

pioneers in the greatest advances in ophthalmic surgery during the first half of the present century.—I am, etc.,
H. GOLDBERG.

Melbourne, Australia.

Surplus Beds and Nurses

SIR,—The *Journal* of January 31, recently arrived here, contains a lengthy letter (at p. 300) from Mr. H. S. Shucksmith on "Surplus Beds and Nurses." It would seem to me that the letter shows or proves little, apart from the fact that some surgical cases do well and can go home early. A return home as soon as possible is surely the aim with all surgical cases, but it is not as easy as Mr. Shucksmith suggests, and the following limitations must be recognized:

(1) *Home Conditions*.—The doctor in Mr. Shucksmith's cases, whom it is noted can afford a sports car, is obviously going to be better cared for at home than a patient returning to the slums of Leeds or any other city.

(2) *Physical Capacity and More Importantly Mental Attitude*.—I had an acutely inflamed appendix out as a night emergency at the Middlesex Hospital (? one of the £40 per week per bed hospitals mentioned by Mr. Shucksmith). I got up late the next morning, left hospital on the third post-operative day, and hooked in a rugby match 12 days later, so I know that early ambulation works if the patient will co-operate; but it must be accepted as a fact that many patients with a low pain threshold cannot be speeded up and will demand much attention throughout their stay in hospital. Transferring such types to a ward with less staff will make them no less demanding.

In any case, given a reasonable home and an adequate psyche, any patient following an inguinal hernia operation can and should go home at least as early as the two cases detailed by Mr. Shucksmith; and I cannot see that he has made any case for changing the present lay-out of general hospitals.—I am, etc.,

Medical Department,
Fiji

J. M. FOREMAN.

Marriage Guidance Council

SIR.—May I through you clear up a confusion in the minds of many general practitioners between the work of the Marriage Guidance Council (M.G.C.) and that of the Family Planning Association (F.P.A.)? The M.G.C. has nothing to do with birth control and anyone wanting advice or instruction in this should be sent to the local branch of the F.P.A.

The work of the M.G.C. is twofold. Firstly, it aims at helping those with marital difficulties. Clients are seen by a single counsellor who has been very carefully selected and has undergone a considerable course of training; they are helpful to work out their own problems and this often necessitates many interviews, if possible with both partners in the marriage. Secondly, the M.G.C. does a great deal of education work in senior forms in schools, in boys and girls clubs, and similar groups; it holds discussion groups for young couples about to get married, and also sends speakers to more senior discussion groups among teachers, clergymen, etc. At the present time there is a lot of education on sex in school, but very little on the problems of married life such as respect for the other's personality, the right attitude to household finance, to the responsibilities of parenthood, etc. It is with the Act not the Act of Marriage that the M.G.C. is concerned.—I am, etc.,

F. F. HELLIER.

Chairman, The Leeds Marriage Guidance Council
Leeds, 2.

Hazards of the Luteal Phase

SIR,—Drs. I. L. and P. C. B. MacKinnon and Dr. A. D. Thomson are to be highly congratulated on their excellent contribution on the "Lethal Hazards of the Luteal Phase of the Menstrual Cycle" (*Journal*, April 18, p. 1015).

Women with chronic pelvic infection from whatever source very often develop persistent luteal bodies or cysts in one or both ovaries. They complain of general ill-health, loss of libido, marked dysmenorrhoea, and often dyspareunia. Their menses become irregular, with increase in loss and duration and subsequent decrease in loss and eventually amenorrhoea, like cases of Stein-Leventhal syndrome, where luteal tissue is a feature of the many small sub-capsular ovarian cysts.

Endocrine therapy or physiotherapy for these cases is useless. "Pelvic toilette" or a meticulous pelvic plastic operation with ovarian repair (not wedge resection), salpingolysis, salpingostomy if necessary, and sometimes suspension of a fixed retroverted uterus, gives excellent results in these domestically unhappy women, who are so often considered to be neurotics. I have no doubt some are driven to suicidal acts. If any of the luteal tissue or luteal cyst wall is not removed with meticulous care the symptoms persist. Will gynaecologists in general not give these sad cases more surgical attention? Physiotherapy in the form of diathermy, and the efforts of psychiatrists are indeed useless.—I am, etc.,

D. P. de VILLIERS.

Rondebosch,
South Africa.

Printing the "B.M.J."

SIR,—Allow me to congratulate you and your staff on continuing the publication of the *Journal*. The *B.M.J.* is not only an organ of medical record but also a medical newspaper. Differences about the National Health Service have nothing to do with disputes in the printing and allied trades. There is no relationship whatsoever. Moreover this is a free country where people can do and say what they like within the limitations of the law. For this very reason many foreigners have found a home here over the centuries, and some of them have contributed no little in brains and skill to the national prosperity.—I am, etc.,

Exeter

G. F. B. PAGE.

SIR,—For the second time in a few weeks I am sorry I have to complain for not having received an issue of the *British Medical Journal*, namely No. 5138 of June 27. Of course the point is not the feeling of being materially robbed, but the strain of not seeing in my post-box this weekly message from a country which I love, having spent there a beautiful time of my life, and the lack of immediate availability of an important scientific tool.—I am, etc.,

Rome

LUCIANO ANGELUCCI.

Correction—We regret that in a letter on "disipal" (*Journal*, July 25, p. 99) we wrongly gave benzhexol hydrochloride as its "approved" name. It should have been orphenadrine hydrochloride.

Correction—Among the authors of the paper "Action of Prednisone in Insulin-resistant Diabetes" (June 27, p. 1601) the name of Dr. G. E. Sowton appeared instead of the name of Dr. J. V. Sowton.