

and *Pathology of Mind*, the latter more expensive than the former and doubtless larger. Charles Mercier (did any medical author ever write purer or more limpid English?) is represented by *The Nervous System and the Mind*, still a mine worth prospecting, one feels sure. Lauder Brunton, Donald MacAlister, and Mitchell Bruce were editing the *Practitioner* (then published by Messrs. Macmillan); Russell Reynolds, a *System of Medicine* in five volumes. Benjamin Ward Richardson was writing on alcohol, on sanitation, on hygiene, and on preventive medicine; Sibson's collected works were on sale in four volumes at three guineas. The *International Encyclopaedia of Surgery*, in six volumes, was edited by J. Ashhurst, jun., professor of clinical surgery in the University of Pennsylvania. Last, but very very far from least, is W. Hale-White's *Textbook of General Therapeutics*. I wonder whether Sir William still has a copy of it in his library?

### RAMAZZINI AND INDUSTRIAL DISEASE

Ramazzini (1633-1714) was well known as a doctor at Modena, in Italy, who late in life became a professor of medicine at Padua. He wrote in 1700 *De Morbis Artificum*. Working among his patients at Modena he was attracted by the miserable condition of the wretched class whose duty it was to empty the cess-pits of the houses in the city. These cess-pits were only emptied once in three years, and he found that the men could only work four hours a day and were invariably ill. This led him to inquire into the industrial diseases in other groups of workers and thus led to the production of a book of great interest, often pillaged by other writers without acknowledgment. The second edition appeared in 1713. It is now published under the auspices of the library of the New York Academy of Medicine.<sup>1</sup> Written in Latin, it is translated by Mrs. Wilmer Cave Wright, Emeritus Professor in Greek in Bryn Mawr College. Her English translation faces each page of the Latin original. It is fluent and accurate. She has prefixed an excellent introduction, has appended notes, and given two indexes.

It is interesting to notice how such a book, on industrial diseases, written in the eighteenth century, differs from modern ones. Some of Ramazzini's observations were made from personal knowledge, others he knew only by report. He was widely read in the classics and quotes freely from Hippocrates, Pliny, and Galen. Although he is accurate in many points he was credulous, making little attempt to verify the opinions expressed by the ancients. He makes no allusion to such a condition as anthrax, but he lays stress on the effects of lead and mercury. The whole book reminds one a little of Burton's *Anatomy of Melancholy*, and may be read with profit and pleasure by the general reader as well as by those who desire to ascertain what was known of industrial disease at the time it was written.

<sup>1</sup> *De Morbis Artificum*. Bernardini Ramazzini. *Diatriba. Diseases of Workers*. The Latin text of 1713. Revised with Translation and Notes by Mrs. Wilmer Cave Wright. (Pp. 534. 30s. net.) Chicago: University of Chicago Press. 1940.

At a recent meeting of the Section of the History of Medicine of the Royal Society of Medicine, with its President, Sir Walter Langdon-Brown, in the chair, Dr. J. D. Rolleston read a paper on the medical aspects of Saint Simon's Mémoires, which covered the last twenty-four years of the reign of Louis XIV. and the eight years of the Regency (1691-1723). He discussed the subject under the three headings of prevalent diseases, of which the most important were small-pox, malaria, syphilis, tuberculosis, gout, nervous and mental disorders, alcoholism, fistula in ano, and stone in the bladder; descriptions of contemporary physicians and surgeons, especially Fagon and Maréchal; and miscellaneous topics including longevity, sexology, spas, poisoning, post-mortem examinations, and the illnesses of Louis XIV.

## Local News

### ENGLAND AND WALES

#### Retirement of Islington M.O.H.

Dr. G. Clark Trotter has retired from the position of medical officer of health for Islington after nearly twenty years in the service of that borough. Previously he had been medical officer of health for Paisley and for Deptford. At a recent meeting at Islington town hall the mayor, on behalf of the staff of the public health department, presented Dr. Clark Trotter with an electric wireless set, and he and the mayoress also made a personal gift of books. The ceremony was presided over by Dr. V. Freeman, Dr. Clark Trotter's successor, who remarked that during the tenure of the late medical officer the infant mortality of Islington had fallen from 130 per thousand births to 60, while reforms such as slum clearance and the stopping of food adulteration owed much to his initiative. Speeches were also made by the chairman of the public health committee, the deputy medical officer of health, and the superintendent of the public health department. In acknowledging the compliments paid him Dr. Clark Trotter said that the work of the health department of such a large borough was by no means a one-man job, and without the support of his loyal colleagues he could not have carried through.

#### The Air-raid Shelter Problem

Lord Horder presided at a meeting of the Royal Empire Society on March 4, when Mr. T. L. Tanner, chairman of the Friends Ambulance Unit, spoke on the shelter problem. The position with regard to shelters, Lord Horder said, still remained not entirely satisfactory. The policy of his committee had been a dual one—a short-term policy aiming at rectifying the errors of last September, when the need for dormitory shelters suddenly arose, and a long-term policy summed up in the single word "dispersal." By dispersal he believed the maximum of safety and of hygiene could be obtained. He had been accused, he said, of stating that there was no such thing as an ideal shelter; what he had said was that there was no ideal large public shelter. But however satisfactory the small shelters (Anderson and domestic) might be, the persistent preference of people for the public shelters must be considered. These public shelters had become the framework of a new social existence. A strange thing, as Lord Horder commented, that an active communal life should start underground in conditions so primitive that it was a struggle to get any sanitation established. He hoped that one of these days a new turn in the war would make the whole of this troglodytism unnecessary. But the fact must be faced that there was a hard core of people who believed implicitly that public shelters were safer than they really were and as offering a more comfortable existence than anything above ground. Care must be taken, said Lord Horder, that underground slums were not created, that the casual shelterers, having passed through the transition stage of the dormitory shelter, did not become the inhabitant of an underground slum. He referred to some large underground shelters he had seen in the Provinces, with conditions worse than anything in London. The saddest spectacle was the children. It was all very well to say they should not be there at all, but the distrust of reception areas by their mothers must be reckoned with. Lord Horder still felt that dispersal was the best policy, but it took time to unload these large public shelters, and in the meantime the people who stayed in them must be kept safe and healthy and with as much spiritual happiness as possible.

Mr. Tanner said that overcrowding in the shelters had diminished both as a result of the provision of new shelters and still more the reduction in the frequency and length of night raids. There had been cases of cerebrospinal fever and measles and whooping-cough which might be attributed to shelter conditions, but as yet no large-scale epidemic. He thought there was room for improvement in the organization of doctors' rotas, and that sometimes the visits made by

doctors were perfunctory. The late Minister of Health had announced the setting up of medical aid posts and isolation wards. The former had been installed in shelters of over 500 capacity, but in many instances isolation wards were not to be found. While alive to the disadvantages of a large public shelter (the published reports of early shelter conditions were in no way exaggerated), Mr. Tanner pointed out that there was something to be said now on the other side, especially the opportunities for providing good food and food-education and recreational facilities and the fostering of a community spirit.

## Correspondence

### Abdominal Hyperaesthesia in Dyspeptics

SIR,—I am sorry that Captain W. G. Mills should have attempted to revive in your issue of March 1 (p. 315) a method of diagnosis which had been allowed to fall into well-merited oblivion for twenty years. I believe that cutaneous hyperaesthesia as a sign of organic disease of the stomach is quite valueless, and that when it is found it has invariably been produced by the unconscious suggestion of the observer. From the time when, as a student in 1903, I first read Head's work on the association of cutaneous hyperaesthesia with visceral disease I mapped out his areas in every case I saw in which an ulcer had been diagnosed. I watched its retraction from day to day until it finally disappeared, when it was assumed that the ulcer had healed. In 1909 I examined nine patients with duodenal ulcer the day before they were operated upon by Moynihan. Greatly to my surprise I failed to discover hyperaesthesia in any of these phlegmatic middle-aged Yorkshiremen. I soon realized that the cases I had previously examined were mostly highly suggestible chlorotic girls, who were not suffering from chronic ulcer at all. Since 1909, by taking care to avoid suggestion, I have never observed cutaneous hyperaesthesia in any of some hundreds of cases of ulcer. On the other hand, I have often suggested an area of hyperaesthesia away, replaced it by anaesthesia, or transferred it to the opposite side after it had been marked out by one of my clinical clerks.

It is curious that in the last war cutaneous hyperaesthesia over the heart was regarded by some physicians as evidence of D.A.H., a functional disorder, in contrast with Captain Mills's hyperaesthesia sign of organic gastric disease. The precordial hyperaesthesia, like the cutaneous hyperaesthesia over the shins, described by one medical officer as pathognomonic of trench fever, proved to be the product of the observer's own unconscious suggestion.

The remarkable suggestibility of the average soldier was demonstrated in 1918 by the discovery of anaesthesia of the pinna of the deaf ear in eighteen out of twenty-eight otherwise fit soldiers with unilateral organic deafness, compared with one out of nine civilians.—I am, etc.,

Oxford, March 1.

ARTHUR HURST.

### Hyperventilation and the Effort Syndrome

SIR,—Drs. E. Guttmann and Maxwell Jones, in their article on hyperventilation and the effort syndrome (November 30, 1940, p. 736) have questioned the theory that hyperventilation plays a role in the cause of the symptoms of the effort syndrome. As the originator of this theory (that effort syndrome represents an anxiety state with hyperventilation), I feel that a letter justifying my beliefs is warranted.

Most interested observers will agree that effort syndrome results from anxiety (fear) plus exertion under conditions of stress and strain. In my own experience those patients sent to me with this diagnosis made by impartial physicians invariably have had anxiety states and have had their major symptoms reproduced by voluntary overbreathing, even though they were not aware of the reason for going through this test. Most of these patients re-experienced their symptoms after

doubling or trebling their respiratory volumes for one to three minutes or so, and in turn were relieved by breathing 2 to 5% carbon dioxide (mixed with pure oxygen or with 21% oxygen and 77 or 74% nitrogen respectively) for thirty to sixty seconds. When occasionally most but not all of the symptoms were reproduced by this procedure, it seemed to be due to the fact that sympathetic or parasympathetic stimulation, or both, had played a part in their spontaneous attacks. In our original publication (Soley, M. H., and Shock, N. W., *Amer. J. med. Sci.*, 1938, **196**, 840) these latter factors were not considered adequately, and they probably play a greater part in effort syndrome than we originally supposed. Of course, hyperventilation and sympathetic and parasympathetic stimulation can all arise from central nervous system overactivity caused by fear, anger, and other emotions. I believe that combinations of these responses to anxiety account for the variations in the clinical picture called the "effort syndrome."

If one considers palpitation and tachycardia only as effort syndrome, then it is obvious that these symptoms will not be caused alone, or even at all in some patients, by hyperventilation, since they are probably direct sympathetic effects or are partially mediated through the secretion of the adrenal medulla. But if one includes those symptoms described by Sir Thomas Lewis and Paul D. White as being characteristic of effort syndrome, then hyperventilation alone or with sympathetic and parasympathetic effects will produce this syndrome.

The rate at which the patients overbreathe is very important, since with too rapid a loss of carbon dioxide through the lungs the patients fail to experience the symptoms which appear following less rapid loss of carbon dioxide. In our first trials with hyperventilation we often made this error of hyperventilating patients too rapidly.

Inasmuch as effort syndrome is of such importance in the armies of both Great Britain and the United States, as well as in civil populations, any information which ultimately leads to the discovery of its aetiology should be a worth-while contribution.—I am, etc.,

MAYO H. SOLEY, M.D.,  
Assistant Professor of Medicine  
and Pharmacology.

University of California, Feb. 8.

### Trichiniasis in Britain

SIR,—In addition to the two Pembrokeshire outbreaks (1922 and 1939) mentioned in his letter of February 20 by Dr. Gillam, there was trichiniasis in a household near Swansea in June, 1930, affecting four persons acutely and one in very mild form. I investigated the outbreak in conjunction with Drs. Joseph Lloyd and J. Lloyd Davies and with officers of the Welsh Board of Health and the Swansea Public Health authority, and it was decided that a ham (purchased locally but probably originating from a Midland firm of wholesalers) was the source of the infection, though complete proof was lacking.

There was some evidence that the rapidity of swelling of the eyelids was correlated with the degree of severity of the disease.

Case	Swollen Eyelids	Severity	Eosinophils per c.mm.
A	13th day	Very severe	2,722
B	13th "	Severe	5,376
C	15th "		2,976
D	20th "	Moderate	1,800
E	Not seen	Very mild	1,000

In all cases the cell counts were made on the twentieth day after ingestion of the suspected ham. Although careful search for other cases in the district was made by the health authorities none was found, and ultimately all the patients recovered.—I am, etc.,

Swansea, March 3.

A. F. SLADDEN.

### Scabies

SIR,—I was interested in Dr. Bigham's letter on scabies in the *Journal* of February 22 (p. 294). In this district also scabies is endemic, but of late has assumed major epidemic proportions. Several factors have almost certainly contributed to the wide and rapid spread of the contagion. For example, it is known that Service men come home on leave while

<sup>1</sup> Hurst, A. F., Symms, J. L. M., and Gainsborough, R. (1918), *Seale Hayne Neurological Studies*, 1, 19, London. See also Hurst, A. F. (1920), *Croonian Lectures on the Psychology of the Special Senses*, p. 50, London.

what measures are contemplated to deal drastically with privileged bodies like the teaching hospitals, especially those what cater for Fellowship candidates by special courses? Not to be overlooked is that powerful caucus, the Surgical Club, who exercise their collective power to influence electors as effectively as do other "clubs"—Buffaloes, Rechabites, *et hoc genus omne*. At the first warning of an impending election these organizations go into secret session and agree on a mass attack in favour of their chosen one. Against the momentum of these exclusive bodies, what weapon shall the candidate use whose origin is lost in the obscurity of some small or even large non-teaching hospital? His reputation may be international, his pioneer work universally appreciated; to him there remains only the personal canvass of the more liberal-minded Fellows, who also have a right to representation on the Council.

Let all canvassing be abolished, or leave the field open in harmony with the basic principles of democracy.—I am, etc.,

London, W.1, March 6. H. H. GREENWOOD, F.R.C.S.

## The Services

Colonel (Temporary Brigadier) J. A. Manifold, D.S.O., late R.A.M.C., has been appointed a Deputy Director of Medical Services and has been granted the acting rank of Major-General.

## Universities and Colleges

### UNIVERSITY OF OXFORD

The Dr. John Radcliffe Prizes have been awarded to J. M. Walker, G. A. Neligan, and M. Weatherall.

### UNIVERSITY OF CAMBRIDGE

The Raymond Horton-Smith Prize for 1939-40 for the best M.D. thesis during the academical year has been awarded to O. A. Trowell, M.A., M.D., St. John's College; *proxime accessit*, G. I. Watson, M.A., M.D., Corpus Christi College.

The following have been examined and approved for the degree of M.Chir.: G. Blackburn, R. C. F. Catterall, J. S. Ellis, C. G. Rob.

### UNIVERSITY OF LONDON

J. H. Gray, M.D., B.S. Adelaide, has been appointed from May 1, 1941, to the University Chair of Anatomy tenable at St. Mary's Hospital Medical School. Since 1937 he has been senior demonstrator in anatomy at University College.

The title of Professor of Dental Surgery has been conferred on E. C. Sprawson, M.C., D.Sc., M.R.C.S., L.D.S. R.C.S., in respect of his post held at the London Hospital Medical College.

A Board of Studies in Pathology has been instituted within the purview of the Faculty of Medicine.

The degree of D.Sc. has been conferred on P. A. I. Gorer, an internal student, of Guy's Hospital Medical School; D. W. W. Henderson, an internal student, of the Lister Institute of Preventive Medicine; and R. W. Haines, an internal student, of St. Thomas's Hospital Medical School.

The following awards have been made: Chester Beatty Scholarship, T. A. Watson, M.B., Ch.B.; William Julius Mickle Fellowship, C. K. Hallpike, M.B., B.S., M.R.C.P., F.R.C.S.

### WESTMINSTER HOSPITAL MEDICAL SCHOOL

On May 8 and 9 there will be held an entrance scholarship examination upon the result of which there are offered for award four scholarships each to the value of £75. The examination consists of papers in chemistry and physics, and English essay; the closing date is April 23. Further particulars can be obtained from the Secretary, Westminster Hospital Medical School, 17, Horseferry Road, S.W.1.

## Obituary

### THE LATE PROF. WILLIAM BULLOCH\*

W. E. H. writes from Horncastle: Prof. Turnbull in his excellent tribute to the late Prof. William Bulloch shows convincingly Bulloch's profound knowledge of bacteriology and pathology. May I, who, like Bulloch, sat under that inspiring teacher of pathology—D. J. Hamilton, Regius Professor of Pathology in the University of Aberdeen—add a personal note? As Prof. Turnbull so justly writes: "Bulloch had a great sense of humour, was an inimitable raconteur, and inherently sociable." At the B.M.A. Annual Meeting at Oxford in 1904 the Pathology Section under Ainley Walker was a very strong attraction, for the main theme was immunity, and eminent authorities, such as Wright and Noguchi, were taking part. In the evenings Bulloch was the attraction as his friends gathered round him to hear his brilliant talk, so pithy and to the point. At the opening session on immunity Wright led off with: "It is an infirmity of the human mind that it demands an explanation before it has assorted the facts." He next proceeded to write on the blackboard the then mystic word "opsonin." He was followed by Bulloch, whose opening sentence was also an arresting one. "The task allotted to me," he said, "is to state what is fact and what is fancy in our researches into immunity. We have reached the stage when we marshal our facts and court-martial our fictions." The whole discussion was on a high plane, and Bulloch that day shone among the Olympians.

News has been received of the death of Dr. HANS WILDBOLZ, professor of urological diagnosis at the Berne medical faculty, and chief of the Insel Hospital at Berne, aged 68. He had been an honorary member of the Section of Urology of the Royal Society of Medicine since 1928. His name has been given to a reaction in tuberculosis following intracutaneous injection of the patient's urine or blood.

At the memorial service for Sir Frederick Banting in St. Martin-in-the-Fields on March 5 the Council of the British Medical Association was represented by Mr. W. McAdam Eccles, consulting surgeon to St. Bartholomew's Hospital.

## Medical Notes in Parliament

### Rockefeller Clinical Studentships in America

Prof. A. V. HILL asked on March 6 whether the Minister of Health knew that an offer had been received from the Rockefeller Foundation in New York to undertake and provide for the clinical training and maintenance of selected British medical students in a number of medical schools in the United States of America and Canada. He asked if Mr. Brown would arrange for all facilities and encouragement to be given for carrying out the scheme. Mr. ERNEST BROWN said he was aware of the offer and desired to express his very sincere appreciation of this sign of practical help and sympathy on the part of the Foundation and of the medical schools in America. He would certainly do all he could to further this scheme. A committee had been set up in this country under the chairmanship of the vice-chancellor of Manchester University to select the students. The first group would leave for America as soon as possible. The General Medical Council, the licensing bodies, and the universities were all in agreement on the advantages of the scheme. He was sure that when the students returned to this country their experience would be of great value, and he hoped that this plan might further strengthen the close co-operation in medicine and public health between Great Britain, the United States, and Canada.

Sir FRANCIS FREMANTLE asked whether Mr. Brown recognized that some of the best students would be reluctant to