

3. When the question of defining admissible psychiatric grounds is raised, we are upon even more uncertain terrain. As Dr. Ellis Stungo (April 2, p. 590) very sensibly points out, each case must be considered upon its merits. Those "merits" cannot be judged only from the patient as a "body," or even as a "mind," without consideration of the total picture.

How did the act of conception come about? In what sense is the mother, married or unmarried, emotionally involved with the father? Is the mother, if unmarried or deserted, on good terms with her parents, or has she friends who can accept the situation? Will the emotional trauma likely in many cases to follow thwarted motherhood have greater repercussions in the long run than the immediate difficulties leading to the request for termination? These are some of the questions which must be faced. In order to face them the doctors concerned cannot be too fully informed regarding every aspect of the background. This is where the "family doctor" can be invaluable and by his information and advice has it in his power to contribute enormously to the prevention of much misery.

4. Where a patient is in so disturbed a mental condition as to warrant continual watching for the prevention of suicide, that in itself would seem to be strong evidence of such severe mental conflict as may lead to complete breakdown. I would, however, like to put on record my disagreement with Dr. Stungo that in doubtful cases it is always wiser not to resort to termination, but to endeavour to reconcile the expectant mother with the reality factors of her situation. In genuinely doubtful cases I consider it wiser to give the mother the benefit of the doubt.

I should like to conclude by asking you, Sir, whether it might not be appropriate for medical men throughout the country to seek the establishment of a Royal Commission to investigate and, if possible, to suggest amendments of the law concerning termination of pregnancy. There can be few doctors, and even members of the general public, who do not feel it an anomaly that pregnancies, the result of positively illegal acts—e.g., rape or seduction of a girl below the age of consent—cannot be terminated, if the demand is made, upon that ground alone. Similar considerations would seem to apply in the case of insane patients desirous of termination, and in those instances where congenital syphilis or a long-standing family history of insanity make it reasonably certain that the offspring will be tainted—with consequent serious repercussions upon the mother, the child, and the community as a whole.

It would also protect doctors and safeguard the general well-being of the mothers of the nation if at the same time the whole question of psychiatric indications for abortion could be submitted to public examination with suggested positive reforms in law.—I am, etc.,

London, W.1.

EUSTACE CHESSEY.

POINTS FROM LETTERS

Prescription of Barbiturates

Dr. NATHAN FINN (Johannesburg) writes: Dr. H. H. Margulies (Feb. 19, p. 325) in his constructive criticism of my communication (Jan. 29, p. 195) exaggerated the emetic dose of pulv. ipecac. In my experience many people complain of nausea even after $\frac{1}{2}$ gr. (5.4 mg.), and many actually vomit from such a dose. In my humble opinion, shared perhaps by others, there is some contradiction in the arguments put forward by Dr. Margulies, who does not tell us if his statements were made from observations on patients. Theoretically he may be right, but every theory must be proved, otherwise it just remains a theory utterly useless to a practitioner. The question is one of great practical importance. The solution cannot be to stop prescribing a so well-established and also most useful preparation. In my experience "ersatz" preparations are far from satisfactory.

Irreducible Umbilical Hernia in Pregnancy

Dr. MARGARET M. NOLAN (Anua, S. Nigeria) writes: On July 16, 1948, an Anang woman of the Calabar Province, aged about 26, was admitted to the antenatal ward. She was 5 months pregnant and was complaining of much pain in the umbilical region. On examination she was found to have a medium umbilical hernia which was tender but apparently reducible. On Aug. 2 she complained of no bowel movement for 24 hours, and she had much abdominal pain; the hernia was now irreducible. After an injection of "omnopon" $\frac{1}{2}$ gr. (22 mg.) and under local infiltration with "nupercaine," the hernial sac was isolated and removed with a portion of adhering gangrenous omentum. The hernia was repaired according to the Mayo technique, chromic catgut No. 0 being used. The wound healed by first intention. The pregnancy continued to term, the patient having a normal delivery of a living female infant weighing 6 $\frac{1}{2}$ lb. (2.8 kg.) on Jan. 2, 1949. The puerperium was normal, and the patient went home on the tenth day.

Obituary

JOHN W. BONE, LL.D., M.B., C.M.

Dr. John W. Bone, whose record of service for the British Medical Association was outstanding, died at his home in Luton on April 14 at the age of 79. He had been treasurer for nine difficult years, and for thirteen years before that he had been chairman of the Medico-Political Committee, which afterwards became the General Practice Committee.

John Wardle Bone was born in 1869, and in 1891 he graduated M.B., C.M. with first-class honours at the University of Edinburgh. Four years later he took the B.Sc. in public health. After serving in some resident appointments, including one at Clayton Hospital, Wakefield, he settled in general practice at Luton in Bedfordshire. He was kindly and painstaking, and yet the sort of man who would "stand no nonsense," and he had an admirable way with him, particularly in dealing with children. From 1896 onwards he was closely identified with the Luton Children's Hospital, though he did not actually receive a staff appointment there until 1899. In 1905 he became honorary medical superintendent of the hospital, and during his tenure of office he was responsible for various extensions and improvements. He resigned the position of medical superintendent in 1933, while remaining a member of the committee of management and continuing to take a great interest in the hospital. He was also honorary consulting surgeon to the Bute Hospital, Luton, and a co-opted member of the maternity and child-welfare committee of the town council.

Dr. Bone did not become a member of the British Medical Association until 1905, but he quickly made his personality felt in his own Division, of which he was chairman in 1910. He also represented the Bedfordshire and Hertfordshire Division at annual representative meetings from 1911 onwards, and entered the Council in 1920. In 1922 he was president of the South Midland Branch. When the Association was called upon to choose from a number of candidates the two who should have its support at the 1928 election of direct representatives for England on the General Medical Council, Dr. Bone was one of those selected, the other being the late Sir Kaye Le Fleming; both were returned by large majorities. On the General Medical Council he was a very active member and most skilful in the examination of witnesses. Often after counsel on both sides had completed their examination Dr. Bone would rise and with a few questions, asked through the chair, give a quite fresh aspect to the case.

He was not a great platform man, and confessed that he was never happy with the microphone in large assemblies, but he was an ideal member of committees. His tongue was occasionally caustic and his manner dour, and when in the chair he never concealed his impatience at undue protraction of the business. Nevertheless, he had a great sense of fun, and his delight in some quip would often relieve a tedious afternoon. The gradual serpentine movement of committee procedure really interested him; he knew that it was there, and not in larger and more showy gatherings, that the business was done. His work for the British Medical Association in the committee-room, usually at Headquarters but sometimes at the House of Commons or on deputations to Government Departments, was of great value. His own contributions to debate were always persuasive and critical, and he had the capacity for working in a team and throwing his whole weight into a cause.

The list of John Bone's Headquarters activities would run parallel with the medico-political activities of the Association

