Sex Ratio of White Newborn Babies, by ABO Blood Groups, in 18 Aggregates of the 15 Relevant Series of 1924-71.*

<table>
<thead>
<tr>
<th>Mothers' Group</th>
<th>Babies' Group</th>
<th>Number of Babies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>A B</td>
<td>824</td>
<td>141</td>
</tr>
<tr>
<td>A or AB B</td>
<td>3496</td>
<td>104</td>
</tr>
<tr>
<td>A or AB or B A</td>
<td>5635</td>
<td>113</td>
</tr>
<tr>
<td>O</td>
<td>1391</td>
<td>218</td>
</tr>
<tr>
<td>O or AB or B</td>
<td>1600</td>
<td>218</td>
</tr>
<tr>
<td>B or AB or B</td>
<td>3260</td>
<td>218</td>
</tr>
</tbody>
</table>

We should like to advise caution in the use of this drug in hypotensive patients.—We are, etc.,

E. F. VAUGHAN-NEIL
N. J. C. SHELL
G. BEVAN

Post-gastrectomy Acidity

Stir.—In the surgery of duodenal ulcer, there seems to be a good deal of confusion over what preoperative or postoperative characteristics of gastric secretion are grounds for expecting a good clinical result. In particular, it is often understandably assumed that a low maximal acid output after operation is a good guide. But in our experience, using the augmented histamine test, this is of no prognostic value.

In a few (30) patients in Oxford undergoing both the augmented histamine test, with and without vagal block, and an insulin test, before and after operation, the most valuable prognostic guide was the postoperative basal acid output.

It is perhaps worth noting also that the postoperative repetition of the augmented histamine test with and without vagal block (by hexamethonium) seemed as good as the insulin test in predicting the clinical result, the absence of reduction in maximal acid output by vagal block, presumably indicating adequate vagotomy. Both were, however, prognostically inferior to the basal acid output.

In all tests, any collection period from maximum half-hour to first two hours, and titration to either pH 3.5 or pH 7, seemed equally good. The main pitfalls, as usual, were in failing to recover all secretions, and we found a sump tube far superior to other varieties.—We are, etc.,

T. M. ALLAN

Blood Transfusion Centre,
Kings Infirmary,
Aberdeen

Hypotension after Verapamil

Stir.—In view of Dr. M. E. Benaim's report of asystole after verapamil (15 April, p. 169) we should like to report another instance of an adverse reaction associated with the use of this drug.

A 46-year-old man in congestive cardiac failure resulting from fast atrial fibrillation probably due to viral myocarditis was given 10 mg verapamil intravenously over 30 seconds. Although his heart rate fell immediately to around 100 per minute from over 200 per minute, his systolic blood pressure diminished from 80 mm Hg to 50 mm Hg. This was accompanied by sweating and restlessness. Timprent took place over the next 30 minutes, his heart rate remaking at 100 per minute although still in atrial fibrillation. He was not digitalized at the time of receiving verapamil.

LONDON W.1

Skin Sensitivity in Au-antigen Carriers

Stir.—Australia antigen (Au) was detected in 32 out of 413 children 1-16 years investigated by the Occhertony double-diffusion technique (Table). Only one Au-positive patient had symptoms of hepatitis; 17 had been transfused previously. The study was repeated two months later, and Au was present in samples from 25 children.

Post-gastronomy Acid

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Kings Infirmary,
Aberdeen

1 Hirszfeld, L., and Zborowski, H., Klinische Wochenschrift, 1925, 4, 119.
3 Cited by Allan, T. M., British Medical Journal, 1932, 2, 553.

Need for Continued Oral Therapy in Diabetes

Stir.—Dr. J. W. Todd raises the problem of the obese diabetic who does not sustain a restricted diet (29 April, p. 295). Since I do not subscribe to the doctrine of original sin and since I believe prolonged hyperglycaemia to be harmful, I prefer not to allow such patients to stew in their own syrups. I agree that either insulin or the sulphonylureas mentioned to further obesity, Phenformin or metformin should be prescribed. The biguanides have the double virtue of reducing the blood sugar and of reducing the weight.—I am, etc.,

ARNO LD BLOOM

Department of Social Medicine,
Oxford

Liver Injury

Stir.—Mr. L. H. Blumgart and Dr. T. Vairabukka (15 January, p. 158) described liver injury in 20 cases. 17 of which were caused by traffic accidents. We present the case of an 11-year-old boy who was kicked in the abdomen by a donkey and brought to our hospital in a state of shock 14 hours after the injury. A plain upright film of the chest showed a bubble of gas under the right diaphragm. At laparotomy, there was a foul odour as soon as the abdomen was opened. The liver was crushed and lacerated on the supra-lateral aspect (an area of about 10 x 5 x 5 cm). The p-rional cavity was full of foul smelling dark blood. The gall bladder was distended but no bellow perforation was found. The liver was repaired by primary closure.

The material received for pathological examination consisted of about 5 g of necrotic brownish tissue fixed in formalin. Microscopic examination of haematoxylin and eosin and reticulum-stained sections showed necrotic liver tissue with many cystic spaces. Gram stain (Fig.) demonstrated numerous Gram-positive bacilli diffusely scattered throughout the section. The approximate characteristics of the bacilli were...