

I feel that Dr. Cosnett has perhaps missed the main point of my letter, which was to show that there are very different therapeutic implications in the under-40 Natal Indian diabetics between those that are fat and those that are thin. Far from my observations echoing his "findings largely," they show that very large numbers of these young diabetics are independent of exogenous insulin—exactly as a group of pre-diabetics would be—in the normal course of events. They only appear to require insulin to tide them over caesarean section or induction. Therefore we propose to continue calling such patients "insulin-independent young diabetics," as the term is accurate and descriptive—a good response to the oral drugs being a *sine qua non* of the diagnosis.

In our present series of cases we find it a good rule to regard as "J" types all *thin* young Natal Indian diabetics who require over 100 units of insulin for better health, and those *thin* young patients who respond to the oral drugs. We have been able to wean half of Dr. Cosnett's "J" types (who have not subsequently become ketotic insulin-dependent patients) on to oral therapy. So many of Hugh-Jones's original "J" types<sup>3</sup> have developed into ketotic diabetics that Tulloch (personal communication) doubts the existence of the syndrome. Strangely enough, truly insulin-dependent and ketotic Natal Indian diabetics seldom require more than 40 units of insulin daily.—I am, etc.,

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#### REFERENCES

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- Campbell, G. D., *Bull. int. Diab. Fed.*, 1960, in press.
- Hugh-Jones, P., *Lancet*, 1955, **2**, 891.

#### Fathers at Delivery

SIR,—The normal father would run a mile if asked to witness his wife's delivery. The normal mother would "see him further," to use the local idiom. With the notorious exception of the male seahorse, who incubates, and then gives birth to his young in an alarming explosion (serves him right), the sires of the animal kingdom, including *Homo sapiens*, tend to keep well out of the way when parturition is in progress.

Let us not pander to morbid curiosity and sensationalism, nor to those featherbrains who wish to be in the van of a new fashion, by encouraging a highly unnatural trend with the mumbo-jumbo of pseudo-psychology. The proper place for the father, if not at work, is the "local," whither instinct will usually guide him. Family men may be baby-sitting, unless ejected by mother-in-law.—I am, etc.,

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J. H. PATTERSON.

SIR,—I would like heartily to endorse Mr. D. W. Hill's view (February 11, p. 430) on this subject. To me the father seems the only person to assist his wife at this time in a way in which no midwife is able to do. By assist I mean actually helping his wife to bear down, holding the legs at contractions, giving encouragement, reporting on progress, and then, when eventually the baby is born, being the first to say whether it is a boy or girl.

The husband is there at the marriage and he should be there at the birth of his children. Why is the husband

a typical caricature of a man at the time of delivery? Because he knows in his heart of hearts he should be assisting his wife in a joint effort. Why does he appear sheepishly with a bunch of flowers when it is all over? Because he feels terrific guilt at being absent in a crisis concerning them both. Why is he made to feel ostracized by being made to first see his baby through glass or with a mask on? Because the chances are that the baby is already immune to his bacterial flora anyway.

Many educated and mature husbands I talk to would like to be present, but cannot override conventions. We must assist them. G.P.s must encourage fathers to make arrangements for their wives to have children at home and take time off to be present at the delivery. Father is often also the best domestic help. Fathers should be encouraged to attend antenatal classes and health education groups to understand what is involved in normal labour and what part they have to play. Emotionally they have to mature sufficiently in the same way as their wives. In short, fatherhood as an ideal has to be reinstated and put back on its pedestal. The pathetic chain-smoking, restless, and flower-offering expectant father should be a figure of the past. The paternal instinct is as strong as the maternal and should not be frustrated. Even the male stickleback hatches the young and many male birds take a turn on the nest.

But at present a man marries a woman for better or for worse, for richer, for poorer, through sickness and in health till death (and presumably the obstetrician or midwife) do them part.—I am, etc.,

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BRIAN H. BURNE.

SIR,—Mr. D. W. Hill's letter (February 11, p. 430) calls welcome attention to a problem which has been exercising obstetricians for some time—should we allow a husband to witness the birth of his baby? Mr. Hill himself believes that he should be welcomed and encouraged to do so, that his presence on this occasion is conducive to subsequent marital and family happiness, and that this may be gravely impaired by his exclusion.

But is this really true? Shorn of its ideological aura, the actual process of birth is a pretty unglamorous affair. The periodic distension of the vulva, the accompanying discharge of faeces and urine, and the public exposure of parts usually described as private do not make an edifying spectacle, and one sometimes wonders how a husband who has watched all this can ever have intercourse with his wife again. And, apart from the aesthetic shock, the witnessing of an episiotomy, a perineal laceration, a brisk haemorrhage or the resuscitation of an asphyxiated baby may have dire physical results in a layman sitting masked and gowned in the atmosphere of the delivery rooms. Indeed, I recently had to utilize the perineal sutures prepared for a mother for the repair of an extensive scalp laceration in her husband, who had fainted and fallen at the sight of the "happy" event.

Most obstetricians and midwives feel hampered and embarrassed by the presence of the father at delivery. They regard it as sadistic and unnatural curiosity, and are constantly afraid that his reaction to a possible abrupt complication may hinder their work. The mother herself, while often wishing to have her husband with her during the first stage, usually wishes to spare both herself and him the physical embarrassment of the second, for most young women are still essentially modest and considerate. It is true, as Mr. Hill says, that