

which may occur: embolism by fragments of polyp, obliteration of a cavity by progressive enlargement, and occlusion of a valvular orifice. Among benign non-polypoid tumours of the heart Mahaim has included the rare lipoma and fibroma, and the angioma and rhabdomyoma. The only malignant tumours of the heart among the 400 assembled from the literature are the varieties of sarcoma which show a special predilection for the auricles, while the pericardium is often involved.

The author considers that there is among physicians an insufficient awareness of the circumstances which call for consideration of the diagnosis of cardiac tumour. Unexplained syncopal attacks, unusual variability of physical signs in valvular disease, pericardial effusions without obvious cause, and unexpected arterial embolisms should all bring to mind the possibility of tumours in the pericardium, the heart, or its cavities. Thus arterial embolectomy or the induction of pneumo-pericardium may be important diagnostic procedures. Just as the clinical separation of the varieties of congenital cardiac defect has been followed by the discovery of surgical methods of treatment so may operative measures be found for the removal of polyps, once the physician has become more skilled and more certain of the diagnosis of these dangerous lesions.

Dr. Mahaim's excellent treatise is essentially for the cardiologist, who will be interested and stimulated by it.

AN AMERICAN "BURDETT"

The American Hospital. By E. H. L. Corwin, Ph.D. (Pp. 242. 8s. 6d. net.) The Commonwealth Fund. London: Geoffrey Cumberlege.

The hospital service is now one of the major industries of the United States. It owns 5½ billion dollars' worth of property ["billion" in the French meaning of one thousand millions], its operating costs are 1½ billion dollars a year, and the principal stockholder is the American public. *The American Hospital*, one of the studies brought out by the New York Academy of Medicine Committee on "Medicine and the Changing Order," is a careful survey of this hospital domain. In the United States there is one hospital bed (or cot) to about every 80 of the population, and every year one person in about ten is admitted as an in-patient. In 1940—the last pre-war year for America—71% of all hospital beds were maintained by Government, that is to say, by Federal, State, county, or city, authorities, and 29% were in hospitals supported by religious denominations, lay voluntary hospitals, and proprietary hospitals. One could quote figures endlessly on the finance of the hospitals and the distribution and utilization of their resources. One point only can be mentioned in a brief review. It has always been a tradition in the United States that, apart from whole-time officers, all physicians, surgeons, and specialists attached to hospitals should be unpaid. The experience gained in hospitals and the prestige of association with them was thought sufficient reward. This practice has held good alike for tax-supported and for voluntary hospitals, and it did not alter even when paying patients were admitted. Of late, however, it has been realized what demands an extensive clinical service in hospital can make, and there is a tendency to pay "whole-time" salaries to the chiefs of these services, with permission to continue a limited private consulting practice outside the hours of duty at the hospital. Hospital affiliation is a *sine qua non* for the surgeon, and to a large extent for the physician. In large cities, in order to maintain a proper standard of organization, hospital staffs are not allowed to exceed certain quotas, so that a high proportion of physicians have no hospital appointments. In smaller communities hospitals give staff privileges to all reputable physicians and surgeons in their area.

The facts and figures in this compilation will have no direct interest for hospital administrators in this country, but much else in the American experience will be found suggestive and stimulating. It is an authoritative and most painstaking work.

Mr. FRANCIS MITCHELL-HEGGS has now produced a third edition of *The M.B., B.S. Finals*, being a collection of papers set at the London M.B., B.S. examination for the years 1932-45, classified and arranged under convenient headings. In classifying the questions, unnecessary minor subdivisions are avoided by the use of general headings. This booklet is published by J. and A. Churchill at 8s. 6d.

BOOKS RECEIVED

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

Pye's Surgical Handicraft. Edited by Hamilton Bailey, F.R.C.S. 15th ed. (Pp. 668. 25s.) London: Simpkin Marshall. 1947.

A large number of illustrations have been added to this well-known manual.

Traité d'Hygiène. Vols. 1 and 2. By A. Rochaix, P. Sédallian, and R. Sohler. (Pp. 1,098 and 1,898. 2,800 francs for 2 vols.) Paris: Masson. 1946.

Intended to be a comprehensive account of the problems of hygiene in cities, factories, hospitals, schools, etc.

Miracle Drug. By D. Masters. (Pp. 191. 10s. 6d.) London: Eyre and Spottiswoode. 1946.

A popular account of the discovery, development, and uses of penicillin; illustrated.

Oral Diagnosis and Treatment. By S. C. Miller, D.D.S., F.A.C.D., et al. 2nd ed. (Pp. 903. 50s.) London: H. K. Lewis. 1946.

This edition includes new material on penicillin, x-ray diagnosis, oral bacteriology, and extra-oral fixation of mandibular fractures.

Belsen Uncovered. By D. Singleton. (Pp. 207. 8s. 6d.) London: Duckworth. 1946.

A description of Belsen and its inmates by one who was the first British officer to enter the camp on its liberation and the last to leave.

After-Treatment. By H. J. B. Atkins, D.M., M.Ch., F.R.C.S. Third edition. (Pp. 328. 18s.) Oxford: Blackwell Scientific Publications. 1946.

This guide to general practitioners, house-officers, sisters, and dressers contains new material on penicillin and gastric suction.

Les Gliomes Infiltrés du Tronc Cérébral. By G. Guillaum, I. Bertrand, and J. Gruner. (Pp. 286. 450 francs.) Paris: Masson. 1945.

After a historical introduction there is a discussion, with many illustrations, of brain-stem tumours characterized by absence of raised intracranial pressure and rapid development.

Currents in Biochemical Research. By various contributors. Edited by D. E. Green. (Pp. 486. \$5.00.) New York: Interscience Publishers. 1946.

A collection of papers on biochemistry in relation to medicine, agriculture, and social problems.

Chemistry of Vitamins and Hormones. By S. Rangaswami, M.A., Ph.D., and T. R. Seshadri, M.A., Ph.D. (Pp. 329. Rs. 7-8-0.) Waltair, South India: Andhra University. 1946.

A short account of the chemical composition and synthesis of vitamins and hormones.

Research and Regional Welfare. Edited by R. E. Coker. (Pp. 229. 18s. 6d.) Chapel Hill: University of North Carolina Press. 1946.

A collection of papers presented at a conference on research at the University of North Carolina in 1945. Subjects included are nutrition, research and industry, fisheries, and agriculture.

The Normal Encephalogram. By L. M. Davidoff, M.D., and C. C. Dyke, M.D. Second edition. (Pp. 232. 27s. 6d.) London: Henry Kimpton. 1946.

An account of the technique of encephalography and the information obtainable therefrom; many illustrations.

Studies in Science. Edited by W. C. Coker. (Pp. 375. 18s. 6d.) Chapel Hill: University of North Carolina Press. 1946.

Includes papers on penicillin, quinine, regeneration of lymphatic channels following ablation of lymph nodes, parathyroid cysts, and blood volume changes following acute haemorrhage.

1946 Year Book of General Therapeutics. Edited by O. W. Bethea, Ph.D., M.D., F.A.C.P. (Pp. 443. 21s.) Chicago: The Year Book Publishers. 1947.

Contains chapters on the new sulphonamides, penicillin, streptomycin, influenza virus vaccine, folic acid, and "benadryl."

each other were found. Mrs. Cornock was on Feb. 7 last two months pregnant.

The Crown suggested that she had again tied Mr. Cornock up at his request, and taking advantage of his helplessness, drowned him in the bath. Her own story was that she did not love Bedford and her child was her husband's, by an act of intercourse about a fortnight before his death. On the Saturday evening, when Bedford was out, the husband had insisted on another act of perversion (not specified, but described by the prosecution as "disgusting and incredible"), and afterwards she had prepared a hot bath for him. He had gone up to take it between 10.30 and 11 p.m. Bedford had come in just then. After what seemed a long time she had gone upstairs and found her husband lying in the bath with one leg on either side of the top edge and his head under water. She had felt his pulse, which had stopped, and had pulled out the plug. She and Bedford had dragged him out, dropping him back once, and again on to the floor, and a part of the geyser had broken off and wounded his shins. In the bedroom she had performed artificial respiration on the body for three-quarters of an hour. Realizing that this was hopeless, she had summoned help.

The medical evidence, therefore, became highly important. Dr. A. D. Fraser, honorary pathologist at Bristol Royal Infirmary, gave the cause of death as asphyxia by drowning. On a wax model head he demonstrated the five separate severe blows, which he said could have been caused by a toy boat about a foot long, produced. He said the injuries to the shoulders, elbows, and knees were caused before death, possibly by the sides of the bath during a struggle. The abrasions on the small of the back could have been brush burns made by friction of a rope. He would not expect a man to faint in a bath from exhaustion due to the perverted practices described.

On the other side Dr. C. R. Gibson, surgeon to the Bath City Police, said that the scalp injuries were consistent with heavy bumps on a flat surface when the heart's action was feeble. The injuries on the shoulders and elbows could not have been caused either by rubbing or by hitting the sides of a bath full of water, but might have been caused by the body being dragged or dropped. The marks on the knees could not have been made by the knees being rubbed together, but could have been caused in a small bathroom by the body falling on the ground from the edge of the bath and then being rolled over on to the face for artificial respiration. He had verified by experiment on himself that rope-marks on his wrists made an hour before a bath would show as bruises afterwards. To the prosecuting counsel (Mr. G. D. Roberts, K.C.) he answered that the explanation of a struggle for life in the bath would be a very easy but a very bad one. Dr. A. L. Taylor, honorary pathologist at Bristol General Hospital, said that the toy boat was an extremely unlikely instrument to have caused the head injuries, and the back injuries could have been caused by the dumping of the body on the floor.

The medical witnesses were agreed, therefore, that the injuries were caused during life. They disagreed almost entirely on the means by which they could possibly have been inflicted. This disagreement must have contributed greatly to the reasonable doubt which led the jury to acquit the prisoner.

Universities and Colleges

UNIVERSITY OF OXFORD

In a Congregation held on March 1 the following medical degrees were conferred:

D.M.—W. E. Gibb.
B.M.—Elizabeth M. C. Dyke.

UNIVERSITY OF CAMBRIDGE

The following candidates have been approved at the examination indicated:

M.CHIR.—R. L. Canney, A. S. Till, W. W. Wiggins-Davies.

Thomas Renton Elliott, M.D., F.R.S., Emeritus Professor of Medicine in the University of London, has been elected into an Honorary Fellowship of Trinity College.

The Linacre Lecture on "Man's Place Among the Primates" will be delivered by Prof. F. Wood Jones, F.R.S., in the anatomy school of the University on Tuesday, May 6, at 5 p.m.

Medical Notes in Parliament

SCOTTISH HEALTH SERVICE BILL

The Standing Committee on Scottish Bills considered on March 11 Clause 35 of the National Health Service (Scotland) Bill. This Clause deals with compensation for loss of the right to sell a medical practice.

Cmdr. GALBRAITH proposed that compensation should be paid forthwith or as soon as practicable after the appointed day or the day on which the medical practitioner to whom it was payable was entered on a list of practitioners undertaking to provide general medical services. It was wrong that a person should not be compensated immediately for a realizable asset. Why should doctors be forbidden to receive compensation until they died or retired or until they fell into line with some circumstances which the Secretary of State would lay down in his regulations? The doctor might have borrowed money to buy the goodwill of his practice and might wish to repay the loan, but he was not allowed to do so. So far as Cmdr. Galbraith could understand the Clause the interest on the doctors' compensation would accumulate. He did not see why this interest should be withheld. A doctor who had purchased the goodwill of a practice and had practised for two or three years might want to specialize, and might require something in his pocket to enable him to do this. Under the Clause that opportunity was taken away from him and from the doctor who wished to secure the payment for the purpose of educating his children or in order to accept a post in one of the big infirmaries.

Arrangements for Compensation

Mr. BUCHANAN secured the approval of the Chairman for an enlargement of the discussion to cover a subsequent amendment to permit payment of the compensation when the practitioner reached the age of 65. Mr. Buchanan said he could give a general outline of the proposed regulations. The English Act dealt with this exact question in regard to England. The British Medical Association was a body which dealt with the whole of Britain and negotiated for Britain as a whole. If an alteration were made in the terms of the Scottish Bill the Government would need to pass an amending Bill altering the English Act. If doctors, particularly young doctors, had bought their practices and incurred substantial debts the Government proposed to pay. The Bill covered the case of a doctor who sold his practice and decided to take a hospital appointment. If a doctor took a local authority appointment or became a works doctor, the Government would also pay him. The only case in which it would not pay was that in which a doctor remained in practice. There was no hardship there. Where a doctor proposed to buy another practice he almost certainly would pay as much for the new practice as he would for the one he was quitting. So there was no hardship. In the case of retirement the Government proposed to pay, and the position of a doctor going overseas to practise would be the same. The only persons who would not get compensation would be the doctors who remained in practice. The Government had gone out of its way to meet all possible contingencies.

Col. ELLIOT could not agree that a doctor moving from one practice to another would normally be exchanging like for like. A doctor in a large industrial practice looked forward to taking at a later stage of life a smaller practice in the country. That was a very old custom, and Dr. Johnson had referred to it. Did Mr. Buchanan say that in such a case the doctor must surrender the unexhausted goodwill of the medical practice in the industrial area and be compensated when he finally retired on the basis of a small practice in a remote part of the country? He asked whether Mr. Bevan was in negotiation with the medical profession on these points. The sale of practices was a matter to which the profession attached great importance and on which they looked forward to considerable concessions from the Minister. As Mr. Buchanan had said, the English Act and this Bill were closely linked, and in any negotiations doctors in Scotland ought not to come off worse than doctors in England.

Mr. BUCHANAN said Scottish doctors would be treated equally with English doctors. The Government would bear in mind the issue of semi-retirement. That was the only issue it had in mind.

Mr. SOMERVILLE HASTINGS hoped Mr. Buchanan would look at this matter again. No doctor should enter the new Service with a sense of grievance. Many doctors had approached Mr. Hastings on this matter of retirement and would in many cases rather have some ready money at once. Many doctors wished to take an easier job, or to buy a smaller house, and to have a sense of security, knowing that they had this little