the urethra a pair of narrow-bladed forceps was passed into the bladder, the thermometer lightly gripped and, with the aid of a guiding finger in the vagina, easily withdrawn. A cystoscope was then introduced, and apart from some bruising of the trigone the bladder was seen to be intact. The occurrence of a second example serves further to emphasize the risks inherent in this undesirable procedure, and it seems that patients who follow this practice should be warned of its dangers.—I am, etc.,

Hove, Sussex. W. R. FORRESTER-WOOD.

SIR,—The rectal (or vaginal) method of obtaining the basal temperature gives a more accurate record than the oral. To condemn the method because one woman has accidentally inserted the thermometer into the bladder is as unreasonable as it would be to disallow the practice of self-administration of an enema, when necessary, in case the nozzle was passed into the wrong passage. Dr. G. I. M. Swyer (Oct. 25, p. 672) would do well to read an article by Dr. Hales (*Medical Press and Circular,* May, 1946) in which he gives charts of a number of chronic diseases in which the condition would have been overlooked had reliance been placed on the oral recording. I know of an instance in which absence of the ordinary biphasic temperature record of the menstrual cycle drew attention to a tuberculous endometritis. The patient was warded for investigation, and it was observed that the temperature taken by the oral route failed to show the persistent slight rise shown by the rectal method.

The rectal route gives a more accurate degree of temperature. There are a few women whose records of the basal temperature in the pre- and post-ovulatory phase show only a slight difference in the fluctuations, the biphasic character of which could easily be missed if recorded by the less sensitive oral route.—I am, etc.,

London, W.1. M. MOORE WHITE.

Health Visitors

SIR,—The existing shortage may be attributed to a combination of causes : (*a*) greater demand on a reduced supply ; (*b*) long course in training—as a nurse, midwife, and health visitor's certificate ; (*c*) less call for change of area from stabilization of pay ; (*d*) multiplicity of duties ; (*e*) interference with training during the war. Two questions arise in one's mind to meet the existing demand: (1) Should a special interim short-term policy of a shorter course, or only a health-visitor's certificate course, be carried out? (2) Should only a long-term policy of existing methods of training prevail even at the expense of acute shortage for years—it may be five to ten years before normality reigns ?

At the present time there is no doubt that considerable economy could be carried out in the use of health visitors and that in this respect either (or both) an assistant nurse or a voluntary worker could be utilized in the place of some of the duties now carried out by health visitors. Locally lady members of the maternity and child-welfare committee (both councillors and co-opted members) take turns of duty on a rota at my infant-welfare clinics. No *trained* nurse is required at an immunization clinic, at weighing of infants and toddlers, the recording of such, and the distribution of foodstuffs. With a doctor in attendance at infant-welfare clinics it should be possible with lectures on hygiene and baby welfare to release some trained nurses for hospitals, where the claim of the sick should hold priority for their services.

There are also some new fields now being attempted for utilization of the services of health visitors. I refer to immunization and blood withdrawal for Rh factor. A hypodermic injection is one thing, but an intramuscular injection of an antigen (capable sometimes of producing shock) and the introduction of a needle into a vein (not always at first shot) are quite different and definitely surgical procedures. In the latter of these unless great care is exercised in asepsis and method there can be a cause for toxaemia. Again this Rh factor concerns midwifery and the midwife at the antenatal clinic is more concerned with the result than the health visitor, and so surely the midwife should be trained to do this at the clinic. One has recently had judgments against a hospital in connexion with a certain case, and it behoves us to defend our authority to the best of our judgment. On these thoughts I should like to have views of others, and perhaps we may get a lead from the Ministry on some of the problems raised.—I am, etc.,

Blyth, Northumberland. A. G. NEWELL.

Penile Carcinoma

SIR,—An experiment conducted on a national scale for two thousand years has proved that penile carcinoma is preventable by circumcision, and King Edward's question about tubercle, "If preventable, why not prevented? " is relevant to this form of cancer. As the writer of the annotation (Nov. 1, p. 699) observes, carcinoma of the penis is a rare disease. From a selfish point of view men need not trouble themselves about it unduly, but the interests of the other sex are involved. Correlated with the absolute freedom of Jewish men from this form of cancer is the relative freedom of Jewish women from carcinoma of the cervix. In New York, where three million of the eight million inhabitants are Jews, Dr. Maurice Lenz states that not 1% of the cases of cancer of the cervix occur in Jewish women. During a short visit to the Fiji Islands, where circumcised Fijians live alongside uncircumcised Indians, I obtained statistical evidence that cervical carcinoma is rare in the Fijian women but relatively common in the Indian women, no doubt from a transference to the vagina of the mixed bacterial flora that flourish beneath the prepuce.

As your annotation states, it is unlikely that the routine circumcision of male infants would commend itself to English opinion. But a simpler operation—slitting up the prepuce in the dorsal midline—would be equally effective, and in the first few days of life can be done without an anaesthetic. Only for a long phimotic prepuce is circumcision necessary.

The evidence indicates that routine preputiotomy for male infants would abolish penile cancer and ultimately reduce the incidence of carcinoma of the cervix in this country from about 4,000 cases per annum to 500 cases per annum. The principal obstacle to its adoption appears to be the erroneous belief that carcinoma of the cervix is the result of tearing of the cervix during parturition—an accident to which women of all races are equally liable.—I am, etc.,

London, W.1. W. SAMPSON HANDLEY.

Modern Treatment of Neurosyphilis

SIR,—I was most interested to read of the experiences of Drs. F. Graham Lescher and H. R. M. Richards in their article "The Modern Treatment of Neurosyphilis" (Oct. 11, p. 565). I note that their most successful results were obtained with combined penicillin and malarial therapy. The following two cases which I treated in conjunction with Sir Sidney Sewell early last year may therefore be of interest.

Case 1.—Mrs. B., a woman of 36, was found to have a positive Wassermann reaction when her husband developed neurosyphilis. She had no clinical symptoms or signs of disease, but the Wassermann and Kline reactions were positive +++ in both blood and cerebrospinal fluid, and the C.S.F. cell count was 40 lymphocytes. Prior to my seeing her she had had three courses of intravenous arsenic and intramuscular bismuth and one seven-day course of penicillin, 15,000 units three-hourly. Following the first course of penicillin the Wassermann reaction of her blood had been negative, but this had reverted to positive when I saw her, and the C.S.F. findings were as above.

She was put into hospital and given penicillin, 20,000 units three-hourly for ten days, and for the last seven days 5,000 units was given intrathecally twice daily. A month later the Wassermann reaction was negative in the blood but still positive in C.S.F. A further month later the blood Wassermann was positive +, and after another month positive ++.

She was then subjected to hyperthermia in the inductotherm to 105° F. (40.6° C.) for six hours, with two doses of penicillin, 50,000 units (the first at the commencement and the second three hours later) given intramuscularly. In all she was given twelve treatments at weekly intervals.

A month after cessation of treatment Wassermann reaction was negative in both blood and cerebrospinal fluid and has remained so with monthly blood and quarterly C.S.F. Wassermann tests since then—a period of eighteen months. Apart from one occcasion (the fourth treatment) when she developed hyperpyrexia which responded to the usual measures, she tolerated the treatments well.