

form of treatment which is still in the experimental stage. Other chapters on the surgery of tuberculosis deal with intrapleural pneumonolysis, phrenic interruption, thoracoplasty, and the drainage of tuberculous cavities. It is surprising that these articles give only the briefest account of the use of apicolysis—probably the most important recent advance in thoracoplasty technique—and make no mention at all of the use of pneumoperitoneum in conjunction with phrenic interruption.

Of the chapters on non-tuberculous diseases of the chest, that by Ochsner, Dixon, and De Bakey on primary bronchogenic carcinoma is in a class by itself. The authors give a masterly summary of every aspect of the problem, pathological, medical, and surgical, together with an excellent bibliography. This is worthy of publication as a separate monograph and it will be read with interest by all chest specialists. Other chapters deal adequately with the differential diagnosis of thoracic tumours and lesions of the anterior mediastinum, the surgery of carcinoma of the oesophagus and acute, putrid lung abscess. The accounts of anaesthesia for thoracic surgery and of bronchoscopy are too slight to be of any value. The diagnosis and management of empyema are completely neglected, although this is a subject of vital importance to the general practitioner. In short, this book contains a number of summaries which will interest the specialist, but it will have little appeal to those for whom it is said to be designed.

DISTURBANCES OF SPEECH AND VOLUNTARY ACTION

Agnosia, Apraxia, Aphasia. Their value in Cerebral Localization. Second edition. By J. M. Nielsen, M.D., F.A.C.P., Associate Clinical Professor of Medicine (Neurology), University of Southern California. (Pp. 292; 59 illustrations. \$5.00.) New York: Paul B. Hoeber.

This book is much more than a new edition of its predecessor. In it Dr. Nielson has presented the evidence upon which he has based his published statements on the functions of speech and voluntary action, and the disturbance of these functions in disease. Over half the text is devoted to the evidence—much of it tedious but most of it necessary. The ugly nomenclature, abounding with adjectives, which has come to surround this subject makes very difficult reading, although Dr. Nielson has done his best to achieve uniformity. He has presented a new nomenclature based on the anatomy and physiology of speech and behaviour, and has found it necessary to devote over 30 concise pages to the presentation of this new terminology. The loss of such terms as "verbal deafness" for "auditory agnosia and auditory semantic aphasia," and the substitution of "agnosia subcortical angular, verbal" for "agnosia, subcortical, visual, verbal" leaves us confused, and when we reach the 87th and last definition, which states that "irremembrance, visual, verbal, temporal," is "loss of ability to revisualize words due to a lesion of the temporal lobe," we are incapable of more. The early short chapters give a useful outline of the subject; the later ones will only attract the most senior students of symbolism and speech.

The FitzPatrick Lectures before the Royal College of Physicians of London were to be delivered in 1939 by ARCHIBALD MALLOCH, M.D. (McGill) and Fellow of the Royal College. Owing to the outbreak of war the actual reading of the lectures never took place; but Dr. Malloch has now placed medical historians and the College in his debt by publishing an enlarged version under the title of *Medical Interchange between the British Isles and America before 1801*. In this monograph is included a vast store of information about the early pioneers of medicine and surgery in the American and Canadian colonies, and about occasional cases where the compliment was returned. The labour involved in this task has obviously been enormous, but the spirit in which it has been carried out clearly shows it to have been a labour of love. How many people, one wonders, know that the introduction of the monkey puzzle tree into England (from Chile) was the work of Dr. Archibald Menzies, surgeon to Vancouver's expedition? or that Thomas Dover (of Pulv. Ipecac. Co.) went buccaneering as a captain under a Sir John Hawkins with William Dampier for his pilot, and rescued Alexander Selkirk from Juan Fernandez? or that Dr. Arthur Lee, of Virginia, met Samuel Johnson in London and wrote home a most exact description of the Great Panjandrum? Such and many more queer and curious items the reader will find in this mine of recondite information about some hundreds of old-time medical men.

BOOKS RECEIVED

[Review is not precluded by notice here of books recently received]

Renal Diseases. By E. T. Bell, M.D. (Pp. 434. 35s.) London: Henry Kimpton. 1946.

A monograph co-ordinating 25 years' study of renal diseases. Includes discussions on toxæmia of pregnancy, renal lesions in diabetes, and relation of hypertension to the kidneys.

The Eternal Child. By Evelyn White, A.I.A. (Pp. 79. 6s.) London: Chapman and Hall. 1946.

Describes the work of the children's almoner. Intended to instruct almoner students, house-men, and general practitioners.

A Prelude to Modern Science. By C. Singer and C. Rabin. (Pp. 144. 45s.) Cambridge: The University Press (for the Wellcome Historical Medical Museum). 1946.

A discussion of the history and sources of Vesalius's *Tabulae Anatomicae Sex*, with a translation and many illustrations.

The Science of Seeing. By I. Mann, M.A., D.Sc., M.B., B.S., F.R.C.S., and A. Pirie. (Pp. 220. 1s.) London: Penguin Books. 1946.

An account for the layman of the physiology of vision. Contains a chapter on the blind and how they may be taught.

Old People. (Pp. 202. 3s. 6d.) London: Oxford University Press (Geoffrey Cumberlege). 1947.

A report on the individual social and medical problems of old age and on the work for their care and comfort by public authorities and voluntary organizations, with suggestions for future action. Illustrated.

Etudes sur les Piroplasmoses Bovines. By Edmond Sergent, A. Donatien, L. Parrot. (Pp. 816. No price.) Algiers: Institut Pasteur D'Algérie. 1945.

An investigation into the diseases of cattle caused by *Piroplasma bigeminum*, the *Babesiellae*, the *Theileriae*, and the *Anaplasmae*.

Renal Hypertension. By E. Braun-Menéndez, et al. Translated by Lewis Dexter, M.D. (Pp. 451. \$6.75.) Springfield, Illinois: Charles C. Thomas. 1946.

A monograph from the Institute of Physiology, Buenos Aires. Extensive bibliography. The differences between human and experimental renal hypertension are stressed.

Urgent Surgery. By various contributors. Editor: T. L. Spivack, M.D. (Pp. 714. \$10.50.) Springfield, Illinois: Charles C. Thomas. 1946.

The subjects covered include shock and haemorrhage, blood transfusion, anaesthesia, as well as the usual abdominal catastrophes.

Women and Children First. By V. H. Wallace, M.D. (Pp. 341. 15s.) Melbourne: Oxford University Press (Geoffrey Cumberlege). 1946.

An investigation into factors affecting the birth rate in Australia, the effect of abortion, economic measures, and sterility. The immigration policy relating to coloured races is also considered.

Whither Medicine: from Dogma to Science? By Antony Fidler, M.D. (Pp. 115. 6s.) Edinburgh: Thomas Nelson and Sons. 1946.

The author criticizes the materialist theory implied in medical science, and outlines an alternative scheme which he calls "the medicine of probability."

Microbiology and Pathology for Nurses. By M. A. Morse, M.D., Martin Frobisher Jr., S.B., Sc.D., and C. B. Rabin, M.D. Second edition. (Pp. 758. 17s. 6d.) London: W. B. Saunders. 1946.

An introduction to the principles of bacteriology, hygiene, and pathology for nurses. Many illustrations.

Fundamentals of Chemistry. By L. Jean Bogert. Sixth edition. (Pp. 571. 15s.) London: W. B. Saunders. 1946.

An introduction to inorganic and organic chemistry for students. The author stresses the fundamental laws of chemistry rather than the details of reactions. Biochemistry is included.

Laboratory Manual of Chemistry. By L. Jean Bogert. Fifth edition. (Pp. 196. 5s.) London: W. B. Saunders. 1946.

A description of simple laboratory experiments for students. Designed to supplement the same author's *Fundamentals of Chemistry*.

Although a staunch supporter of the British Medical Association, of which he had been a member for over fifty years, he never took an active part in affairs because of his deafness. He was a great lover of books; read wisely and well, and could always produce an apt quotation for any occasion. He will be greatly missed by many patients, to whom he was much more than a doctor. He was a true friend of many loyal admirers, down to the third or fourth generation. May he rest in peace. His name will be lovingly remembered by many of us for the rest of our lives.

Universities and Colleges

UNIVERSITY OF LONDON

The honorary degree of D.Sc. of the University was conferred on Sir Henry Dale, O.M., G.B.E., M.D., F.R.S., F.R.C.P., and Prof. E. D. Adrian, O.M., M.D., F.R.S., F.R.C.P., at the Foundation Day celebrations on Nov. 28, 1946.

Mr. John B. Hunter, M.Ch., F.R.C.S., has been re-elected Dean of the Faculty of Medicine in the University for the period 1946-8.

Geoffrey Bourne, M.D., F.R.C.P., has been appointed to the Readership in Histology tenable at the London Hospital Medical College from Jan. 1.

W. J. Martin, Ph.D., has been recognized as a Teacher of Medical Statistics at the London School of Hygiene and Tropical Medicine.

The title of Prof. Emeritus of Morbid Anatomy in the University has been conferred on Hubert Maitland Turnbull, D.M., F.R.S., F.R.C.P., who held the Chair of Morbid Anatomy at the London Hospital Medical College from February, 1919, until his retirement in September, 1946.

David Waldron Smithers, M.D., has been appointed to the University Chair of Radiotherapy tenable at the Royal Cancer Hospital from Oct. 1, 1946.

The title of Reader in Anatomy in the University has been conferred on Richard Wheeler Haines, D.Sc., M.B., B.S., in respect of the post held by him at St. Thomas's Hospital Medical School.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

The Hunterian Oration entitled "Hunterian Ideals To-day" will be delivered by Sir James Walton, M.S., F.R.C.S., at the College (Lincoln's Inn Fields, W.C.) on Friday, Feb. 14, at 5 p.m. Fellows and Members of the College are invited to attend.

Medical Notes in Parliament

Applications for Special Diets

Sir ERNEST GRAHAM-LITTLE, on Jan. 22, put a series of questions about special diets (annotations on this subject were "It Can Happen Here" (Dec. 28, 1946, p. 995) and "A Foretaste of Control?" (Jan. 11, p. 60); letters on the same theme appeared in the *Journal* of Dec. 28, 1946 (p. 1001); Jan. 11 (p. 69); and (p. 157) Jan. 25).

Mr. STRACHEY told Sir Ernest that during the six months to Dec. 31, 1946, 235 applications which had been individually referred to the medical advisers of the Minister had been refused extra supplies of rationed foods as the result of the advice that was tendered. On the Special Diets Advisory Committee one member was under 40. Six members were in active practice as consultants. There were no general practitioners. The schedule of ailments was constantly under their review.

Sir Ernest then asked whether Mr. Strachey knew that the average age of these ten persons was 55 plus and that no member of the Committee had any acquaintance with general practice or personal experience of the doctor-patient relationship.

Mr. Strachey said he took the opportunity to inform the House of the system under which special allowances of rationed foods were given. In 1940 the Medical Research Council, at the instance of Mr. W. S. Morrison, set up a Food Rationing (Special Diets) Advisory Committee. The function of the Committee was to advise the Minister how best to dispose of the very limited amount of extra food available for invalids. This independent, honorary, and authoritative Committee advised the Minister of Food what categories of illness required special rations, and established scales of the additional foodstuffs needed for each category. A list of these categories was circulated to every medical practitioner in the country. This admirable system was continued by successive Ministers of Food, and Mr. Strachey said he had every confidence in it. He paid

the warmest possible tribute to the eminent medical men who, through all these years, carried out these arduous and difficult duties. He added that the Committee also considered applications from medical practitioners for additional foodstuffs for patients who would be excluded on a strict application of the scales of allowances laid down for each type of illness or condition. The Committee, therefore, acted as a court of appeal on borderline cases.

Sir Ernest inquired whether Mr. Strachey knew that the withdrawal from a patient, in the care of certain doctors in Birmingham, of an allowance of fat essential to the maintenance of the patient's life was followed by his death within a few days. He asked if Mr. Strachey would take steps to prevent a recurrence of this overriding of the opinion of doctors in actual charge of a patient.

Mr. Strachey answered that the certification from the practitioner that the patient suffered from the illness specified was always accepted without question. It was so accepted in this case, and the official concerned had to inform the practitioner that in such cases two pints of milk daily and three eggs a week were allowed, but not additional butter. The lay official transmitted an incorrect reason for refusing the butter. The practitioner then appealed, but, there being no reason given for regarding this case as in any way different from others in this category, the Committee confirmed the refusal, giving the correct medical reasons for doing so. In this sad case the patient died of inoperable cancer. Mr. Strachey's medical advisers informed him that the grant or refusal of an extra fat ration could have had no influence whatever upon the course of this disease. Extra milk and eggs were granted on medical grounds to this patient, and an allowance of butter was, in fact, granted, after being discontinued for only two days, on compassionate grounds.

Mr. CHURCHILL asked if there was any reason to believe that doctors had been abusing the right of giving advice as to extra diet to their patients in the past few years, and had this abuse amounted to such dimensions as to make an appreciable effect upon the general problem of food supplies.

Mr. STRACHEY said he would not like to accuse the medical profession of abuse in the matter, but the amount of extra milk given on medical priority grounds had caused concern to him, and, on other occasions, to his predecessors, and to this medical Committee. The Ministry of Food had asked doctors, through the medical press, to have regard to the need, particularly in the case of milk, for restricting the extra amount granted on medical grounds.

Colonel STODDART-SCOTT asked how frequently the Committee had met and why it took from Aug. 3 to Dec. 20 to get them to agree to provide white flour for a man who died on Dec. 23.

Mr. STRACHEY could not say whether the meeting was weekly or was arranged with regard to the business in view. The Committee had, voluntarily and in an honorary capacity, performed arduous and invidious functions as well as they could be performed. The average time taken to decide appeals was nine days.

Mr. LOGAN asked Mr. Strachey to give power to medical men to prescribe extra diets. Lives were saved by medical men and not by committees. Mr. STRACHEY said he could not possibly change the system. In the case of milk it certainly appeared that there must be some eminent and independent medical authority reviewing these cases.

Mr. CHURCHILL suggested that if a doctor attended a patient and certified that the matter was urgent, the diet should be given pending reconsideration by higher authority. Mr. STRACHEY said that would be good if it could be done. The medical Committee had laid down the categories of illnesses, ailments, and conditions which qualified for an extra ration. If a doctor certified that a patient was suffering from a condition which, on the scales laid down by the Committee, carried the extra ration, then the patient automatically and immediately received the ration.

Mr. BOWER inquired whether Mr. Strachey knew that at least two persons had recently died after being refused additional quantities of rationed foodstuffs recommended by their medical advisers; and if he would now alter the present system in such a way as either to allow additional rations on the certificate of a registered medical practitioner or alternatively to ensure that the patient was seen personally by at least one member of the Special Diets Advisory Committee before additional rations were refused. Mr. STRACHEY could not accept the implication that deaths had resulted from the refusal of applications for additional rationed foods. He reaffirmed his confidence in the present system of dealing with these applications and said he proposed to continue it.

Sir ERNEST GRAHAM-LITTLE asked Mr. Strachey to review the case of a patient discharged from hospital after a severe operation before convalescence, owing to shortage of beds, and