TABLE II.—The Confirmation of Reaction Times at 31° C.

Normal Range		Range of Slight Absorption		Hypersensitive Range	
Δ pH/hr.—109		Δ pH/hr.—109–67		Δ pH/hr.—67–26	
T ₃₁ °	18 min.	T ₃₁ °	18–29 min.	T ₃₁ °	29–67 min.
130	15	108	20	66	31
126	15	104	20	63	32
146	14	103	21	59	42
132	15	103	20	58	39
123	15	102	20	56	40
140	14	100	22	55	33
129	15	100	22	53	40
148	15	96	22	52	40
136	16	95	23	49	35
133	15	88	23	36	47
127	15	87	23	36	50
146	15	85	26	33	50
116	19	81	25	30	52
116	19	78	27		
110	18	76	27		
		75	27		
		75	28		
		73	28		
		67	27		

Δ pH/hour values and reaction times grouped according to the clinical zones described in Fig. 2.

Summary

The field test of Limperos and Ranta for the assay of human whole-blood ChE has been modified to facilitate its more extensive use. A chart has been constructed which permits adjustments in the conditions of the test to compensate for temperature variation and to relate ChE levels to the degree of poisoning.

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Speaking at a largely attended council meeting of the Invalid Children's Aid Association on May 13, Dr. F. S. COOKSEY, director of the department of physical medicine at King's College Hospital, London, described the rehabilitation of the physically handicapped child under three heads: medical care, education of the mind and body, and "settlement," both at home during school life and later at work. With regard to the first, Dr. Cooksey stressed the importance of early diagnosis, particularly in cases of cerebral palsy, and of integrating the medical care under one doctor. "Only one man can integrate the treatment of the child, and he is the family doctor—who frequently does not," said Dr. Cooksey. So far as education is concerned, he thought that too many children with potentially normal brains were suffering from lack of education because they are segregated on account of their physical handicaps. "We should realize that the physically handicapped child should earn its living with its brain, not necessarily with its hands." Craft work was emphasized too much. Speaking of settlement in the home, Dr. Cooksey drew attention to permissive regulations under the National Assistance Act which allow for alterations to be made in the home so that the handicapped child can live more comfortably—such things as the widening of doors, the erection of ramps, and special appliances and furniture.

Medical Memorandum

Female Circumcision and the Age of the Menarche

From previous observations (Ellis, 1950; Wilson and Sutherland, 1953) it is evident that in tropical countries the onset of menstruation may be early or late compared with that for English children, but that it is not determined solely by the climate.

Studies in African ethnopsychiatry (Carothers, 1953) suggest that environmental factors may be of importance in the development of personality and constitution. It is of interest, for example, that exophthalmic goitre (Graves's disease), which may be associated with personality type (Martin and Fisher, 1945), is rare in Africans (Gillman and Gillman, 1951; Carothers, 1953; Davidson, 1954; Wilson, 1954). It is well known, too, that changes in environment which directly or indirectly modify glandular function may affect menstruation in English girls (Browne, 1950).

During nutritional investigations in Sierra Leone which extended from December, 1953, to February, 1954, the opportunity arose to investigate the influence of initiation rites, which include female circumcision, on the age at menarche of Africans. A comparison was made between Creole girls who are Colony-born Africans, among whom no circumcision is practised, and girls belonging to native tribes in the Protectorate, who at the age of about 12–13 years retire into seclusion for ceremonies of initiation. These rites are characterized by an operation on the clitoris and labia minora, which may vary from small incisions to total excision, with the object of restricting sexual pleasure. After this the girl is ready for marriage; without the operation she will not obtain a husband. This initiation and operation usually precedes the menarche; in view of the high emotional content of the ritual it therefore seemed possible that the onset of menstruation might be affected.

Records for the tribal girls were particularly difficult to obtain, and data were available for only 33. The number of Creole girls studied was 129. The present age of each girl was recorded, together with a note whether or not her periods had started. With this information the average age of the menarche and its standard deviation may be calculated, using the statistical technique of probit analysis. The results obtained may be compared with corresponding results for 2,590 girls in the South of England (Wilson and Sutherland, 1953). None of the differences is statistically significant (see Table). Although the number of tribal girls is small, it may be concluded that there is no evidence that the initiation and operation has any substantial effect upon the age of the menarche.

	No. of Girls	Average Age of Menarche (years)	Standard Deviation (years)
Tribes	33	13.44	1.30
Creoles	129	13.65	0.94
S. England	2,590	13.49	1.19

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