It is too bad that boys should suffer discomfort or be subjected to an operation at school age or later which should be carried out in infancy.—I am, etc.,

October 14th. M.D., D.P.H.

Sir,—I suggest that all male children should be circumcised. This is "against nature," but that is exactly the reason why it should be done. Nature intends that the adolescent male shall copulate as often and as promiscuously as possible, and to that end covers the sensitive glans so that it shall be ever ready to receive stimuli. Civilization, on the contrary, requires chastity, and the glans of the circumcised rapidly assumes a leathery texture less sensitive than skin. Thus the adolescent has his attention drawn to his penis much less often. I am convinced that masturbation is much less common in the circumcised. With these considerations in view it does not seem apt to argue that "God knows best how to make little boys."—I am, etc.,

Hendon, N.W., Oct. 9th. R. W. Cockshut.

Cerebral Haemorrhage and Thrombosis

Sir,—I am much obliged to Dr. R. T. Cooke (*Journal*, October 12th, p. 702) for pointing out the slip which I made in regard to the way the tongue was protruded; it was, of course, pushed over to the paralysed side. My point, however, was that here we had a case apparently of cerebral embolism in which, after a few days of almost complete hemiplegia, the symptoms disappeared with dramatic suddenness. That it was due to embolism and not due to haemorrhage was indicated by the fact that the blood pressure was low and that there was not an undue amount present of fibrotic or calcareous changes in the arteries. I remember seeing a similar case several years ago in a child of approximately 14 months, where, after an attack of convulsions, hemiplegic symptoms supervened. These cleared up twenty-four hours later, after the administration of a dose of calomel, some castor oil, and a hot bath.—I am, etc.,

Ramsey, Isle of Man, Oct. 12th. E. G. Fenton.

Registration of Opticians

Sir,—What exactly has the ophthalmic surgeon to fear from the sight-testing optician? The suggestions made by Mr. Tibbles and "G.P. Oculist" would only result in division between ophthalmic surgeons and medical refractionists. We are agreed that the claims of the optician to refract cannot be disputed except upon the ground that his examination is incomplete, owing to inadequate knowledge of the eye as a living structure and a part of the body liable to show early signs of serious disease. Every private refraction done by a surgeon carries an implicit guarantee that the eyes are structurally sound. In hospital practice the surgeons' time is saved by delegated responsibility and repeated examinations. This wastes the time of the patient. The National Eye Service attempts to meet this difficulty by providing an intermediate service. The dispensing optician admits our claims, and his duty is to see that his materials, workmanship, and fitting are better than those of his sight-testing colleague. This symbiosis will not work upon a price-cutting basis, and the suggestions made by "G.P. Oculist" would reduce ophthalmic practice to a business of "working out" refractions at so much per head. It would not profit the undergraduate to learn detailed refraction work, but many ophthalmic house-surgeons master it rapidly in hospitals where they have to do this work. Such appointments could be increased.

The refraction is only an incident in the routine examination of the eyes. A presbyopic citizen can never be prevented from buying a magnifying glass any more than he can be prevented from consulting a bone-setter about his tennis-elbow. He cannot be compelled to go to a medical clinic or to a "fully qualified" and "State registered" sight-testing "ophthalmic optician." If his society gives him a grant based upon an inferior scheme to that of his friends the remedy lies in his own hands, and our duty is to make certain that the National Eye Service is a better scheme. It would not improve on the lines suggested by your correspondents.—I am, etc.,

Glasgow, Oct. 7th. W. J. B. Riddell.

Sir,—The registration of opticians is a minor detail compared with the further lowering of fees suggested by "G.P. Oculist" in the *Journal* of October 5th (p. 644), which he seems to think will result in more work. Years ago, when I was on the Ophthalmic Benefit Committee, I warned members then that lowering the fee, from the then guinea standard paid by the approved societies, would not help, because there is only a limited amount of ophthalmic work to be done for each individual during his lifetime, and I have yet to see that cheap work brings more, as it does not even bring more cheap work. More medical men should take up refraction work, and as a large number of people visit sight-testing opticians first there is no sense in quarrelling with what is an established fact, so that it is better to co-operate with them. They, at least, do not expect a doctor to see a patient for the absurd fee that our own profession has cut it down to in the last few years, as a fee once reduced can never be raised again. Since a third of the population come under the Insurance Act this lowering of fees has been a very serious thing for every eye surgeon, and if they wish to extinguish themselves totally they had better lower them still further. Many societies run their own clinics, and one secretary of the biggest approved society told me they had no intention of paying a guinea for these insured people when the sight-testing optician will do it for five shillings. As it is a question of money and not sentiment with them the sooner the ophthalmic surgeons face these facts the better, instead of our trying to mix sentiment and business. The public will, however, always pay for a thing well done, so it is better for us to make the best arrangements we can as regards remuneration, either through existing channels or by private arrangements between patient and doctor.—I am, etc.,

London, W.1, Oct. 8th. Sydney Tibbles.

Pay Beds for Middle-class Patients

Sir,—In view of the approaching financial reconstruction of the London Clinic and Nursing Home, it is not untimely to offer some observations on the future of this important undertaking.

The originators of the scheme at its inception had in mind the creation of an institution which would give middle-class patients, for a moderate fee, a standard of comfort and privacy similar to that obtainable at a good nursing home, combined with the modern facilities for diagnosis and treatment such as are available to poor patients at the large voluntary hospitals. Undoubtedly the equipment and standards of comfort obtainable at the London Clinic fulfil these desiderata, but unfortunately the fees are *not* moderate and, generally speaking, are beyond the reach of the class of patient for whom it was originally intended.