

contains so many statements open to criticism that not a few pathologists will doubt whether the book is a sound guide for a young surgeon. For example, the account of the discovery of carcinogenic hydrocarbons is incorrect in many particulars; so also is that of hydatid disease. The account of bone resorption is a muddled mixture of halisteresis, osteoclasts, and Leriche and Policard's erroneous hypothesis. The three pages devoted to "status lymphaticus" contain some extraordinary statements. "Cell-rests" figure largely as the source of ovarian tumours; and the usual antiquated views about teratomas are promulgated. The author describes rodent ulcer as "one form of squamous-celled carcinoma," and omits discussion of adamantinoma from the chapter on tumours and includes it in that on cysts. He states that branchial cysts arise "from remnants of the thymic duct," and designates both carotid-body tumours and argentaffin carcinomas of the bowel as "chromaffinomas." Ganglioneuroma is said to arise "from mature nerve ganglion cells."

"All the malignant tumors [of the testis] cause the excretion of excessive amounts of gonadotropic hormone." "The thymus is never found in a normal condition in persons who have died from disease." In the developing nervous system "the medullary epithelium gives rise to two main types of cells, the spongioblast and the germ cell. . . . The germ cell gives rise to two types of cell, the neuroblast and the medulloblast," and "the medulloblast . . . gives rise to an adult type of neuroglial cell known as oligodendroglia." Adult bone cells "are end-products incapable of proliferating." In osteoclastomas "predominance of the fusiform cells indicates quiescence of the growth and a tendency to healing"; myeloid epulis is an "odontoclastoma"; and of the giant-cell tumours of tendon sheaths, "the calcified structures with the removal of which they are concerned are the sesamoid bones." Anti-teleologists may pass as figurative "the defensive fibrosis" around cancerous lymphatics, and the statement that in regenerating nerve "the axis cylinder grows out as a bulbous process in search of the missing distal end"; but they will object to being told that in inflammation "the fibrin endeavours to limit the process by attempting to shut off the inflamed area." "The sword of Damocles continually suspended over his [the patient's] head" seems anatomically scarcely the right metaphor for the tuberculous epididymis. Proper names which are misspelt include those of Hansemann, Casoni, Gömöri, Kümmell, and Jonathan Hutchinson.

RUPERT A. WILLIS.

GENERAL ANAESTHESIA

Essentials of General Anaesthesia. By R. R. Macintosh, D.M., F.R.C.S.Ed., D.A., and Freda Bannister, M.D., D.A. Fourth edition. Illustrated by Miss M. C. McLarty. (Pp. 358; 244 figures. 30s.) Oxford: Blackwell Scientific Publications. 1947.

The fourth edition of this well-known book remains substantially the same as the third. The authors have rewritten the chapter on endotracheal anaesthesia and it is now excellent. They give more information on intravenous methods of administration, and include a short chapter on trichlorethylene. We regret that in revising the book they have not taken the opportunity to insert the official names of drugs instead of their proprietary titles, such as "avertin," "evipan," and "pentothal." The terminology is not always uniform; for example, the term analgesia is used often correctly but sometimes as though it were synonymous with anaesthesia.

The book retains its original character of being an admirable introduction to general anaesthesia, with dental aspects considered in great detail. It is unsuitable for the medical student, however, since it lacks practical advice on the management of anaesthesia in common operations. It is rather surprising that no mention is made of curare or other specific relaxants of muscle.

C. LANGTON HEWER.

An Atlas of Dental Histology, by Edgar B. Manley and Edward B. Brain (Blackwell Scientific Publications, Oxford, 12s. 6d.), is a concise and well-illustrated book intended primarily for students; the practitioner or research worker will also find it useful to refresh his memory of normal appearances. The book is divided into two sections, the first containing excellent photomicrographs of normal dental tissues with explanatory notes, the second devoted to histological technique. This is a short but excellent book.

BOOKS RECEIVED

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

Manual of Medical Parasitology. By C. Courson Zeff, M.S., Ph.D. (Pp. 153. \$3.75.) Pennsylvania: State College. 1947.

A summarized account, with illustrations, of parasites that infest man.

Children's Eye Nursing. By J. H. Doggart, M.A., M.D., F.R.C.S. (Pp. 135. 8s. 6d.) London: Henry Kimpton. 1948.

A manual for nurses.

Anatomical Pattern as the Essential Basis of Sensory Discrimination. By Prof. W. E. le Gros Clark, F.R.S., F.R.C.S. (Pp. 16. 1s.) Oxford: Blackwell Publications. 1947.

The 49th Robert Boyle Lecture.

The Foot and Ankle. By Philip Lewin, M.D., F.A.C.S. 3rd ed. (Pp. 847. 55s.) London: Henry Kimpton. 1947.

The diagnosis and treatment of diseases and deformities are described with many illustrations.

Die Pathologie des Stammshirns. Wolfgang H. Veil and Alexander Sturm. (Pp. 444. No price.) Jena: Verlag von Gustav Fischer. 1946.

The author investigates the relation of certain diseases to injury to the hypothalamus.

Anales de la Catedra de Clinica, Medica. By E. S. Mazzei. Vol. I (1946). (Pp. 367. No price.) Buenos Aires: Editor "El Ateneo." 1947.

The greater part comprises a number of papers on pulmonary embolism.

Grundbegriffe der Inneren Medizin. By Professor Dr. med. Alexander Sturm. (Pp. 287. No price.) Jena: Verlag von Gustav Fischer. 1946.

An introductory textbook of medicine for medical students.

For the Parents of a Mongol Child. (Pp. 20. No price.) Issued by Sunfield Children's Homes. Clent. 1946.

A pamphlet to help parents in the bringing-up of a mongol child.

Parents' Questions. By the Staff of the Child Study Association of America. (Pp. 286. 10s. 6d.) London: Victor Gollancz. 1947.

Answers over 200 questions that parents commonly ask about bringing up their children.

Happiness and Our Instincts. By R. D. Lawrence, M.A., M.D., F.R.C.P. (Pp. 71. 4s. 6d.) London: C. and J. Temple. 1948.

An essay on human desires and needs.

The First Baby. Gwen Barton, B.Sc., M.R.C.S., L.R.C.P. (Pp. 82. 4s. 6d.) London: William Heinemann. 1948.

A manual of instructions for the laywoman.

Change Your Life Through Prayer. By Stella Terrill Mann. (Pp. 104. 7s. 6d.) London: Skeffington. 1948.

A discussion of the specific methods and purposes of prayer.

Burning Gold. By Robert Hardy Andrews. (Pp. 383. 12s. 6d.) London: Hurst and Blackett. 1948.

A novel of a doctor in an eighteenth-century setting of piracy.

Les Dérivations Précordiales. By L. Deglaude et al. (Pp. 143. No price.) Paris: J. B. Baillière. 1947.

An account of electrocardiography with precordial leads.

Die Lungentuberkulose Beim Erwachsenen. By Dr. Hermann Weber. (Pp. 417. 75 Swiss francs.) Vienna: Verlag Wilhelm Maudrich. 1948.

A general clinical account of pulmonary tuberculosis.

Child Guidance. By William Moodie, M.D., F.R.C.P., D.P.M. (Pp. 48. 4s. 6d.) London: Cassell. 1947.

A short account for the general practitioner

Vegetarian Recipes. By Ivan Baker. (Pp. 83. 1s. 6d.) Manchester: The Vegetarian Society. 1947.

A collection of food recipes for vegetarians

Mr. LESLIE HALE said that the B.M.A. had never represented the medical profession in this matter, and the time had come to make that clear. The plebiscite asked the doctors not only to state whether they were willing to enter the new Service or not, but also to put the B.M.A. in a position to wreck the scheme and defy the will of Parliament.

The Profession and the B.M.A.

Sir ERNEST GRAHAM-LITTLE said that what mattered was not promises or statements by the Minister, but what was in the National Health Service Act. He contended that the requisite personnel and buildings could not be forthcoming to enable the Act to be brought into operation on the appointed day or any foreseeable future date.

After quoting the voting figures by consultants and specialists against the scheme, he said that those sections of the profession were not so important in this respect as the general practitioners, who were three times as numerous. The general practitioners were represented by the B.M.A. The position of that body had been widely misinterpreted, notably by the Minister himself. The Council of the B.M.A. was obliged to adopt the official policy of the Association expressed in resolutions passed by the Representative Body by not less than a two-thirds majority. The rejection of the 1946 Act was the policy of the Association, and it would have been entirely within their right to announce it at once. They had, however, wisely decided to consult not only their own members but all members of the profession.

The whole structure of the new National Health Service—and especially the general practitioners' section—was based on the provision of health centres for the whole community. But the Minister had announced that the provisions of those centres must be postponed. That made an enormous hole in the scheme, particularly as it affected the general practitioner. The shortage of dentists was even more serious than the shortage of doctors. The statement that the new Act established a sound foundation for a health service for the people would not bear examination. The position was extremely critical. The medical profession were extremely suspicious of the Government and the measures proposed. They were very reluctant to forgo their privileges, and he hoped that their fears would be diminished.

Mr. BAIRD thought that the position taken up by many doctors was due to ignorance of the Act resulting from the flood of propaganda to which they had been subjected during the past few months. He believed that the rank and file of medical and dental practitioners were worried because they had been led to fear that they would be subject to unnecessary bureaucratic control. Nothing could be further from the truth. No professions in the world were entrusted with more control of their own destiny than the medical and dental professions possessed under the new Health Act.

After Mr. LAW had wound up the case for the Opposition by moving the amendment, Mr. WOODBURN, Secretary of State for Scotland, ended the debate with a vigorous defence of the Minister of Health. Mr. Woodburn said that he came into the negotiations late in their progress with an objective mind. He had seen no indication that the B.M.A. and their associates were prepared to work the scheme: they seemed more keen to have a fight than to get a settlement. There would have been no need for the debate but for the fact that the matter had been muddled by the propaganda campaign of the B.M.A., which had perverted the whole discussion. The real issue was whether it was in the public interest that the doctors should be allowed to boycott the Act of Parliament. If it was a question of loyalties, doctors should be loyal to the needs of the patients, even if it meant disloyalty to the campaign of the B.M.A.

The closure was then applied, and after this had been carried by 341 votes to 177—Government majority, 164—the amendment was rejected by 337 votes to 178, and the motion was then agreed to.

Trade Union Membership and the N.H.S. Act

Mr. ATTEWELL on Jan. 29 asked the Minister of Health whether membership of a trade union would be required as a condition of employment in the National Health Service; and whether existing professional bodies would have representation in the machinery for the negotiation of remuneration and conditions of service.

Mr. BEVAN replied, No, Sir. He hoped that persons employed in the National Health Service would be encouraged to belong to their appropriate organizations, but it would not be a condition of employment, and there would be no pressure upon anyone to belong to any organization, whether professional or trade union. With regard to the second part of the question, arrangements for setting up Whitley machinery in the National

Health Service were well advanced, and for a large part of it provisional employees' sides had already been set up. No fewer than twenty-five professional organizations were represented on these sides, and there was no truth in the suggestion that such organizations would not have appropriate representation.

Organized Enlightenment

Wing-Commander HULBERT on Feb. 5 asked the Minister of Health if his attention had been drawn to the fact that medical consultants and specialists, at a meeting at the headquarters of the British Medical Association on Jan. 27, rejected his proposals for a National Health Service by 766 votes to 11; and what action he proposed to take to make the scheme acceptable to the medical profession.

Mr. BEVAN said he was aware of this. He thought that if professional men and women were allowed, at organized meetings of this kind, a little enlightenment as to the true facts of the new scheme, they would certainly find it acceptable to them.

Attempted Intimidation

On Feb. 5 Dr. S. JEGER asked the Minister of Health whether he knew that in the plebiscite of doctors now being held by the B.M.A. each doctor was required to disclose his identity on the ballot paper; and whether in view of the fact that many doctors interpreted this violation of voting secrecy as an attempt to intimidate individual doctors, he would take steps to get a more accurate expression of the opinion of doctors on the question of their co-operation in the new National Health Service.

Mr. BEVAN, in reply, referred Dr. Jeger to the answer which he had given on Jan. 29 to Mr. Tiffany.

Mr. TIFFANY asked the Minister of Health to place in the Library copies of the two documents issued, by agreement between him and the Medical Negotiating Committee, to all doctors in the country.

Mr. BEVAN said he had done this.

Royalties in the N.H.S.

Colonel STODDART-SCOTT asked the Minister of Health on Feb. 5 for an assurance that the doctors and dentists who entered the National Health Service and published scientific or clinical articles and books would be permitted to retain fees and royalties that their writings earned.

Mr. BEVAN replied that both professions would in this respect be in the same position as they were now.

Universities and Colleges

UNIVERSITY OF OXFORD

In a congregation held on Jan. 22 the following degrees were conferred:

B.M.—J. F. Hale, J. E. Middleton, C. A. B. Clemetson, B. W. Cole, *D. C. Turk, *R. W. Emanuel, *I. Kelsey Fry, *G. L. T. M. Patey, *Christine L. Miller.
* In absence.

At a degree ceremony on Dec. 13, 1947, the degree of D.Sc. was conferred on J. Walker.

UNIVERSITY OF CAMBRIDGE

The following medical degrees were conferred on Jan. 30:

M.B., B.Chir.—*R. W. Brown, *P. H. A. Sneath, *M. S. Adams, *N. H. Harris, *B. M. Watney, *P. S. Andrews, *P. H. Bright, *O. E. F. Hodgson, *J. E. MacIver, *J. Prest, *J. D. Scott, I. S. Longmuir, D. S. Paine, *J. M. Frew, J. G. Bennette, B. E. Shairp, *E. H. Eason, *C. P. Atkin, *M. H. Clement, *D. Cooner, *W. N. Ingham, *R. V. Knight, *L. C. Robson, *M. H. Russell, *D. H. H. Walford, *J. H. Cule, R. G. Gibbs, G. G. Walker, *R. K. Mason, *M. D. M. Bowen, *K. C. G. Taylor, *M. B. Thompson, *W. Lewis, D. A. P. Hunt, *J. D. Cox, *G. W. C. Johnson, *F. R. Lambert, D. Whitfield, *H. C. H. Bird.

* By proxy.

Titles of degrees were conferred by diploma during January on B. Jones, M.B., B.Chir. (Girton College), and A. E. Perkins, M.B., B.Chir. (Newnham College).

UNIVERSITY OF EDINBURGH

Robert McWhirter, F.R.C.S.Ed., D.M.R.E., F.F.R., has been appointed to the recently instituted Forbes Chair of Medical Radiology in the University.

UNIVERSITY OF DUBLIN

The degree of M.D. has been conferred on Air Commodore E. A. Lumley, M.C., R.A.F.

Thursday

BRITISH INSTITUTE OF RADIOLOGY, 32, Welbeck Street, London, W.—Feb. 19, 8 p.m. "Radiotherapy in Dermatological Conditions," by Dr. R. T. Brain.

EDINBURGH CLINICAL CLUB.—At B.M.A. Scottish House, 7, Drumsheugh Gardens, Edinburgh, Feb. 19, 8 p.m. "Domiciliary Midwifery," by Dr. W. I. C. Morris.

ROYAL SOCIETY OF TROPICAL MEDICINE AND HYGIENE.—At 26, Portland Place, London, W., Feb. 19, 7.30 p.m. "The Pathological Processes in Malaria," paper by Prof. B. G. Macgregair; "Liver Lesions in Malaria," by Dr. W. H. H. Andrews. Discussion.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL, Hyde Park Corner, London, S.W.—Feb. 19, 4.30 p.m. Neurological Lecture-demonstration, by Dr. A. Feiling.

STAINCLIFFE COUNTY HOSPITAL, Dewsbury, Yorkshire.—Feb. 19, 9.15 p.m. "Post-Menopausal Haemorrhage," by Prof. A. M. Claye.

Friday

BRITISH INSTITUTE OF RADIOLOGY, 32, Welbeck Street, London, W.—Feb. 20, 8 p.m. "Advances in the Design of X-ray Diagnostic Equipment," by Dr. A. Nemet.

FACULTY OF RADIOLOGISTS.—At Royal College of Surgeons, Lincoln's Inn Fields, London, W.C., Feb. 20, 2.15 p.m. Radiotherapy Section Meeting. Discussion: "Carcinoma of the Bladder." Openers: Messrs. Arthur Jacobs, E. W. Riches, and John Millen.

LONDON CHEST HOSPITAL, Victoria Park, E.—Feb. 20, 5 p.m. "General Anaesthesia for Surgery of the Heart," by Dr. Parry Brown.

ROYAL MEDICAL SOCIETY, 7, Melbourne Place, Edinburgh.—Feb. 20, 8 p.m. "Bronchial Carcinoma." Dissertation by Mr. I. F. McLaren.

TUBERCULOSIS ASSOCIATION.—At Royal Society of Tropical Medicine and Hygiene, 26, Portland Place, London, W., Feb. 20, 3 p.m. "Preliminary Reports on Results of Streptomycin Trials in Britain." Short papers by Dr. Geoffrey Marshall, Prof. N. B. Capon, Dr. Honor Smith, Dr. Douglas Smith, Dr. Richard Brent, Dr. J. W. Crofton, Dr. Robert Cruickshank, Dr. I. A. B. Cathie, and Dr. Marc Daniels. Dr. Jacques Bourdin (Laennec Hospital, Paris) will also speak.

UNIVERSITY COLLEGE LONDON: DEPARTMENT OF PHYSIOLOGY, Gower Street, W.C.—Feb. 20, 5 p.m. "The Physician, His Drugs and His Instruments," by Dr. E. A. Underwood.

APPOINTMENTS

Air Marshal Sir Harold Whittingham, K.C.B., K.B.E., F.R.C.P., has been appointed Director of Medical Services, British Overseas Airways Corporation, in succession to Air Vice-Marshal Sir William Tyrrell, K.B.E., D.S.O., M.C., M.B., B.Ch., who has retired.

AYLESBURY: ROYAL BUCKINGHAMSHIRE HOSPITAL.—Surgeon to Ear, Nose, and Throat Department: Brian Reeves, F.R.C.S.Ed. Dental Surgeon: A. G. Beaton, M.R.C.S., L.R.C.P., B.D.S. Clinical Assistant to Dermatological Department: G. H. V. Clarke, M.R.C.S., L.R.C.P.

BROWN, FELIX W., D.M., M.R.C.P., Honorary Psychiatrist, Hampstead General and North-West London Hospital.

PRINGLE, P., LL.B., M.R.C.S., L.R.C.P., D.I.H., Chief Medical Officer, British Electricity Authority.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Fletcher.—On Jan. 31, 1948, to Muriel (née Frew, M.B., Ch.B.), wife of Dr. Albert F. Fletcher, of Fitz Park House, Kewick, a brother for Andrew.

Ross.—On Feb. 3, 1948, at the London Hospital, to Margaret (née Green), wife of Dr. Michael Ross, a son.

MARRIAGE

McCabe—Milne.—On Jan. 24, 1948, at Changi, Singapore, John K. McCabe, M.B., to Elizabeth M. I. Milne, M.B.

DEATHS

Barrow.—On Jan. 31, 1948, Frederick Barrow, M.R.C.S., of Ogle House, Rothbury, Northumberland, aged 95.

Brown.—On Feb. 2, 1948, at Worthing, Herbert Henry Brown, O.B.E., M.D., F.R.C.S., aged 85.

Clarke.—On Jan. 10, 1948, at Napier, New Zealand, Edward Clarke, M.D.

Fasson.—On Jan. 25, 1948, at Hertford Hospital, Robert Robertson Fasson, M.D.Ed., Surgeon Commander, R.N., retired, of Sunnysawn, Broxbourne.

Ferguson.—On Jan. 22, 1948, at "Wychwood," Dunedin, New Zealand, Sir Henry Lindo Ferguson, Kt., C.M.G., M.D., F.R.C.S.I., F.R.A.C.S., aged 89.

Freer.—On Jan. 30, 1948, at Noble's Hospital, Isle of Man, Robert Mylcraine Freer, M.D.Ed., aged 78.

Geoghegan.—On Feb. 4, 1948, at the Middlesex Hospital, London, W., Joseph Geoghegan, M.D., F.R.C.S.Ed., of 22, Wimpole Street, London, W.

Hayburn.—On Jan. 19, 1948, at 6, Victor Road, Manningham, Bradford, Yorks, William Ernest Hayburn, M.B., B.Ch., aged 74.

Rees.—On Jan. 26, 1948, William Hywel Rees, M.B., Ch.B.Ed.

Rubidge.—At Graaff-Reinet, Cape Province, South Africa, John Liesching Rubidge, M.B., C.M.Ed., aged 80.

Webb.—Recently, Dr. Gerald Webb, late of Guy's Hospital, London Bridge, S.E.

Any Questions?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.

Renal Glycosuria in a Boy

Q.—A boy aged 10 was found to have glycosuria with S.G. 1032. He had had a recent infection of the nail beds. Apart from failure to gain weight he is quite well. According to hospital reports, glucose tolerance is within normal limits. The child's grandfather was a diabetic. Is it an approved practice to administer small doses of, say, 5 units of insulin daily to such a case in order to stimulate carbohydrate metabolism? Or is one bound to face the fact that weight increase will be permanently retarded by occasional renal glycosuria?

A.—Since the sugar-tolerance curve was within normal limits the diagnosis of renal glycosuria seems justified. The total amount of sugar excreted in the urine in this condition is usually 10–15 g. a day, though it may be as much as 30 g. In view of the history that the grandfather had diabetes it is possible that the child may develop the disease, since the presence of a low threshold for sugar does not prevent its onset. It is advisable to estimate the total amount of sugar passed in the 24 hours. If this amounts to 10–20 g. only, the child has not developed diabetes, but if more than 20 g. is excreted the sugar-tolerance test should be repeated. If this is normal, although say 30 g. of sugar is excreted, an occasional estimation of the total sugar excreted should be made, but it is unnecessary to repeat the sugar-tolerance test unless the amount of sugar excreted increases. The giving of 5 units of insulin is unnecessary, as the patient makes as much insulin as he needs, and the extra amount would be valueless. The loss of even as much as 30 g. of sugar a day means that an extra 120 calories will be needed daily, but this in normal times is readily supplied, though it may be a little difficult so long as both potatoes and bread are rationed. The giving of an amount of glucose equal to that excreted in the urine may, under present conditions, be necessary if more than 10 g. is excreted in the 24 hours.

Pregnancy in an Epileptic

Q.—A woman aged 24 started having very severe epileptic attacks at the age of 15; menstruation began at 12 years. She is now controlled and free from attacks, but only by the rather staggering dosage of "epanutin" 1½ gr. (0.1 g.) and phenobarbitone 2 gr. (0.13 g.) twice daily. (Other combinations and dosages have been tried in profusion, but she always relapses into major attacks.) There is no history of epilepsy on either side of her family, and her husband's family is also clear. She is anxious for advice about having a child. It is said that the chances of the child being epileptic are increased tenfold if either parent has the disease. What effect may the huge doses of drugs she is taking have upon pregnancy, labour, and the child; and should she be allowed to contemplate the idea? If the answer is against pregnancy, is her condition such as to warrant therapeutic abortion in the event of an accidental conception?

A.—This statement of the risks of inheritance is apparently based on Russell Brain's 1934 estimate that the expected incidence of epilepsy among the children of an epileptic is 1 in 10, but it is not quite an accurate interpretation in that it does not allow for the fact that the children of apparently healthy parents are by no means immune. Moreover, several recent observers have found that only 2 to 3% of offspring are affected when only one parent has epilepsy. It is possible that an occult predisposition to epilepsy in one or other parent is important where inheritance is concerned, and it is suggested (W. G. Lennox and others, *Arch. Neurol. Psychiat.*, Chicago, 1940, 44, 1155) that the outlook for the children can be better assessed if electro-encephalography is carried out on the apparently healthy partner of the epileptic wife or husband. The duty of the medical attendant is to tell the couple what is known of the risks of inheritance, and the ultimate decision regarding pregnancy should then rest with them. If, however,