Any Questions?

We publish below a selection of those questions and answers which seem of general interest. It is regretted that it is not possible to supply answers to all questions submitted.

Strontium-90 Absorption

Q.—*Are there any measures which might be taken to reduce absorption, particularly by infants, of strontium-90 from contaminated natural sources?*

A.—There is no medical indication at present for trying to reduce the absorption of strontium-90 from contaminated natural sources, even in infants. A level of contamination at which measures should be taken might follow nuclear warfare or a localized accident of considerably greater magnitude than, or of a different kind from, the 1957 accident at Windscale. The administrative action to be taken would then be decided on a national scale, and clearly suckling infants and growing children should have first claim on supplies of safe cow's milk if these were limited in quantity. Milk powder, or preserved liquid milk, already manufactured from safe supplies, is the natural substitute for contaminated fresh cow's milk. Supplementary feeding with additional calcium is not likely to be of more than marginal benefit, since doubling the daily intake of calcium would not be expected to do more than halve the retention of strontium. Too much calcium may have undesirable side-effects of its own. Flour in this country is already fortified with calcium derived from mined limestone and hence free from radioactive strontium.

Incidence of Whooping-cough

Q.—*What are the incidence, overall mortality, and case mortality for whooping-cough in Britain at ages under 1 year, 1–4 years, 5–14 years, and over 14 years?*

A.—Although whooping-cough is a notifiable disease, notifications are notoriously incomplete. It is thus impossible to make accurate estimates of national rates of incidence and case fatality for the disease. From the reports summarized in the Registrar General's Annual Review for 1956.[1] the following attack rates, case-fatality rates, and death rates can be computed to give some indication of current patterns in relation to age and sex.

Age	Attack Rate (per 1,000 p.a.)		Case Fatality Rate (per 100 Notifications)		Death Rate per 1,000,000 p.a.	
	Male	Female	Male	Female	Male	Female
0–	11·9	12·2	0·60	0·89	70	110
1–4	15·7	17·8	0·06	0·05	9	9
5–14	5·2	6·0	0·005	0·01	0·3	0·9
15+	0·02	0·05	0·79	0·23	0·2	0·1

REFERENCE

[1] *The Registrar General's Statistical Review of England and Wales for the Year 1956*, 1957, Part I, Tables, Medical. H.M.S.O., London.

Cervical Incompetence

Q.—*What are the recent advances in treatment of cervical incompetence causing repeated miscarriages, and what are the chances of success of operative treatment?*

A.—If cervical incompetence is present and other causes of repeated abortion have, so far as possible, been excluded, the results of operative treatment are good. Three groups of methods have been described. (1) Reducing the calibre of the whole cervical canal by an anterior longitudinal wedge resection.[1] (2) Producing a scar-ring at the level of the internal os by introducing talc granules subepithelially at that level.[2] These methods have in common that they are usually carried out when the patient is not pregnant, and they have the advantage that they do not necessitate caesarean section being required for delivery. (3) Encirclement of the cervix at the level of the internal os by a purse-string suture, usually subepithelially.[3–6] This operation may be performed either between pregnancies or during pregnancy; in the latter case some prefer to carry it out at the 14th to 18th week, while others wait till the 20th to 22nd week and will perform it as late as the 28th to 30th week. The ideal material for the suture is still being sought. Fascia (homologous and preserved), braided silk, nylon thread, and nylon tape have all been employed, while the use of kangaroo tendon and of synthetic "dacron" mesh are still being evaluated. The best method of eventual delivery is also a matter of opinion. When non-absorbable material has been used for the suture some prefer elective section, while others will cut the suture when labour starts and either remove it or reapproximate the ends after delivery.

The success of operative treatment in producing viable babies can be judged from the following reports. Lash and Lash[1]: 44 operations on non-pregnant women; 29 conceived, of whom 27 carried to term. Shirodkar[3]: 56 operations on non-pregnant women; 45 conceived and went to term. 43 operations on pregnant women; 34 were successful. McDonald[4]: Of his last 35 cases in pregnancy, 20 were successful. Green-Armytage and Browne[5]: 12 cases with 9 successes; the other 3 not yet pregnant. Barter[6]: 22 operations in pregnant women; 14 delivered successfully and 2 others not yet delivered but past the 30th week of pregnancy.

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[3] Shirodkar, V. N., *Tendences Actuelles en Gynécologie et Obstétrique*, 1955. Libraire de l'Université, Geneva.
[4] McDonald, I. A., *J. Obstet. Gynaec. Brit. Emp.*, 1957, **64**, 346.
[5] Green-Armytage, V. B., and Browne, J. C. McL., *Brit. med. J.*, 1957, **2**, 128.
[6] Barter, R. H., Riva, H. L., and Parks, J., *Amer. J. Obstet. Gynec.*, 1958, **75**, 511.

Bachelor

Q.—*Why is the term "bachelor" used in association with academic degrees?*

A.—According to *Everyman's Encyclopaedia* and the *Concise Oxford Dictionary* this word is probably derived, through the old French *bacheler*, from the mediaeval Latin *baccalarius*, a word used in the 8th century to describe a farm servant (*baca*, Low Latin for *vacha*, a cow; cf. *vassal*). It was applied to a young knight who had no following of his own but fought under the banner of another (hence *knight bachelor*). Pope Gregory IX (1227–41) introduced the use of *baccalarius* to denote a person who had passed the first academical examination but was not yet a "master" or "doctor." The word was either corrupted or altered by a pun to *baccalaureus*, as if connected with *bacca lauri*, a laurel berry, from which we get the modern *baccalaureate*—university degree of bachelor. The English "bachelor" came to be used to describe an unmarried man who presumably still had to make his fortune.

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Br Med J: first published as 10.1136/bmj.1.5113.62 on 3 January 1959. Downloaded from http://www.bmj.com/ on 19 April 2024 by guest. Protected by copyright.