities will continue in spite of all exhortations to the contrary. This being so, why should we not face the situation and, whilst condemning the practice, do our best to mitigate the result?

With nineteen years' experience of venereal disease in England, in France, and in the Far East, I can claim to have some knowledge of what I am talking about, and perhaps I am justified in asking these two ladies what experience they have had in the prophylaxis and treatment of these complaints in men? I should imagine that they have chiefly been concerned in the care of their own sex. Now our society has fully recognized that preventive treatment in women is unsatisfactory, and at our last meeting in Harley Street, in November, we had almost decided to issue no instructions to females, recognizing the extreme unreliability of disinfection in their case.

We do, however, maintain that if our procedure is reasonably followed by males of average intelligence it will produce in most cases the desired result. In this opinion we are backed up by irrefutable evidence. Were it otherwise we should not have upon our executive committee the names of many of the most distinguished members of our profession.—I am, etc.,

Manchester, Dec. 8th.

A. C. MAGIAN.

SIR,—Two letters appear in the BRITISH MEDICAL JOURNAL of November 29th on the above subject, one signed by the President and Executive Committee of the Society for the Prevention of Venereal Disease, the other by the Honorary Secretary to the National Council for Combating Venereal Diseases. The former has a very simple programme—immediate disinfection, which they claim to be effective and easy, and instruction of the public in the means of applying it. I presume they refer chiefly to men, as in the case of women disinfection in this way is obviously more difficult. Anyhow their aim is definite; they state the means and stick to it. The latter appear to have no policy but that of beating about the bush. They state definitely in (2) that early disinfection diminishes the risk of infection. Apparently afraid of their attitude in (2) they state in (3) the obvious truth that abstention from exposure to infection is the only certain safeguard against the ordinary risk of disease. Then in (4) they go back to recommending everybody who has indulged in promiscuous intercourse to seek means of cleansing *at the earliest moment*, and in (5) they supply