emergencies is seldom in the patient's best interest, and an obstetric emergency service should consist primarily of an ambulance equipped as an efficient resuscitation unit with unlimited blood at its disposal. The obstetrician can thus ensure that he is not forced by circumstances to perform operations at home that would have a wider margin of safety in hospital.—I am, etc.,

Birmingham.

W. G. MILLS.

Child-bearing and Tuberculosis

SIR,—Child-bearing and tuberculosis is still a subject which arouses strong feelings. We are grateful to your correspondents for their interest in our work and for some very appreciative remarks. We have endeavoured to make an objective judgment on this difficult subject, but we hope our figures are a sufficient basis for an opinion. It cannot be denied that the tuberculous disease in some patients becomes worse in association with pregnancy. This is a habit of tuberculous disease in non-pregnant women too, and in our experience equally common in both groups.

We too wish to emphasize the importance of the environment of the tuberculous woman who has borne a child. Efficient treatment of the disease and the best possible after-care with adequate home help are especially necessary for these patients. Whether therapeutic termination of pregnancy is advisable because the child will be born into an unsuitable environment is a moot point, but such a view would cause the termination of many more pregnancies than those of tuberculous women. Because tuberculosis carries a definite risk of relapse, we think that the patient should avoid pregnancy for at least two years after quiescence of the disease has been achieved. Yet only 22 (10%) of the patients in our series were diagnosed as tuberculous *after* becoming pregnant. We are surprised how often effective (or indeed any) advice concerning birth control is lacking. Of these 22, 11 were over fourteen weeks pregnant; few would advise termination at such a stage. We therefore consider that good treatment and care in adjusting the environment, including the effective prevention of pregnancy where advisable, are more important than undue optimism about the value of therapeutic abortion.—We are, etc.,

CHARLES J. STEWART.
F. A. H. SIMMONDS.

South Mimms, Barnet, Herts.

"True" Hermaphroditism?

SIR,—Without splitting too many semantic hairs, is there any such thing as "true" hermaphroditism? Whatever gross abnormalities may subsequently be induced by hormone imbalance, what one might term the *fundamental sex* of the individual is determined once and for all at the moment of conception by a particular combination of chromosomes that apparently persists for life. Current theory does not allow for both *xx* and *xy* combinations to co-exist in one body, though in biology even the fantastic cannot be excluded. Have the chromosomes of frank hermaphrodites ever been seriously studied? The forensic implications are enormous.—I am, etc.,

Hooton, Cheshire.

J. R. EDISBURY.

Routine Serological Tests for Syphilis

SIR,—The letter of Dr. K. G. Bergin (Dec. 6, p. 928) merits some comment. Routine serological tests are carried out in many antenatal clinics, etc., throughout the country, and with competent technique, as part of the established routine, attract no more comment from patients than the routine testing of the urine or taking of blood pressure. Where difficulties have arisen, these have in my experience most often resulted from the attitude of the medical officer or nurse, and have not been raised primarily by the patient. It is also instructive that patients accustomed to routine serological tests as part of routine antenatal surveillance comment adversely on this omission in other areas in which they may be temporarily resident.

In the City and County of Bristol approximately 75% (approximately 5,000 per annum) of pregnant women attend the health department clinics for antenatal care. Serological tests for the exclusion of syphilis have been carried out routinely since 1939; in not more than one or two cases per annum has the test been refused. Syphilis, previously undetected, has been found in less than 0.4% of patients. Facilities for the examina-

tion of serological tests would therefore be of little added advantage so far as the patients making use of the municipal services are concerned, and it is questionable whether this principle should be adopted until voluntary measures, supported by adequate health education, are shown to have failed.

With regard to marriage, surely a general medical overhaul to make certain of physical fitness is the ideal. The exclusion of tuberculosis is equally as important as negative syphilis serology, while Rh compatibility equally deserves consideration. In the past few years there has been an increasing number of patients, often of blameless antecedents—frequently engaged couples coming up together—desiring assurance of fitness for marriage, the main anxieties being venereal disease, tuberculosis, and fertility.—I am, etc.,

Bristol.

A. E. W. MCLACHLAN.

Belladonna Poisoning

SIR,—I am sure that your correspondent "R. L. G., R.A.F.V.R." (Nov. 29, p. 886) must be aware of the rules governing the storage and dispensing of the Schedule I group of poisons, which I believe includes belladonna preparations. I am therefore at a loss to understand why he had to discover "later" that it was contrary to Air Force regulations for a nursing orderly to dispense belladonna unsupervised. During my own Service career I have, through "supervising" the activities of orderlies in a station sick-quarters M.I. room, prevented disasters of like nature—e.g., concentrated phenol being used in mistake for glycerin-and-phenol ear drops; strong tincture of iodine in lieu of "argyrol" eye drops; and saturated sodium sulphate with acriflavine instead of sodium salicylate mixture.

It should always be remembered by those concerned that the so-called "nursing orderlies" in the present-day Royal Air Force may be (and too often are) unwilling conscripts, whose eyes are more accurately focused on the "demob. form" than on the labels of the dispensary bottles.—I am, etc.,

PER ARDUA AD ASYLUM.

Nicotinamide and Blood Sugar

SIR,—I was very much interested in the two cases of diabetes mellitus described by Dr. L. Gordon (Nov. 8, p. 748). The following is another unusual case of this disease which merits publication.

CASE REPORT

C. W., aged 54, was admitted to our hospital on Sept. 7, 1947, as he was anxious for an operation for a large irreducible umbilical hernia which was causing disfigurement. He complained of no other symptoms, and except for mild hypertension there were no abnormal signs. Height: 5 ft. 9 in. (1.75 m.); weight: 15 st. 5 lb. (95.2 kg.). Routine examination of urine showed specific gravity 1022, glycosuria, and ketonuria. Blood-sugar curve was typical of diabetes mellitus and gave the following figures:

Time of Day	Sugar in mg. per 100 ml.	Urinary Sugar
9 a.m.	210	++
9.30 "	280	++
10 "	340	++
10.30 "	300	++
11 "	265	++

He was stabilized on a 2,000-calorie diet with 20 units of soluble insulin and 30 units of protamine-zinc insulin every morning. Operation under local analgesia was performed by Mr. T. Eason on Oct. 8, 1947. Hernial sac containing adherent mass of omentum was excised and the wound was closed by through-and-through mattress sutures. Immediately following this operation he was free from glycosuria, needed no insulin, and two days later he was put on ordinary diet without any adverse effects. Blood-sugar curve was now of lag variety and gave the following figures:

Time of Day	Sugar in mg. per 100 ml.	Urinary Sugar
9 a.m.	110	Nil
9.30 "	175	
10 "	195	Trace
10.30 "	200	
11 "	172	Nil

Remissions in diabetes mellitus are well known, but the above case showed dramatic improvement after the operation, needing no insulin in spite of the subcutaneous tissue becoming