

welfare, that it should be composed of representatives from the obstetrical societies of Great Britain, infant specialists, medical officers of health, and research workers both in physiology and pathology, and that a scheme should be drawn up for a definite line of research which could be undertaken, and that help and advice should be given as to the method and means of research.

This scheme would be an amplification of the present work of the Medical Research Council, and would bring in those who are engaged in the training of students and midwives and more especially those responsible for the health of the poor, such as medical officers of health.

I venture to make this suggestion as one suitable for discussion at the Annual Meeting in the hope that it may help towards the solution of our present difficult problems with regard to foetal welfare.—I am, etc.,

A. LOUISE McILROY.

Obstetrical and Gynaecological Unit,
Royal Free Hospital, London,
July 17th.

THE SKULL OF SIR THOMAS BROWNE.

SIR,—It may be known to some of your readers that the skull of Sir Thomas Browne has recently been reinterred at Norwich, but that previously it came up to London, where careful measurements, drawings, and tracings of it were made. It is proposed to publish a full account of the skull in *Biometrika*, but it would much add to the interest of the proposed monograph if it were accompanied by a series of reproductions of the portraits and engravings of one of the most noteworthy of Englishmen who have combined the study of medicine with the pursuit of literature. The large number of plates required to illustrate adequately the relation of the skull to the portraits renders—under the present conditions of both printing and illustrative work—the appearance of a complete monograph, such as we desire to see issued, very difficult. We propose, therefore, to issue one hundred copies of the monograph at the price of 1 guinea each, if lovers of Sir Thomas Browne can be found in adequate numbers to subscribe for copies. Will you kindly permit us to appeal through your columns for the names of those who are willing to aid in this scheme for putting on permanent record the physical aspect of the author of the *Religio Medici*, who, by that and his other works, has won a unique position in the heart as well as in the mind of every cultured Englishman? Willingness to subscribe may be notified to either of the undersigned.—We are, etc.,

ARTHUR KEITH,
KARL PEARSON.

London, July 12th.

AORTIC MURMURS.

SIR,—I entirely agree with Dr. Thomas Lindsay that the aortic murmur he has written about recently ought to be more generally recognized to avoid a diagnosis of heart disease being made in healthy subjects by those who are unacquainted with this condition.

He doubts whether the murmur I described in the *Lancet* in 1909 is of the same character as that about which he wrote in the *British Medical Journal* of May 13th last. Having reread both of our descriptions and given them to others to read neither I nor they can see the difference. We both find that the murmur is brought into evidence by raising the arms, as in holding aside the clothes for examination of the chest, and that it disappears when the arms are hanging by the sides. It was for this reason I called it a "postural murmur."

—I am, etc.,

E. L. MOSS,
Major, R.A.M.C.

Louise Margaret Hospital, Aldershot, July 6th.

INFECTIVITY OF ARTIFICIAL DENTURES.

SIR,—Dr. D'Oyly Grange is to be congratulated on calling attention to this most important subject (*BRITISH MEDICAL JOURNAL*, July 8th, p. 43). The efficient cleansing of artificial dentures is all too much neglected even by the better educated section of the public.

That this is so is very largely due to the very general omission of the dentist to give detailed instruction and timely criticism. A denture should be removed and brushed preferably after each meal, always after breakfast and at night; the gum covered by the plate, and so deprived of the natural friction of the tongue, and especially the gum margins round remaining teeth, should also be vigorously brushed. Before retiring the denture should be scrubbed with a stiff brush, dipped in water (preferably with a lump of soda added), rubbed on a piece of soap, and then charged with

powder or paste. Special care should be given to the inside of clasps fitting round natural teeth, for which a pointed piece of cane should be used instead of a brush.

During the night the denture should be left in water to which some antiseptic has been added. For this purpose a chlorine preparation is suitable, for, though the taste is unpleasant, its effect, especially on gold, is almost magical, and greatly diminishes the trouble of brushing.

From Dr. D'Oyly Grange's statement that it is sometimes necessary to wear dentures at night I must differ emphatically, and have yet to see the case where it is so. Patients who study their appearance in bed may insist on wearing them, but that is another matter.

The contour of the face naturally suffers while the denture is out, but that is all; and the adhesion of the denture may not be so good immediately on insertion in the morning, but after wearing for a few minutes this is recovered. I regard it as a most pernicious practice.—I am, etc.,

J. H. BADCOCK, L.D.S. and M.R.C.S., L.R.C.P.

London, W., July 11th.

THE INTERSTITIAL GLAND AND SEX PROBLEMS.

SIR,—From the tone of Dr. Rawlings's letter in the *JOURNAL* of July 1st and from other communications I have received personally it would appear that my letter published on June 17th (p. 973) has caused some misunderstanding. The passage in my letter to which exception has been taken was intended merely as a supposition. It is as follows:

"If we are to accept Rumley Dawson's sex theory at all—and, so far as I have been able to ascertain, no later investigations have actually disproved it—then, instead of administering male interstitial gland, as Dr. Williams suggests, in cases of deficient 'maleness,' one would require to administer corpus luteum extracted from the right or male ovary, and from the left or female ovary in cases of deficiency in 'femaleness.'"

In the study of sex causation it is impossible to be dogmatic. But if one declines to accept the proffered proof of a theory on the grounds that it is insufficient or unorthodox, it does not necessarily follow that the theory has been "exploded." It requires as many hard facts to explode a theory as it does to prove it. Criticism is ever unduly severe on the unorthodox, and it is this feature that makes Rumley Dawson's work unacceptable to many. The idea of a pair of ovaries possessing heterosexual qualities is against one's conception of Nature, who, as Dr. Williams very neatly expresses it, "does not seem to have evolved dual organs with this kind of end in view."

Certainly Dr. Rawlings's case of a male birth following upon removal of the right ovary in no way disproves the theory of Rumley Dawson, for it is well known that it is impossible to be certain by mere inspection at the time of operation that the whole of the ovarian tissue has been removed. It is also an established fact that the minutest portion of ovarian tissue is sufficient to yield fertilizable ova. Hence the explanation of Dr. Rawlings's case.—I am, etc.,

R. DOUGLAS HOWAT, L.R.C.P. Edin.,

Denholm, Hawick, July 3rd. L.R.C.S. Edin., L.R.F.P.S. Glasg.

CAESAREAN SECTION.

SIR,—In your issue of July 8th Dr. J. H. Martin has claimed priority with regard to certain details of the operation of Caesarean section.

For the past ten years I have been in the habit of turning the uterus inside out to remove placenta and membranes, and also of putting the patient in Fowler's position during convalescence. These practices are not original on my part, because I copied them from other members of the staff who preceded me.

It seems to me that Fowler's position may be applied to any abdominal operation, and that the only person who should receive the credit of it is Fowler himself.—I am, etc.,

Glasgow, July 15th.

ARCHD. N. McLELLAN, M.B.

SIR,—Mr. S. J. Cameron is apparently indignant about my claim to having introduced (not "discovered") three excellent improvements in this operation at the Royal Maternity Hospital, Glasgow. It is a pity he did not show this indignation at the meeting of the Royal Medico-Chirurgical Society; if he had, then this correspondence would never have taken place.

1. *Incision*.—Mr. Cameron refers me to his *Manual of Gynaecology*, "published in 1915," when I was in khaki, but gynaecological and general surgical incisions are outwith the