

theophylline-ethylene-diamine, cholinergic substances, magnesium sulphate, and lumbo-dorsal sympathectomy; little or nothing is said about any of them.

The author rightly stresses the importance of functional as well as structural changes, but it can hardly be said that he has achieved his purpose "to present the morbid physiology of the circulation side by side with its morbid anatomy." He omits to discuss the hyperkinetic circulatory state associated with thyrotoxicosis, anaemia, severe emphysema, arteriovenous aneurysm, beriberi, and extensive Paget's disease. Cardiac asthma is identified with the dyspnoeic phase of Cheyne-Stokes breathing when complicated by bronchial spasm (p. 19); effort dyspnoea and cyanosis in patients with diminished cardiac reserve or with pulmonary congestion are attributed to excess of carbon dioxide (p. 5) and to deficient oxygenation of the blood (p. 20) respectively, palpitation and left inframammary pain to lowering of the sensory threshold to normal afferent impulses (p. 14), and jugular pulsation to tricuspid incompetence (pp. 21 and 202). The description of triple rhythm is especially confusing (pp. 37-40).

On the whole the author's views on morbid anatomy are orthodox, but the statement that syphilis is a cause of aortic stenosis (pp. 193 and 221) will not find many supporters, nor will the belief that adherent pericardium is a cause of great cardiac enlargement and that it should be treated by the operation of cardiolysis (p. 175). Recommendations for treatment are thoroughly conservative, even to the point of denying the value of quinidine in paroxysmal tachycardia (p. 113). The merits of the book are simplicity, economy of words, clarity of expression, lack of repetition, plentiful electrocardiographic and radiological illustrations, and a sensible division of the book into three main sections: (1) symptoms and signs, (2) anatomical lesions, (3) aetiological types of heart disease. The bibliography is deliberately scanty and predominantly British.

PAUL WOOD.

### HOSPITAL STATISTICS

*The Hospitals Year Book, 1945-6.* Edited by J. P. Wetenhall, B.A. (Pp. 279. 21s.) London: The British Hospitals Association. 1946.

In this edition of the *Hospitals Year Book*, which appeared at the end of 1946, the latest statistics are those for 1942, for the figures concerning the finance and work of the voluntary hospitals are compiled from annual reports issued in the year after the one to which they relate. This year difficulties have further delayed publication. The statistical analyses are interesting for historical record. In 1942 subscriptions and donations accounted for 18% of the income of voluntary hospitals, legacies for 8.4%, patients' contributions for 41.6%, and receipts for public services for 21.7%. The hospitals were solvent, maintenance income exceeding expenditure by nearly 2½ million pounds.

The Hospital Directory is the more useful part of the volume and presents much information compactly. The number of available beds at each voluntary hospital is given, together with the pre-war number. Of the twelve hospitals with medical schools ten have fewer beds available and only two (King's College and University College) rather more, but in the provinces and Scotland the trend is, in general, the other way. Particulars of accommodation for private patients and the fees charged; of the employment of almoners, dietitians, and others; of reservation of beds; and of approval for nursing training and other purposes are all given. A list of municipal and public assistance hospitals, of convalescent homes, and of contributory and provident schemes is included, and the result of an inquiry into an appointment system for out-patients, with a suggested method of operating such a system, is an interesting feature.

Rehabilitation varies from a slap on the back and, "Well, I shan't want to see you again, my lad!" to an educative process lasting many months—beginning perhaps with quadriceps exercises in bed and ending with a bicycle ride. In *The Road Back to Health* (H.M.S.O., price 6d.), which briefly describes and illustrates much of the apparatus of rehabilitation, Mr. Aneurin Bevan says in a foreword: "This is a field in which Britain leads the world." This pamphlet is intended to appeal to laymen as well as doctors.

### BOOKS RECEIVED

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

*Sensory Mechanisms of the Retina.* By Ragnar Granit, M.D. (Pp. 412. 35s.) Oxford University Press: Geoffrey Cumberlege. 1947.

An account of investigations into the electrical signs of excitation and inhibition in the retina and optic nerve; the properties of rods and cones; photosensitive substances and the mechanism of excitation; and colour reception; by the professor of neurophysiology at the Royal Caroline Institute, Stockholm.

*Transactions of the Third Tuberculosis Workers' Conference Held in New Delhi.* (Pp. 188. Rs. 4.) New Delhi: Tuberculosis Association of India. 1947.

Addresses on various aspects of tuberculosis delivered in New Delhi in 1945.

*A Handbook of Midwifery.* By Sir Comyns Berkeley, F.R.C.P., F.R.C.S., F.R.C.O.G. 13th ed. (Pp. 456. 12s. 6d.) London: Cassell. 1946.

This textbook for pupil midwives, midwives, and obstetric dressers contains new material on the rhesus factor, and sections on the treatment of unavoidable haemorrhage and blood transfusion have been rewritten.

*Actions and Uses of Drugs.* By Windsor C. Cutting, M.D. (Pp. 326. 16s. 6d.) California: Stanford University Press. 1946.

A summary of the effects and uses of drugs intended as a textbook for nurses; includes sections on antibiotics, hormones, and vitamins.

*Womanhood.* By Margaret M. White, M.D., F.R.C.S., M.R.C.O.G. (Pp. 107. 7s. 6d.) London: Cassell. 1947.

The purpose of this book is to help women to understand the anatomy and physiology of their sexual and procreative functions; written from a practical point of view and illustrated with diagrams.

*Tension Arterial y Biotipo.* By Fidel Schaposnik. (Pp. 121. No price.) Buenos Aires: Libreria y Editorial "El Ateneo." 1947.

A monograph on blood pressure with biological evidence. In Spanish.

*Gestation Periods.* Technical Communication No. 5. Compiled by J. H. Kenneth, M.A., Ph.D., F.R.S.E. 2nd ed. (Pp. 30. 3s.) Edinburgh: Imperial Bureau of Animal Breeding and Genetics. 1947.

A table on the gestation periods of many animals, with bibliography.

*Nuove Vedute sulla Malaria.* By Maurizio Ascoli, et al. (Pp. 209. No price.) Rome: Istituto Bibliografico Italiano. 1947.

A collection of papers on malaria by Italian authors.

*Pediatric Gynecology.* By Goodrich C. Schauffler, A.B., M.D. 2nd ed. (Pp. 380. \$6.00). Chicago: Year Book Publishers. 1947.

Many sections in this book have been revised, including those on gynaecological surgery, medico-legal aspects, and commercial preparations of sex hormones.

*My Eyes Have a Cold Nose.* By Hector Chevigny. (Pp. 253. 12s. 6d.) London: Michael Joseph. 1947.

An account by a blind man of his reactions to blindness and of the dogs trained to guide the blind.

*Micro-diffusion Analysis and Volumetric Error.* By Edward J. Conway, M.B., D.Sc. (Pp. 357. 21s.) London: Crosby Lockwood. 1947.

Includes an account of new methods of micro-diffusion technique. Part I describes apparatus and principles used in micro-diffusion analysis, Part II methods with the standard "unit," and Part III the error of volumetric titration.

*Uterotubal Insufflation.* By I. C. Rubin, M.D., F.A.C.S. (Pp. 453. 50s.) London: Henry Kimpton. 1947.

A clinical account of tubal insufflation and an evaluation of the aetiological importance of obstructed uterine tubes in sterile matings, with description of the anatomy, physiology, and pathology of the Fallopian tubes.

*Penicillin in General Practice.* By J. L. Hamilton-Paterson, M.D. 2nd ed. (Pp. 110. 5s.) London: Staples Press. 1947.

An account of the administration and uses of penicillin in general practice with a section on the nature and properties of penicillin.

Dr. JOHN STEVENSON MITCHELL, of Bridge of Allan, Stirling-shire, died suddenly on April 4 at the age of 65. Dr. Mitchell was a student of Edinburgh University. He qualified in 1905 and took the F.R.C.S.Ed. in 1909. After a period as house-surgeon and house-physician at the Edinburgh Royal Infirmary, Dr. Mitchell acted as assistant to Dr. Henderson, of Galashiels. He took up practice in Bridge of Allan in 1912. During the first world war he served with the R.A.M.C. in the Middle East. When he was demobilized he returned to his practice and entered into partnership with Dr. Welsh. In the recent war Dr. Mitchell acted as medical officer of the Stanley House Auxiliary Hospital, and he continued his work as a lecturer and examiner for the Red Cross. He had always led a busy professional life and he died only a few hours after completing his usual day's work.

Dr. WILFRID BOOTHBY BLANDY, of Nottingham, died at the age of 68 on April 1. Dr. Blandy took the L.D.S., R.C.S. in 1900, and the M.R.C.S., L.R.C.P. in 1902. He was a house-surgeon at Charing Cross Hospital, where he had received his medical training, and for many years he practised in Nottingham. He served in the Middle East with the R.A.M.C. from 1917 to 1919, and soon after his return to Nottingham he was elected to the local council as a member for Meadows Ward. He was president of the Nottingham Medical Society in 1938, and he had a great deal to do with the establishment of the new sanatorium at Newstead. One of his principal interests was work in connexion with the Nottingham branch of the British Red Cross Society, of which he became county director. He was also a member of the University College Council and had been chairman of the Board of Governors of the Nottingham High School. Dr. Blandy, whose death will be regretted by all who knew him in the Nottingham area, is survived by his widow and two sons.

Dr. FRITZ WEIGERT, director of the physico-chemical department of the research institute at Mount Vernon Hospital, died on April 13. Born in 1876, Fritz Weigert during his seventy years of life achieved much. Appointed to Nernst's Institute in Berlin in 1905, he went on to Berlin University as lecturer in chemistry in 1908. In 1914 he was appointed professor of scientific photography and photochemistry at Leipzig. From then on there came a continuous flow of research papers ranging over the fields of physical chemistry, photochemistry, and photographic methods applied to chemistry. During this period also he wrote a number of books, in particular the well-known *Optische Methoden der Chemie*. In 1936 he came to England and, at an age when most men would willingly have retired, Fritz Weigert started life anew. With the enthusiasm and energy that were so typical of the man he threw himself into the task of building a new career in a new country. Whilst holding a fellowship at Glasgow University he continued his research work. Then in 1939 came the change to an entirely new field. Applying his favoured optical methods he worked at Mount Vernon Hospital, Northwood, and was soon responsible for a series of papers adding to our knowledge of the metabolism of the chemical carcinogens. He was working at this problem right up to the day of his death. Away from the scientific work which was the mainspring of his life Fritz Weigert was a charming and cultured host and companion. Despite almost total deafness an argument was entered into with zest and enlivened by many a witticism and penetrating comment. The loss of this versatile scientist, whose enthusiasm and energy never flagged, is deeply regretted by a host of friends, whose sympathy is extended to his widow and two children.—G. C.

## The Services

Captain (now Temporary Lieutenant-Colonel) P. C. Mitchell, M.C., has been awarded the Efficiency Medal (Territorial).

### DEATHS IN THE SERVICES

Lieut.-Col. CHARLES AIKMAN GOURLAY, D.S.O., died at his home at Carrbridge, Inverness-shire, on April 5, at the age of 69. A student of the University of Glasgow, he qualified M.B., Ch.B., in 1900, proceeding M.D. in 1912. Col. Gourlay joined the I.M.S. after serving at Netley Military Hospital. He spent many years in India and was for some time attached to a Gurkha unit. He served in Mesopotamia during the first world war, and he retired in 1924. On his return to this country he lived at Aberfoyle and in 1928 became physician-superintendent of Erskine Hospital, which post he retained for twelve years. During the second world war he was a liaison officer with the Ministry of Health.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

Titles of degrees of M.A., M.B., B.Chir., were conferred by diploma on Mrs. E. W. Higgins in March.

### UNIVERSITY OF DUBLIN

#### SCHOOL OF PHYSIC, TRINITY COLLEGE

Lord Horder delivered the inaugural Frederick Price Lecture on "The Place of Nutrition in Social Medicine" in Dixon Hall, Trinity College, on May 1.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND

At a quarterly meeting of the Council of the College held on April 10, with Sir Alfred Webb-Johnson, Bt., President, in the chair, Dr. S. S. Beare and Dr. E. H. R. Altounyan were elected Fellows of the College, being Members of over twenty years' standing. A Diploma of Fellowship was granted to P. D. Trevor-Roper.

The Begley Prize was awarded to Mr. Ronald Charles Jordan, of Cardiff.

Prof. W. E. Gye, F.R.S., and Dr. James Craigie, F.R.S., were appointed Imperial Cancer Research Fund Lecturers for 1947.

It was decided to hold an additional primary examination for the Fellowship in July.

The subject for the Jacksonian Prize for 1948 is "Malignant Disease of the Thyroid Gland."

The category of those entitled to attend the College monthly dinners was widened so as to include Fellows (when elected) and Licentiate in Dental Surgery, holders of any of the specialist postgraduate diplomas, and all postgraduate students of the College, together with their wives and guests.

The following hospitals were recognized in respect of the posts mentioned, the tenure of which is required of candidates for the Final Fellowship examination: Demerdash Hospital, Egypt (House-surgeon and Resident Officer); Paddington Hospital (Assistant Medical Officer); Royal Buckinghamshire Hospital, Aylesbury (Senior House-surgeon and Supernumerary House-surgeon).

Diplomas in Tropical Medicine and Hygiene and in Child Health were granted, jointly with the Royal College of Physicians of London, to the following successful candidates:

DIPLOMA IN TROPICAL MEDICINE AND HYGIENE.—H. E. Al-Abed, H. Annamunthodo, D. W. Bell, R. H. Bell, J. S. Calnan, M. V. Chari, F. G. Domaigne, A. El-S. Eissa, H. S. Fuller, V. V. Gharpure, D. J. Gilbert, J. Harper, L. Jacobson, V. N. Jai, S.-K. Kaan, E. Kertész, R. R. Lam, J. I. Lesh, K. H. Lim, J. P. P. Mackey, R. D. Maclean, R. C. Macleod, G. Y. Nan, M. G. Nelson, Y. H. Ng, Q. Pasha, S. H. Patel, I. B. Patwari, A. Qattan, R. V. Rele, S. C. Sanghani, A. O. Sasegbon, K. S. Seal, I. H. Syed, W. J. U. Tin, J. M. Vaizey, A. J. N. Warrack, Dorothy W. Wells, J. P. F. Whelan.

DIPLOMA IN CHILD HEALTH.—Esmé Abelheim, J. M. Alexander, R. Asquith, J. N. Berry, D. W. Beynon, D. M. Brierley, Margaret Brodigan, J. Brody, J. C. Brown, R. W. Brown, Janet Cameron, W. A. B. Campbell, F. S. Carter, R. H. Caughey, Roma N. Chamberlain, N. A. Daniel, H. H. Davies, H. L. Ellis, Edith M. Evans, C. G. Fagg, D. M. Foubister, Elsie C. Gibbons, Mildred C. Green, Joan Guy, H. Habibis, N. Hamlin, Margaret A. Hay, Frances A. Hepburn, J. B. Heycock, Patricia E. Hingle, A. Holzel, J. N. Horne, Margaret E. Hughes, J. Jacobs, A. P. Kalra, Nora Kelly, Doreen M. King, P. Kuschlick, J. H. Lawrence, Joan M. Levett, M. E. MacGregor, Runa B. Mackay, G. F. Maggioni, S. L. Malhotra, N. M. Mann, Betty M. Margetts, P. Maurice, Lilian Morris, P. D. Moss, E. F. Murphy, A. P. Norman, W. H. Opie, A. Palley, A. N. Pearson, V. R. Pickles, B. W. Powell, P. M. M. Pritchard, E. P. Quibell, Joan M. Redshaw, Attracta G. Rewcastle, F. Rousseau, G. R. Royston, A. Russell, Isabel S. Smellie, Marion E. Smith, Angele M. P. Snow, Margaret H. Stanfield, J. H. Steeds, Eluned M. Steven, J. K. Steward, Marian E. Sturrock, Laura Thompson, J. P. M. Tizard, I. P. Todd, A. B. Tompkins, Vivien V. Tracey, G. B. R. Walkey, Pauline H. Webb, R. C. Webster, R. H. White-Jones, Llary M. Williams, D. A. J. Williamson.

The following lectures will be delivered at the College (Lincoln's Inn Fields, W.C.): May 8, 5 p.m., Hunterian Lecture by Prof. J. B. Macalpine, "Bladder Growths, with Special Reference to Growths occurring in Workers in Aniline Dyes." May 14, 5 p.m., Arris and Gale Lecture by Prof. F. Wood Jones, "The Hallmarks of Humanity." May 15, 5 p.m., Hunterian Lecture by Prof. Rodney Smith, "Intestinal Decompression in the Treatment of Acute Obstructions." May 22, 5 p.m., Arris and Gale Lecture by Prof. Lambert Rogers, "Ligature of Arteries, with particular reference to Carotid Occlusion and the Circle of Willis." May 29, 3.45 p.m., Erasmus Wilson Demonstration by Mr. L. W. Proger, Pathological Specimens in the Museum. The lectures are open to those attending courses in the College and also to all other medical practitioners and advanced students.

A course of 72 Lectures in Anatomy, Applied Physiology, and Pathology will be given at the College from July 1 to 31 and from Sept. 1 to 30 on Mondays, Tuesdays, Wednesdays, Thursdays, and Fridays at 3.45 p.m. and 5 p.m. The fee for the whole course is £16 16s. Fellows and Members of the College and Licentiate in Dental Surgery will be admitted on payment of £12 12s. It will not be permissible to take one or two subjects only. Applications, accompanied by a cheque for £16 16s. or £12 12s., should be sent to the assistant secretary, Royal College of Surgeons of England, Lincoln's Inn Fields, W.C.2.

## CONJOINT BOARD IN SCOTLAND

The following candidates, having passed the final examination, have been admitted L.R.C.P.Ed., L.R.C.S.Ed., and L.R.F.P.&S.Glas.:

M. S. Barnett, H. Y. Caldwell, R. H. Freedman, J. McD. Hanley, W. P. Hanley, G. McDermott, Josephine B. McElroy, H. McIntyre, R. D. Wattman, E. F. Weiswasser, A. MacD. Westwater, N. G. P. de S. Wijesekera, Mariella M. Williams.

## Medico-Legal

### TEMPORARY TREATMENT AND DIVORCE

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

Divorce for insanity, introduced by the Matrimonial Causes Act ("Herbert's Act"), 1937, was a complete innovation, and the provisions governing it were drawn very carefully and are interpreted very strictly. In the result several anomalies have come to light which inflict undue hardship on petitioners whose cases happen to fall just outside the boundary line. Under Section 2 (d) a petition for divorce may be presented on the ground that the respondent is incurably of unsound mind and has been continuously under care and treatment for at least five years. The words "care and treatment" are precisely but somewhat narrowly defined. Section 3 says that a person of unsound mind is under care and treatment while (*inter alia*) he is detained in pursuance of any order or inquisition under the Lunacy and Mental Treatment Acts, or while he is receiving treatment as a voluntary patient, if such treatment follows immediately on a period of detention.

Temporary treatment is not mentioned in the Act at all. It was instituted by Section 5 of the Mental Treatment Act, 1930, which says that a patient likely to benefit by it may be received as a temporary patient on a written application but without a reception order. The official form of application "requests" the person in charge of the hospital to receive the patient. The question whether temporary treatment counts as "care and treatment" under Herbert's Act had often been asked, but has only recently, ten years after the passing of the Act, come before the Court in a pure form.

In *Benson v. Benson* (1941, P. 90) the respondent was admitted as a temporary patient, and after six months the Board of Control "directed" the period of treatment to be extended for three months: the patient was discharged relieved before the end of the second period but was admitted at once into another hospital as a voluntary patient. Lord Merriman, the President, found that the direction of the Board extending the period was an order. In the latest case, *Whitley v. Whitley* (1946 2 All E.R. 726), the wife was admittedly incurable and had admittedly been under care and treatment for more than five years. In December, 1936, she was received as a temporary patient shortly after childbirth. After six months she was discharged relieved, but was readmitted as a voluntary patient, and she had been in hospital ever since. There was no such direction as had been made in the *Benson* case, as only the initial period of six months was involved. Counsel urged that the procedure by which a patient is admitted to temporary treatment ought to be treated as an order. Mr. Justice Barnard, however, could not agree and felt himself bound to deal with the Act as he found it. He could not by any stretch of imagination call an application an order, nor a request an authority. His decision seems logically unassailable, but leads to the absurd position that an extended period of temporary treatment counts for divorce while the original period does not. Although the wife was properly detained as a temporary patient, she was not detained in pursuance of any order.

The judge referred shortly to a case heard a few months earlier, but not then reported, in which a relieving officer directed a married woman to be removed to a mental hospital; two days later her husband took her away and she went into another mental institution as a voluntary patient (*Crutchfield v. Crutchfield*). Mr. Justice Jones said in that case that the relieving officer had not given any order but had merely taken action under Section 20 of the Lunacy Act, 1890; and later voluntary treatment therefore did not count for divorce. These two cases provide the latest addition to a long list of amendments which call loudly for insertion in Herbert's Act when Parliament can spare the time.

## Medical Notes in Parliament

### SCOTTISH HEALTH SERVICE BILL

The National Health Service (Scotland) Bill was recommitment on April 21 to a Committee of the whole House of Commons in respect of amendments in the name of the Secretary of State for Scotland.

On Clause 5 Mr. WESTWOOD moved an amendment to make clear that the charges to be paid by private patients were to cover the cost falling on public funds. This amendment was accepted.

On Clause 22 Mr. WESTWOOD moved to insert a provision that where arrangements provided for the supply of anything prescribed, not being a drug, a medicine, or an appliance of a type normally supplied, the local authority may recover from any person so supplied such charge as the authority may determine. He instanced the supply of milk, orange juice, and cod-liver oil. He said the Government did not intend to authorize charges for the supply of anything which was provided as an integral part of health treatment. The line was a difficult one to draw, and under the Clause in the form proposed the House of Commons would now determine where the line was to be drawn.

Col. WALTER ELLIOT said that under the proposed words the local authority could recover from any person the cost of milk or of cod-liver oil. Nothing discouraged the mothers of young children from applying for such things so much as the long and complicated regulations. He did not believe that the solution proposed by Mr. Westwood met the wishes of the House.

Mr. WESTWOOD said that responsibility for providing cod-liver oil and milk was national and the House was dealing with local authority responsibility.

Sir THOMAS MOORE asked whether, if an iron lung was required and had to be brought from a distance, it had to be paid for by the person who needed it.

Mr. BUCHANAN said that was not an appliance supplied by a local authority. The Clause covered purely personal appliances. After further debate the amendment was accepted.

On the motion of Mr. WESTWOOD the House agreed to leave out subsection (4) of Clause 22. This amendment deleted from the Bill the provision which sought to make the local health authority the local authority for the purposes of Part I of the Children and Young Persons (Scotland) Act, 1937. An amendment was accepted to Clause 29 to bring into operation on the passing of the Act without waiting for the appointed day a new Clause authorizing local authorities to contribute to expenditure incurred by a body set up to advise on the co-ordination of health services in each area.

On Clause 64 an amendment was accepted on the motion of the Lord Advocate, Mr. G. R. THOMSON, authorizing the making of reciprocal arrangements between Scotland and England and Wales or between Scotland and Northern Ireland to safeguard the superannuation rights of persons transferred to employment in health services in those countries. After debate Clause 64 as amended was ordered to stand part of the Bill.

### Local Authority Research and Co-ordination

Mr. WESTWOOD then brought forward a new Clause enabling local authorities to carry out research connected with their own health service functions. He instanced inquiries into the value of various forms of care or after-care services, studies of the effectiveness of child-welfare centres, and inquiries into the effects of environment on health.

Col. ELLIOT saw a danger of overlapping. He pointed out that under the Clause the Regional Hospital Board and the Board of Management would have power to conduct research.

Mr. WESTWOOD, in reply to questions, said there was a possibility that research being carried on by local authorities might be stopped if the power was not provided in this Clause. If they claimed under the amendment for research which was carried through and the Secretary of State approved the claim they would get grants. The Clause was added to the Bill.

Mr. WESTWOOD moved a further new Clause. He said day-to-day co-ordination would be secured by close contact between the personnel responsible for administering the three divisions of the Health Service, and to facilitate liaison the Secretary of State would be in a position to encourage the establishment of non-statutory local committees in which representatives of all three divisions would take part. These committees would not have executive powers but would meet regularly to discuss the whole field of health services for the area, and their findings would go forward as recommendations to the Regional Hospital Boards, the Executive Councils, or the local authorities. The