lower incidence of cervical carcinoma probably was related to the universal practice of male circumcision amongst the Muslim community. That male circumcision is unlikely to be the only factor involved in reducing cervical carcinoma is evident from the conflicting literature on the subject. As Elliott[3] points out, "No more can be said for the argument than that it is a hypothesis which fits the facts." As such it deserves consideration.—I am, etc.,

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Histoplasmosis in Cyprus

SIR,—In reply to the letter of Dr. P. J. Cusins (21 November, p. 1328) I can confirm that repeat lumbar puncture three weeks after the start of the encephalitis in my Case 1 revealed a normal cerebrospinal fluid. Whilst I accept that it cannot be proved that *Histoplasma capsulatum* was the cause of the central nervous signs without isolation of the yeast, I should like to question some other points.

Untreated disseminated histoplasmosis is usually a fatal disease, but it is by no means always so, and Furcolow[1] has reported survival of 4 of 24 untreated patients, with follow-up periods of between 3 and 15 years. Histoplasmosis of the central nervous system only occurs in disseminated forms of the disease, but it could scarcely be otherwise when most authorities define dissemination as disease occurring outside the lungs.

The suggestion of a universally fatal prognosis in histoplasmosis of the brain began as a result of early reports being on necropsied cases.[2] In the same way as symptomatic benign histoplasmosis can occur in other organs,[3] so can granulomata occur in the central nervous system without the involvement of other organs apart from the lungs.[4]

Finally, should we not avoid too rigid a division into benign non-fatal and disseminated fatal groups, lest we fail to discern those cases, perhaps few in number, who fall somewhere in between.—I am, etc.,

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Plantar Warts and Athlete's Foot

SIR,—It has been said, I believe by Lord Adrian, that dermatology, unlike beauty, is more than skin deep. This being so, I am disturbed by the superficiality of Dr. F. J. C. Roe's reasoning (14 November, p. 1268), and I would plead for a slightly more profound consideration of the subject before, as he requests, we have the heads of school medical officers, headmasters, and headmistresses rattling together like castanets. The general idea is most laudable but not for the reason he proposes.

Presumably these educational authorities are advised by their physical training experts that the best exercises for muscles and joints of the lower limbs (and particularly the feet) are only possible in the absence of shoes. This I personally believe to be very true, and the greatly-lowered incidence of flat-foot now as compared with 30–40 years ago must to a great extent be due to improved foot posture —though pointed-toe shoes could well reverse the trend.

If bare-foot gymnastics bring a small increase of plantar warts to my skin clinic I regard this as but a small price to pay for their general benefit. Athlete's foot, of course, is reduced rather than increased by baring the feet.—I am, etc.,

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Electrocardiography with Music

SIR,—Dr. D. S. Lewes's suggestion (24 October, p. 1077) that his cardiograph picks up the Light Programme from the ward-radio system is theoretically possible if the wiring is not enclosed in conduit or steel trunking and if an earth fault has occurred on the wiring of a system having an earthed centre tap, so causing a magnetic field to be set up. The strength of the audio signal would then be related to the area enclosed by the leads.

An alternative explanation of direct radio pick-up is, however, I think, the more likely. At Bedford, the medium-wave B.B.C. signals are too weak to cause interference, but the long-wave Light Programme transmitter gives a field of around 40 millivolts per metre. Inside the hospital the signal strength will vary considerably, being increased close to metal pipes, structural steelwork, etc. The reduced pick-up in the chest (V) position is possibly due to the fact that resistors are switched into the circuits in this position and these will act as radio-frequency filters. I am unable to agree with Dr. H. R. A. Townsend (14 November, p. 1268) that radio pick-up is invariably due to high-resistance electrode contacts; however, his cure can be quickly put to the test. A high-resistance electrode contact would reduce the in-phase-rejection ratio of the cardiograph and so lead to 50 c/s electrostatic pick-up which the technician would recognize and correct, but would not lead to increased radio-frequency pick-up.

A permanent cure for radio-frequency interference is the addition of a series resistor (e.g., 10,000 ohms) and shunt capacitor (470 picofarads) at the input grids of the first stage.

In investigating cases of interference to hospital-sensitive equipment it is essential to determine at the outset whether the interference is electrostatic, magnetic, or radio-frequency in origin. This can be done with suitable small amplifiers (e.g., obsolete valve deaf-aids) with appropriate pick-up devices; the basic information is then obtained in a matter of minutes and the correct measures can be applied to cure the interference.—I am, etc.,

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Family Planning in London Teaching Hospitals

SIR,—Mr. E. E. Philipp's comments (31 October, p. 1132) on the teaching of contraception in London teaching hospitals deserve further examination. In this hospital the subject of contraception is dealt with at a theoretical level in the course of gynaecological lectures and informally in gynaecological out-patient clinics. Medical students, many of whom are married nowadays, are usually well informed on the subject, and if they are not ample information is freely available in most modern gynaecological textbooks. There is no excuse for a lack of theoretical knowledge. The question of instruction on the practical aspects of contraception, including advice as to the most suitable method, the fitting of diaphragms, cervical caps, and intrauterine contraceptive devices, and family planning based on "the pill" is a different problem, and in my view too specialized a subject to be taught to the undergraduate. Our students may "sit in" at one of the local F.P.A. Clinics if they wish, but those who propose to undertake family planning work after qualification are advised to attend one of the excellent courses of instruction arranged by the F.P.A. Competence in the practical aspects of family planning, like competence in forceps delivery, is best obtained by postgraduate rather than undergraduate study.

Mr. Philipp says that criminal abortions are the aftermath of failure in contraception, implying that this in turn is the result of a lack of contraceptive instruction to medical students. In my experience most patients admitted with self-induced abortions are well aware of contraception but do not choose, through laziness or stupidity, to avail themselves of it. Certainly the suggestion that abortion does not have the same impact on teaching-hospital consultants as it does on those working in non-teaching units is unwarranted. This hospital (and many other London teaching hospitals) is so well aware of the need to bring the student into contact with acute cases of all kinds, medical and surgical as well as gynaecological, that it has gone to great lengths to obtain, by designation, control over a "non-teaching" hospital for this very purpose. At this hospital we are now in the position of accepting the most severely ill septic abortions from peripheral non-teaching hospitals who have not the facilities to cope with the problems of urinary suppression. The idea of a teaching-hospital gynaecologist as one who lives in a rarefied atmosphere divorced from contact with the "realities" of non-teaching hospital gynaecology is as outmoded as it is unreal. The barriers between "teaching" and "non-teaching" gynaecology are down.—I am, etc.,

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Dangerous Anaesthetic Device

SIR,—I would like to raise one point regarding the letter from Dr. J. Fraser-Jones and his colleagues (28 November, p. 1396). The combination of the "Bosun" whistle and the Manley ventilator is only dangerous if the "Bosun" whistle is set to go off at about 1½ lb. per square in. (0.11 kg. per square cm.). The two pieces of equipment

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