I think that no conclusive evidence of the correlation between dermatoglyphic and chromosome abnormalities in this syndrome can be drawn until further informations on similar cases are collected.—I am, etc.,

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- 1 Dallapiccola, B., *I Demotoglifi della Mano*, p. 177. Milan, Zambon, 1968.
- 2 Curcio, S., *Archivio di Ostetricia e Ginecologia*, 1967, 72, 533.
- 3 Schachenmann, G., et al., *Lancet*, 1965, 2, 290.
- 4 Schmid, W., *Journal de Génétique Humaine*, 1967, 16, 89.
- 5 Weber, F. M., Dooley, R. R., and Sparkes, R. S., *Journal of Pediatrics*, 1970, 76, 594.
- 6 Gerald, P. S., Davis, C., Say, B. M., and Wilkins, J. L., *Pediatric Research*, 1968, 2, 297.

An XYY Individual of Average Height

SIR,—With reference to the article by Dr. J. Kahn and others (28 August, p. 521), no mention has been made of the possibility of further growth occurring in this boy. According to Tanner's growth and development tables for boys 9-18 years,¹ he is at present between the 25th and 50th percentile for height and between the 50th and 75th percentile for weight. Extrapolating, one could expect at his present rate of growth that he will grow at least another 3 cm in height and 5 kg in weight by 18 years, and that his growth will not necessarily be finished at that age.—I am, etc.,

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- 1 Tanner, J. M., in *Modern Trends in Paediatrics*, ed., A. Holzel and J. P. M. Tizard, p. 325. London, Butterworth, 1958.

Filling the Gaps in Venereology

SIR,—Drs. F. M. Lanigan-O'Keeffe and W. Fowler (17 July, p. 184) and Dr. A. S. Wigfield (21 August, p. 480) give some idea of the urgent need for recruits to venereology. It can be added that two consultant posts advertised in the last year remain unfilled. Three more are currently advertised and at least two retirements are due in the first half of next year. This, together with the accelerating growth of demands on the V.D. service, is likely to precipitate a serious situation.

As regards trainee venereologists the aim over the past 20 years has been directed at taking the Edinburgh M.R.C.P. with venereology as the special subject. This has had some success. With the passage of time, however, and the degree of control of syphilis in this country, there has been a changing emphasis in the work of special clinics. Nowadays it concerns much more the infections largely confined to the genito-urinary systems of men and women. There has been some recognition of this in other quarters. In the new training programme for the M.R.C.O.G. an elective year in venereology may now be approved. This is helpful. More could be done.

Experience in this department over the last seven years suggests that holders of the M.R.C.O.G. have a sound foundation for the rapid learning of modern venereology. Three senior registrars with this qualification have moved on to consultant posts and one is

currently in training. All have found satisfaction in their new specialty.

In the present state of affairs a male or female holder of the M.R.C.O.G. may expect, with application, to make consultant status in venereology after three years. In the case of females the specialty offers the regularity of working hours which allows of a well ordered domestic life during training and thereafter.

It is to be hoped that both junior and senior doctors in the hospital service will give early and serious consideration to these views.—I am, etc.,

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The Lungs and Ankylosing Spondylitis

SIR,—In your leading article (28 August, p. 492) it is stated that there are 16 published reports of non-tuberculous upper lobe fibrosis occurring in ankylosing spondylitis. The number already reported is, in fact, over 50 and the condition is evidently not very rare. I mentioned four cases in 1970¹ and now have a report on a further seven nearly ready for publication. There is good evidence that this is an extra-articular manifestation of ankylosing spondylitis.—I am, etc.,

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- 1 Davies, D., *Tubercle*, 1970, 51, 246.

The Virgin Queen

SIR,—Dr. P. M. Bloom (28 August, p. 535) asks whether Queen Elizabeth I was examined to see if she could bear children, and he wondered if an impediment to sexual function had been discovered. I think that the evidence, so far as it goes, does not suggest that any impediment was found. Neale in his classic *Queen Elizabeth*¹ wrote "When the French king was a suitor for Elizabeth's hand in 1566, his ambassador asked her physician about the talk of sterility. He pooh-poohed the story. 'If the King marries her,' said he, 'I guarantee ten children; and no one in the world knows her constitution better than I do.' Burghley and others had at least a tenth of the physician's confidence. They wanted an heir to the throne, and did not doubt that marriage would provide one." Again in 1578, when Alençon was a suitor, Neale quotes an ambassador "an unreliable retailer of gossip, although in this instance he may be right—says that she held a consultation of doctors to decide whether she could hope for children, and they saw no difficulty." This was when she was 45.

Sir Arthur MacNalty² retells the story of Ben Jonson, possibly in his cups, suggesting that Elizabeth had a membrana (? imperforate hymen), but he is not a reliable witness. The Abbé de Brantôme, one of those in the train of Mary, Queen of Scots, also wrote that he believed that Elizabeth had a very narrow passage, but in this he was probably only repeating a rumour.³

There were two "official" medical opinions given about the Queen's ability to bear children, when she was 32 and 45. Both expressed no doubt that she would be fertile

if she married. Only ill-informed rumour seems to have doubted her sexual adequacy.—I am, etc.,

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- 1 Neale, J. E., *Queen Elizabeth*. London, Cape, 1967.
- 2 MacNalty, A., *History of Medicine*, 1971, 3, 9.
- 3 Jenkins, E., *Elizabeth the Great*. London, Gollancz, 1958.

SIR,—I would certainly make no claim to be an Elizabethan scholar, but the following facts are relevant to Dr. P. M. Bloom's inquiry (28 August, p. 535).

In early childhood Elizabeth came to associate sexual intercourse and pregnancy with the most unhappy results. Her father cut off her mother's head; one step-mother died in childbirth; another was beheaded for adultery and buried on Tower Green with her mother. Little wonder she confided to Robert Dudley, when they were both only eight years old, that she would never marry. Subsequently she saw her half-sister go through all the unhappiness and despair associated with pseudocyesis.

Soon after her accession to the throne at the age of 25, the Spanish ambassador made careful inquiries about her and came to the conclusion, as he told King Philip, that she would have no children. Ben Jonson's after-dinner remarks can probably be discounted as so much loose talk.¹

Seven years later (1566) there is the account by Melville that when Elizabeth heard that Mary, Queen of Scots, had been delivered of a son, she exclaimed: the Queen of Scots is lighter of a fair son but I am but a barren stock. Both the authenticity and meaning of this remark have however been considered open to doubt. It was in this year that conflicting medical opinions were recorded, and it is evident that doctors and obstetricians disagreed with each other as much then as they do now. In Elizabethan times they were probably subjected to more religious and political pressures. Be that as it may, Dr. Huick, who had been physician to Katherine Parr and had known Elizabeth since she was 15, advised her not to marry, according to Camden "for I know not what womanish infirmity." Yet in the same year the French ambassador, on behalf of the French King and his mother Catherine de Medici, was pursuing similar inquiries to those previously undertaken by his Spanish counterpart. When he requested information about the current talk of the Queen's sterility he was told in round terms by one of the Queen's physicians: "Take no notice of what she says; if the king marries, I will answer for her having ten children, and no one knows her temperament better than I do."²

Here was confidence indeed. But perhaps it was not misplaced. For 13 years later when a marriage was proposed between Elizabeth, now aged 45, and the French Catholic prince M. Alençon, the Queen's physicians were again asked about her aptness for childbearing. Their answer is given in Lord Burghley's memorandum which states: "It cannot be denied but if her Majesty, when she was younger in years [had married] it had been better for her and the nation also; but considering the proportion of her body, having no impediment of smallness in stature, of