THE OPERATIVE TREATMENT OF PROLAPSE.

To the Editor of THE LANCET.

Sir,—I have been much interested in Mr. J. P. Lockhart-Mummery’s communication to your pages of to-day on the Operative Treatment of Prolapse (Proctidia) of the Rectum, and was pleased to note the results he has obtained. I share his view that the ordinary hernia of the pelvis is analogous to the prolapse of the rectum, and that the analogy, obviously regarding the prolapse of the rectum as the "stretching of some part of the contained visceras"—i.e., as the equivalent of the contents of an ordinary hernia. This is not so. Prolapse of the rectum is a true hernia, of the pelvic floor, but the pelvic floor and rectum constitute the coverings without the contents of the hernia; the analogue of the contents of the ordinary hernia is the omentum or small intestine which may occasionally occupy the prolongation of the pouch of Douglas, which accompanies, or rather precedes the rectum, as the rectum may, like the contents of other herniae, become strangulated. The position of the rectum in relation to the hernia is exactly that of the oecum or sigmoid colon in the so-called "sliding" hernia, or hernia par glissement"—i.e., it is extra-saccular. Further, I fail to discover any of the alleged similarity in principle between Mr. Lockhart-Mummery’s operation and that for the radical cure of hernia. The first, and as I believe, the sole object of the latter operation is complete obliteration of the sac, which Mr. Lockhart-Mummery does not even attempt. The only operation with which I am acquainted which really does act on this principle is that described by Dr. A. V. Moschowitz. In which, through a laparotomy wound, the entire pouch of Douglas is obliterated by successive tiers of circular suture. I have performed this operation on three occasions with only partial success, but I had to supplement it by a subsequent rectal operation. Anyone who has attempted Moschowitz’s procedure will agree that, owing to the surprising depth of the pouch of Douglas in these cases, it is a difficult and severe operation, and not in any way comparable to the easy and safe method of paraffin-wax injection which I have described.

I am, Sir, yours faithfully.

Manchester, Feb. 5th, 1921.

ARTHUR H. BURGESS.

PROPHYLAXIS IN VENEREAL DISEASE.

To the Editor of THE LANCET.

Sir,—I was pleased to read Mr. Kenneth M. Walker’s letter in your last issue, suggesting that members of the two societies, the N.C.C.V.D. and the S.P.V.D., should arrange to meet. At an official interview with Sir Malcolm Morris last June I said I thought it was a pity that the two societies did not combine, but I was unaware that the principle had received any expression. The N.C.C.V.D. considers that the recommendation of the washing with water and a well-known disinfectant—namely, soap (which is potassium or sodium stearate, palmitate, or oleate, &c., or a combination of these according to the fats used in its preparation) is not encouraging vice, but that it is encouraging vice for the S.P.V.D. to recommend the use of less common, but scientifically proved disinfectants, namely, water and potassium permanganate, or a 33 per cent. calomel ointment. Also the S.P.V.D. recommends that as the latter are less common, they should be made more easily available. The N.C.C.V.D., however, recommends the use of these disinfectants at so-called early treatment centres, which are really delayed disinfection centres. In addition to the great cost of such centres there are grave reasons rendering their provision unnecessary.

Mr. Walker states that the N.C.C.V.D. does not believe that the "packet" system would be effective when applied to the civil community. The S.P.V.D., however, recommends a much less costly system—namely, education by means of posters and leaflets placed in men’s underground conveniences, and the latter is the system that was adopted by the Holborn Borough Council last year. 50,000 of the leaflets are supplied at a cost of about £12, that is, less than 1d. for 10. For aesthetic reasons also a man is much more likely to adopt self-disinfection than to go to a centre for disinfection by a skilled attendant. The S.P.V.D., while advocating that no moral measures should be neglected, recognise that the plain truth is that a large proportion of the adult population (notwithstanding all these measures) has practised irregular sexual intercourse, and it therefore recommends the teaching of simple but efficient methods of self-disinfection as a practical means of the prevention of venereal diseases; also that the prevention of disease by all practicable means is the paramount duty of sanitary authorities.

The Holborn leaflet gives concise information. What Every Man Should Know—namely, that the plain truth is that the terrible ravages caused by these diseases; that the only safe, right, and manly course is to exercise self-control; that prevention is infinitely better than cure; and that it is therefore the bounden duty of any man who will indulge in sexual intercourse to do his utmost to prevent venereal diseases.

3 A paper read before the New York State Medical Society, April 26, 1922, and published in Surgery, Gynecology, and Obstetrics about that time.

3 A solution of potassium permanganate, 1 in 1000, is also well known, as it was recommended by the Local Government Board and the Ministry of Health for the prevention of influenza.
The Regulations for Dangerous Drugs.

To the Editor of The Lancet.

SIR,—I have been instructed by the Executive of the Portsmouth Division, B.M.A., to send you the following resolution for insertion in THE LANCET:

"We, the Executive of the executive of the Division of the British Medical Association, having read the proposed regulations for the sale of dangerous drugs, &c., emphatically protest against their application to medical men, as it is utterly impossible to carry them out; the result will be, either that the practitioner will be bound to ignore the regulations, or his patients will be deprived of valuable and anodyne drugs, and thereby their sufferings will go unalleviated."

It was further resolved that this resolution be sent to the Honorary Secretary, the local Members of Parliament, and the medical press.

I am, Sir, yours faithfully,

W. A. BOND,

THE INDICATIONS FOR REMOVAL OF TONSILS.

To the Editor of The Lancet.

SIR,—Most surgeons would agree with the conclusions arrived at by Mr. M. Vlasto in his interesting paper on tonsillotomy, which appeared in The Lancet of Jan. 22nd; at the same time there are points made with which one may differ. He states that the dissection operation causes less trauma than the use of the guillotine. Following Dr. G. E. Waugh's paper in 1909 I made a practice of removing tonsils in children and adults by the dissection method as a routine; about 1913 I learned of O'Malley's technique of enucleation by the reversed guillotine.

I have no hesitation in stating my complete agreement with Dr. Dan McKenzie that "enucleation by the guillotine removes the whole of the tonsils yet spares the faucial pillars." My experience of both methods teaches me that the guillotine operation is much the better operation in the case of children, and will rarely fail to effect a complete enucleation if deliberately performed under good anaesthesia. There is no need for it to be a "messy" or "rushed" procedure if the cooperation of a skilled anaesthetist is obtained who is accustomed to work with the surgeon, and so controls the patient as to allow of deliberate swabbing and full inspection of the tonsillar beds. Although in hospital practice, owing to the large number of cases, the operation has perforce to be performed under ethyl chloride or gas and oxygen, these are not nearly so satisfactory as a chloroform and ether mixture. There is no operation in throat work in which a skilled anaesthetist can be of more assistance to the surgeon than in the one under consideration, by inducing the correct degree of anaesthesia, by the proper handling and by care of the mouth-gag.

In adults, on the other hand, I find that it is usually necessary to use the dissection method to effect complete enucleation, owing to the inflammatory adhesions about the capsule, but I regard this operation as much more formidable as regards risk of haemorrhage and after-pain than the guillotine operations in children. I, therefore, regard my efforts as an endeavour to follow the technique as described by him, and know of none safer or more satisfactory.

I am, Sir, yours faithfully,

LINDLEY SEWELL.