Puerperal Streptococcal Septicaemia

SIR,—I welcome the excellent letter of Dr. W. D. Allan in the *Journal* of October 12th on the question of the apportionment of the blame for those cases of puerperal deaths which from time to time all practitioners of obstetrics see. The lay press, taking their cue from some of our leading gynaecologists, have for too long been harping on the theme of the uneducated and negligent general practitioner and midwife.

I have personally conducted over 1,600 confinements in every social class and in every kind of environment. This may not be a vast experience, but it has confirmed me in the unalterable opinion that the *fons et origo* of puerperal disasters is in the already potentially infected woman herself, or in some other anatomical or biochemical latent disability inherent in her constitution.

My experience is exactly the same as Dr. Allan's and countless other practitioners'. I have had, many a time before the district where I practise was supplied with midwives, to carry out difficult obstetric procedures on unclean women on filthy beds alive with fleas, "helped" by a direct lineal descendant of Mrs. Gamp, the floor area almost completely occupied by the large double bed, one guttering candle, and a limited supply of hot water. Results? A normal puerperium, and the mother well and hard at work in a fortnight. The opposite picture need not be sketched. The incidence of sepsis and other post-natal troubles are evenly divided between the two classes.

No, Sir, these clerics and elderly ladies are barking in chorus up the wrong tree. If these anxious and bewildered committees on maternal mortality wish to see the death rate in childbirth reduced to *nil,* there must be compulsory attendance of all women of marriageable age at clinics where conception control (to use Lord Horder's more accurate term) is taught and practised with a view to eliminating those cases which are clearly unfitted to become mothers owing to hereditary or acquired defects, and also in order to regulate the spacing of births. Those women passing the conception control room would then be periodically investigated biochemically and bacteriologically and treated according to the findings before a pregnancy were permitted—a measure, I grant you, unattainable for many generations perhaps and savouring of Mr. Aldous Huxley's "brave new world."

But this is an appeal, with Dr. Allan, to our honest and generous specialists in obstetrics to uphold to the public the prestige of us general practitioners who bear the heat and burden of the day and who are no more to be blamed for deaths in childbirth than for deaths from cancer.—I am, etc.,

Eythorne, Dover, Oct. 22nd. G. E. BELLAMY.

Intussusception

SIR,—The very interesting article by Mr. P. L. Hipsley in the *Journal* of October 19th (p. 717) reminds me of what I believe was the first case of intussusception reduced by the hydrostatic method. *Guy's Hospital Reports* recorded the successful experiments done in the post-mortem room on post-mortem intussusceptions, and I made up my mind that if I ever had a case I would adopt that method. The description given by Mr. Hipsley of the little operation is, I think, almost identical with that which I published in the *British Medical Journal,* I believe in the eighties of last century. The details he gives of the diagnosis of reduction should make the operation of general use where the abdominal operation cannot be performed. Ignorance of these details has since led me to send in an infant for the major operation, the results being so excellent. I might add that in my early case the diagnosis was subsequently confirmed by Mr. (later Sir) Charters Symonds.

The danger (in the hydrostatic method) to be feared used to be that a rupture of the peritoneal coat of the bowel might take place. There is no mention of anything of the sort in the numerous cases Mr. Hipsley speaks of or has operated on. The pressure I used was only fifteen inches—about one-third of what Mr. Hipsley used. Early operation without any loss of time, as in my case, is undoubtedly the first thing in these young children, whatever method is employed.—I am, etc.,

Wokingham, Oct. 22nd. F. R. HUMPHREYS.

Treatment of Bell's Palsy

SIR,—Having had considerable experience in the aftercare of Bell's palsy, I have come to the conclusion that the muscles supplied by the seventh nerve which do not respond to faradic stimulation after three months never recover satisfactorily. Should they recover voluntary power after six months the emotional expression is altered or distorted. It is all very well to talk about "decompression in the Fallopian canal," but how is one to be certain that the trouble is in the canal and not in the nucleus?—I am, etc.,

London, W.1, Oct. 22nd. JOHN SAINSBURY.

Circumcision

SIR,—I have been very much interested in the correspondence on circumcision. What it all comes to is this. Are doctors to be governed by purely medical reasons or not? Such arguments as those put forward that it lessens the likelihood of masturbation and the sensitivity of the glans penis, that it increases the erotic pleasure of the partner in copulation, etc., are scarcely in the realm of medicine, but of morality.

Masturbation is a normal and harmless manifestation, except when it occurs in excess as a symptom of mental ill-health, and it savours of Jovian omniscience to interfere with the naturally provided erotic mechanism, although, of course, the untutored savage does not hesitate to do so, and could no doubt give many reasons for excising the clitoris or rupturing the perineum or ripping open the male urethra.

To those who instance the occurrence of preputial lesions necessitating amputation in later life as a reason for preventive circumcision in infancy one would say—"Why not eradicate the appendix, the tonsils? Why not expose the child to measles, mumps, whooping-cough, and chicken-pox?" Or is the doctor expected to be a prophet?

Circumcision of the male prepuce, except when done in the presence of a definite physical lesion, as is the case with all the other bodily organs which are liable to disease, is a propitiatory gesture, incapable of justification on surgical grounds.—I am, etc.,

Hereford, Oct. 20th. J. L. FAULL, M.R.C.S., D.P M.

SIR,—The description of a method of treating phimosis by a dorsal slit of the foreskin urges me to add yet another to the numerous letters on this matter. I too tried this as a substitute for the usual circumcision, but found the results far from satisfactory. With a lengthy foreskin two flaps resulted which hung down like miniature elephant's ears, and frequently became irritated from contact with urine. In more than one case a subsequent operation of circumcision was necessary to remedy this

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condition. I have now for many years used the following simple technique, which has given entire satisfaction.

The foreskin is retracted, and after separation from the glans the tight preputial orifice is snipped at three points, one on the dorsum, the other two on each side of the fraenum, so that the three incisions are equidistant from each other. The foreskin is then *fully* retracted, and if the three snips have been accurately judged the foreskin should remain in this position. If too tight it is a simple matter to enlarge the incisions somewhat and secure an easy "fit." The incisions made in the long axis of the penis become stretched to form three segments of a circle, and heal without producing any deformity such as that described above.

The usual dressing is a strip of gauze soaked in sterile vaseline, which effectually prevents soiling with urine. Should the opening be too wide the foreskin may slip forward, but it is not a difficult task for the nurse to push it back daily, and healing occurs perhaps more slowly, but equally satisfactorily. —I am, etc.,

London, S.W.19, Oct. 28th. J. A. POTTINGER.

SIR,—The simplest method of relieving a phimosis in the newborn has so far not been mentioned in the discussion. This consists in simply splitting the foreskin with scissors, putting in three stitches, one at the corona and one at each anterior corner. Practically no interference with either the nerve or blood supply happens, and "cosmetically" the result is excellent.—I am, etc.,

Crewe, Oct. 27th. W. L. ENGLISH.

SIR,—I do not agree with Dr. R. W. Cockshut that the less sensitive glans of the circumcised is conducive to chastity and forms a shield against sexual perversions. The Mohammedan is not any more chaste than the non-Mohammedan, nor is he free from sexual perversions. I should also have thought that the exposed glans would have attracted the adolescent's attention more than the covered one. As regards manipulative surgery in phimosis, I fail to see the objections raised by some of your correspondents. It has its place wherever practicable, and I have seen no ill effects follow its practice.

Circumcision is the last resource, and it is possible that there is a certain amount of "psychic trauma" attending its performance on an introspective boy. Can it be that the circumcision of a highly sensitive and gifted boy made him inflict on the world his "castration complex"?—I am, etc.,

Edmonton, N.9, Oct. 20th. M. P. K. MENON, M.B.

SIR,—It seems that the opinion of the majority of your recent correspondents on the subject of circumcision in childhood for phimosis is that (1) it should be done where required; (2) the risk of operation and its consequences are small; (3) the manipulative stretching method has its drawbacks; (4) from a psychological point of view it is undesirable and even embarrassing for either mother, nurse, or, later on, the child himself to pay so much and constant attention, etc., to his genital organs; (5) if venereal disease is contracted the circumcised are in a cleaner and more hygienic state; and finally (6) some uncircumcised people fail to keep themselves clean, as is well illustrated in the following case.

Some six or seven years ago a young Englishman, who acted as a representative for a British firm in Germany, came to me while on holiday in London on account of some "white" discharge from his penis. As he had been exposed to possible infection he was sure he suffered from gonorrhoea. On examination, however, I found that his foreskin was adherent to the glans, and that between the two there was a thick layer of yellow-white cheesy smegma or concretion. It was very adherent, and owing to some inflammation it took me a few days to remove it gradually with warm alkaline lotion, and so separate the adhesions, etc. The patient was, however, greatly surprised when I told him he did not suffer from gonorrhoea, but from the effects of local uncleanliness. —I am, etc.,

London, N., Oct. 19th. L. B. SHEINKIN.

SIR,—A somewhat provocative letter which I wrote as a soporific in the hot hours of an early August morning has been followed by such a long correspondence that I wonder if you will allow me to thank those who have tried to point out my errors and to lead me into the right way.

Many of the writers are so lost in admiration of their own technique that reasons for their procedure are obviously of secondary consideration with them. But the one with whom I am most in sympathy is Dr. H. M. Hanschell (*Journal*, October 5th, p. 642). He says that with universal circumcision his patients in a venereal disease clinic would be cleaner and easier to handle and treat. Not, be it noted, that the incidence of such disease would be lessened, or that treatment would be more efficient, but that Dr. Hanschell would have an easier time. And if I were in his place I have no doubt that I should be of the same opinion.

Now with regard to the condition known as "phimosis," may I point out the elementary fact that the preputial orifice is surrounded by a fibro-elastic ring, and that fibro-elastic tissue stretches with varying degrees of ease and rapidity in different individuals. Anyone who has patiently watched the slow stretching of the perineal region in a primipara must realize this; and also that a very small opening can be gradually dilated to a great size without injury, provided that ample time is taken and the force exerted is not too great. Similarly, a small preputial orifice which cannot be stretched to the size of a threepenny-bit in half a minute is not a pathological condition; and there is no justification whatever for losing one's patience and forcibly cutting or stretching it. If I innocently ask why it is so necessary that a baby's prepuce should be retracted at the earliest possible moment I know that I shall be met with a sniff and a snort, and be shrivelled up by the magic word "cleanliness."

So to those of the profession who have time to think may I leave a few questions for consideration? What is the use of Tyson's glands, and at what age do they begin to function; when does a natural secretion become "dirt"; and what dreadful thing will happen if a baby's prepuce is left entirely alone?—I am, etc.,

Kirkby, nr. Liverpool, Oct. 27th. R. AINSWORTH.

*** This correspondence is now closed.—ED., *B.M.J.*

Hyoscine in Parkinsonism

SIR,—A really rather amazing thing has happened here lately. There are in the Star and Garter Home a large number of cases of Parkinsonism following encephalitis lethargica in various stages.

One of these cases—that of a very highly educated man aged 44 years—has been here for over ten years, for the last six of which he has been confined to his bed, and has definitely not spoken a word. Some two months ago he had very excessive salivation, and on account of this hyoscine 1/100 grain was given twice daily. After three days this patient began to talk, and he has hardly stopped talking since! This has cheered him up and made him feel very much better. He is still confined to his bed and is unable to move his limbs, and he has to be fed; but to me it appears to be a most extraordinary thing that after all these years the exhibition of some 6/100 grain of hyoscine over a period of three days should have restored his speech.

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