

evolved his own technique of interpretation, and this he describes minutely and clearly. The reader will have little difficulty in following the instructions, and will find that most of his difficulties and questions have been answered. Although for so small a book it is remarkably comprehensive, it is by no means an exhaustive description of all the theories and techniques which have grown up round the Rorschach test, especially in recent years. It is rather an account of the views and practice of one exponent, evolved by him from an extensive acquaintance with the literature and wide personal experience. It is to be recommended as a most readable introduction to the subject.

ELIOT SLATER.

SHAKESPEARE'S SON-IN-LAW

The Shakespeare Circle. A Life of Dr. John Hall, Shakespeare's son-in-law, with glimpses of their intimate friends and relations. By C. Martin Mitchell. (Pp. 116; illustrated. 12s. 6d.) Birmingham: Cornish Brothers, Limited.

John Hall was born in Bedfordshire in 1575. He matriculated from Queens' College, Cambridge, at the age of fourteen, and is entered in the records as M.A. in 1597. He studied in France, but he did not take a medical degree and was generally known as Master John Hall. It is suggested that an ecclesiastical licence gave him his qualification and he settled in Stratford-on-Avon to practise medicine about the year 1600. He married Susanna, Shakespeare's daughter, in 1607, the year of the production of *The Life and Death of King Lear* and his *Three Daughters*, and in 1610 they moved into New Place to live with the poet. Susanna died in 1649, fourteen years after her husband. Her epitaph, its quality sufficient to prove that her father died before her, is well known:

"Witty above her sexe, but that's not all,
Wise to salvation was good Mistress Hall,
Something of Shakespeare was in that, but this
Wholly of him with whom she's now in blisse. . . ."

John Hall became a very successful physician whose practice extended beyond Warwickshire. He refused a knighthood (does this make him unique among physicians?), preferring to pay £10 for his affront to that fount of commercial honour, James I. John Hall was a great man in Stratford and both in 1617 and in 1622 he refused nomination to the Town Council "because his work prevented his attendance." His ultimate acceptance of nomination in 1632 appears to have been a tactical move in his violent quarrel with the Corporation, for he was soon expelled for "sundry other misdemeanours and continual disorders." It is charitable, as his biographer suggests, to regard his acrimonious behaviour in these controversies as evidence of ill-health. He died suddenly in 1635, and in 1657 his friend and admirer, Dr. John Cook, of Warwick, published 200 of his case notes with the title *Select Observations on English Bodies or Cures both Emperically and Historically performed upon very eminent Persons in desperate Diseases. . . .*

Mr. Martin Mitchell's book contains all (and more) that is known of John Hall and gives in addition much information about other relations and friends of William Shakespeare.

D. V. HUBBLE.

One has only to read the introduction to *Physical Treatment of Injuries of the Brain and Allied Nerve Disorders*, by Miss K. M. Hern, M.C.S.P. (Baillière, Tindall and Cox; 10s. 6d.) to see that the author is an enthusiast. The theme of physical treatment she advocates is active work—"activity with interest, variety, and achievement." She emphasizes the essential importance of rhythm, for the patient must do much more than slow deliberate concentrated movement with an affected limb; he must be able to exhibit co-ordination and rhythm. She describes the techniques of active re-education in detail, and they are well illustrated. She emphasizes the value of ball games, recommending three different sizes of ball and giving clear details of their use. In the chapter on apparatus she rightly points out that, though it is useful, its absence should be no deterrent to the physiotherapist, who should be able to adapt and improvise. She makes many suggestions for such improvisations. This book is thoroughly practical. The author does not lose sight of the little important things in life, and she reminds us that the spastic patient should be able to handle his own money and do up his own buttons. All who are interested in rehabilitation will study the book with profit.

BOOKS RECEIVED

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

Manual for Medical Records Librarians. By E. K. Huffman, R.R.L. 2nd ed. revised. (Pp. 371. \$4.50.) Chicago: Physicians' Record. 1948.

The author describes library organization, methods such as micro-filming and card-indexing, and includes a glossary of medical terms.

The Trial of Gorzawa Sadaichi. Edited by C. Sleeman, B.A. (Pp. 245. 18s.) London: William Hodge. 1948.

Describes the trial of a group of Japanese war criminals.

Thomson-Walker's Genito-Urinary Surgery. Edited and revised by Kenneth Walker, M.A., M.B., B.Ch., F.R.C.S., T.I.C.S. 3rd ed. (Pp. 956. 60s.) London: Cassell. 1948.

Out-of-date material has been eliminated, and new work on the sulphonamides, antibiotics, and mandelic acid described.

Bacteriology. By F. W. Tanner and F. W. Tanner, Jr. 4th ed. (Pp. 625. 27s.) London: Chapman and Hall. 1948.

An introductory textbook for the student.

Comparative Physiology. By B. T. Scheer, Ph.D. (Pp. 563. 36s.) London: Chapman and Hall. 1948.

A textbook for the advanced student grounded in zoology.

Recent Advances in Respiratory Tuberculosis. By F. Heaf, M.A., M.D., F.R.C.P., and N. L. Rusby, M.A., D.M., F.R.C.P. 4th ed. (Pp. 290. 21s.) London: J. and A. Churchill. 1948.

Besides bringing the book up to date the authors have included new chapters on the patient's environment and social circumstances.

Clinical Endocrinology. By L. Martin, M.D., F.R.C.P., and M. Hynes, M.D., M.R.C.P. (Pp. 222. 15s.) London: J. and A. Churchill. 1948.

A short textbook intended particularly for general practitioners and postgraduate students.

The Development of Modern Medicine. By R. H. Shryock. (Pp. 384. 21s.) London: Victor Gollancz. 1948.

The development of medicine is related to the intellectual background and social history of the times. First appeared in the U.S.A. in 1936.

Documenta Ophthalmologica. Edited by F. P. Fischer, A. J. Schaeffer, and Arnold Sorsby. Vol. 2. (Pp. 461. No price.) The Hague: W. Junk. 1948.

Includes papers by various authors on the electroretinogram, siderosis retiniae, and experimental trachoma.

Dietetics. By A. Nimalasuria, M.B., B.S., M.R.C.P. (Pp. 138. No price.) Colombo: The Times of Ceylon. 1948.

Intended for the school-teacher and intelligent parent.

Physiology of the Eye. By H. Davson, D.Sc. (Pp. 451. 32s.) London: J. and A. Churchill. 1949.

A textbook for the general medical student and prospective specialist in ophthalmology.

Science in Films. Edited by B. Lloyd, M.Sc., Ph.D. (Pp. 238. 15s.) London: Sampson Low, Marston. 1948.

Includes an article on the use of films in medicine and very extensive references.

Lumbalgien. By H. Debrunner. 2nd ed. (Pp. 121. 12.50 Swiss francs.) Berne: Huber. 1948.

A clinical account for the general practitioner.

Psychiatry in General Practice. By M. W. Thorner, M.D., D.Sc. (Pp. 659. 40s.) London: W. B. Saunders. 1948.

A practical account of diagnosis and treatment, with case histories.

Treatise on Surgical Infections. By F. L. Meleney, M.D. (Pp. 713. 63s.) London: Geoffrey Cumberlege. 1948.

The author discusses sterilization and asepsis, the infection of surgical wounds, the body's defences, and treatment.

His courage in facing this prospect was a source of admiration to all who knew him, and required a pluck and philosophy which it is given to few mortals to possess. He will long be remembered by those who were privileged to work with him for his vivid personality, humanity, sparkling conversation, and dauntless courage. He leaves a widow to whom the sincere sympathy of all who worked with him is extended.

H. S. SULLIVAN, M.D.

Dr. Harry Stack Sullivan, who died in Paris on Jan. 14, was a distinguished American psychiatrist, chairman of the Council of Fellows of the Washington School of Psychiatry, editor of *Psychiatry*, and author of much valuable work, especially in his earlier days, on schizophrenia and later on the subject of interpersonal relationships. Dr. Sullivan was born in 1892, and graduated at Chicago in 1917. When America came into the recent war, Dr. Sullivan acted as consulting psychiatrist to the Office of Selective Service in the United States. He advised on the general mechanism for psychiatric and psychological sifting of those called up for the Army. He had been active in many fields despite the fact that he had suffered from several cardiac attacks. His death was the result of yet one more cardiac accident.

Dr. Sullivan, who was in London last summer for the International Congress on Mental Health, and who worked extremely hard previously on the International Preparatory Commission which he himself had originated, moved on to further work as psychiatric consultant in the American zone of Germany and lectured in various parts of Europe before returning to Washington. He flew over at the beginning of this month to Amsterdam, where for a week he worked hard on the Advisory Committee of the World Federation for Mental Health and at meetings of its Executive Board. He had gone on to Paris to help in a conference with Unesco before returning home. His death will be greatly regretted by many people in Europe as well as by his relatives and professional colleagues in the United States.

Mr. SIBERT FORREST ANTROBOS COWELL, who was secretary of the Royal College of Surgeons of England for many years, died at St. Albans on Jan. 13 at the age of 85. Mr. Cowell, who was the son of Dr. Thomas William Cowell, went to Westminster School in 1876 and became a Queen's scholar three years later. He graduated in 1886 from University College, Oxford, after gaining a third-class in Classical Moderations and a fourth-class in "Greats." He became assistant secretary of the College in 1888, and succeeded Edward Trimmer as secretary in 1901. His whole life was devoted to the College from the time of his first appointment until his retirement under the age limit in 1934.

Universities and Colleges

ROYAL COLLEGE OF SURGEONS OF ENGLAND

The following lectures will be delivered at the College (Lincoln's Inn Fields, London, W.C.), at 5 p.m. on each day: Feb. 2, Hunterian Lecture by Professor Terence Cawthorne, "Some Observations on the Pathology and Surgical Treatment of Labyrinthine Vertigo of Non-infective Origin"; Feb. 7, Hunterian Lecture by Professor R. W. Raven, "The Properties and Surgical Problems of Malignant Melanoma"; Feb. 9, Moynihan Lecture by Sir Henry Cohen, "Hypoglycaemia and Hyperinsulinism"; Feb. 10, Hunterian Lecture by Professor Michael Oldfield, "Advances in Hare-lip and Cleft Palate Surgery, following the Treatment of 500 Patients"; Feb. 14, Hunterian Oration by Mr. H. S. Souttar, "John Hunter—The Observer"; Feb. 17, Hunterian Lecture by Professor J. G. Bonnin, "Diastasis of the Tibio-fibular Syndesmosis"; Feb. 21, Hunterian Lecture by Professor D. F. Ellison Nash, "The Development of Micturition Control"; Feb. 23, Hunterian Lecture by Professor W. S. Lewin, "Acute Subdural and Extradural Haematoma in Closed Head Injuries"; Feb. 24, Hunterian Lecture by Professor Robert Roaf, "The Treatment of Residual Disability following Injuries of the Peripheral Nerves of the Upper Extremity"; Feb. 28, Hunterian Lecture by Professor R. A. Russell Taylor, "The Aetiology, Pathology, Diagnosis, and Treatment of Acute Pancreatitis: a Review of 110 Cases." The lectures are open to those attending courses in the College and also to all other medical practitioners, dental surgeons, and advanced students.

Medical Notes in Parliament

DEBATE ON N.H.S.

A debate on anomalies arising out of the National Health Service Act was opened on Jan. 21 by Sir HENRY MORRIS-JONES. He regretted that Mr. Bevan was absent and said that was the first opportunity which the House had had of discussing matters arising under the regulations of an Act intimately touching every household. That Mr. Bevan was not present to deal with these matters was rather an affront to the House. It was right that the Ministry should be negotiating with the British Medical Association and other interested bodies, but the House was entitled to know what was going on. Sir Henry pointed out that the cost of the Health Service was £30,000,000 over the estimate. Responsible authorities said it might go to £100,000,000 above the estimate in the next year or two. He thought the Act would survive its teething troubles, but the House should inquire where redress could be secured within the regulations without initiating further Acts of Parliament.

Large numbers of medical men were unhappy about the position and the working of the Act. Their work had increased in all areas. Medical men in large industrial areas had gained somewhat, in some areas by as much as 25 to 30%. In all other areas, residential, rural, and seaside resorts, remuneration had gone down, in some respects so seriously as to affect the morale and working power of the general practitioner. He quoted a letter from a firm of medical men in a seaside resort who had 4,000 patients on their panel at 16s. a head. This gave a gross income of £3,200 a year. Practice expenses for the current year amounted to £1,950, leaving £416 for each of the three partners before deduction of tax. Consultations and visits averaged 90 per day for the last six months. The net pay per attendance, after practice expenses were deducted, was 9d. This did not include consultations by telephone, estimated at 20 per day. The senior partner in the firm wrote that "the Health Service in this area is being soured at the point of contact between patient and doctor." Sir Henry was glad that the Minister had made a fairly substantial concession in rural areas. A man in a rural area with a panel of 1,000 was often harder worked than a man in an industrial area with a panel of 4,000. Many doctors in rural areas were threatened at present with financial ruin: they could not meet their commitments. The whole basis of remuneration should be reconsidered. If they could not get good service under this head the whole Act failed. Much was to be said for payment per attendance, with power for the State to make a grant in aid. A commission in New Zealand had recently reported in favour of the suggestion. In any State scheme there was bound to be a greater demand on the Service, although people in Britain had, on the whole, behaved very well.

Basic Salary

The basic salary arrangement was really not working at all. Liverpool had granted it, but other large cities in Lancashire had not. Llandudno had granted it, but Colwyn Bay refused it. In the County of Caernarvon the basic salary was paid, but in Derbyshire only three out of 32 doctors who applied for it had been granted the basic salary. Parliament had intended the basic salary to be paid. Distribution of medical men was worse than it ever had been, because medical men and women were "frozen" in their areas and could not leave them. If medical men in a seaside resort found that their incomes were reduced, or did not want to spend their lives attending nervous and elderly people, they could not go elsewhere. Maldistribution, of which Mr. Bevan had made so much in his speeches to the House, was intensified at present. At Deganwy, between Llandudno and Colwyn Bay, the people had been refused a medical man by the executive council, although there had been one practising there for seventy years. Why should the people have to go two miles away, where many had to wait all day to see a practitioner? In many cases young medical men were not allowed to start in new areas. When they made an inquiry they were told they would not be allowed to settle there unless they had accommodation. Having secured it, they were still not sure they would be allowed to settle there. The purpose of the Act was thus being frustrated.

Turning to the facilities given to foreign visitors to have free treatment under the Act, Sir Henry asked why a temporary visitor should be allowed to get treatment and equipment for nothing. A wealthy Belgian could come to this country and get medical treatment, but there was no reciprocity. Sir Henry did not suggest that members of the Commonwealth should be excluded from these facilities. The question of specialists needed reviewing. Many specialists found their incomes had

APPOINTMENTS

A. L. Bacharach, M.A., F.R.I.C., has been appointed to the staff of the Public Relations Director, Glaxo Laboratories, Ltd. W. F. J. Cuthbertson, Ph.D., F.R.I.C., will succeed him as Head of the Nutrition Unit, Research Division, of Glaxo Laboratories, Ltd.

LECHLER, J. H. M.D., F.R.C.S.Ed., M.R.C.P.Ed., Medical Officer in Charge, Dr. Graham's Homes, Kalimpong, India.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Dickinson.—On Jan. 12, 1949, at the General Lying-in Hospital, Lambeth, to Barbara (née Thomas), M.B., Ch.B., wife of J. R. Dickinson, F.R.C.S., a daughter.

Duguid.—On Jan. 12, 1949, at Liverpool Maternity Hospital, to Aileen Mary (née Barry), M.B., Ch.B., wife of John Duguid, M.B., Ch.B., a daughter.

Price.—On Jan. 4, 1949, to Olive, wife of Dr. H. C. Price, of 13, Church Vale, London, N., a son—Stephen Nicholas.

Prichard.—On Jan. 17, 1949, in London, to Joan (née Webber), wife of John Stobo Prichard, M.C., M.R.C.P., a son.

Redfern.—On Jan. 13, 1949, at 31st British General Hospital, British Troops in Austria, to Theodosia (née Rogers), wife of Major John Redfern, R.A.M.C., a son.

Walters.—On Jan. 15, 1949, at the Bromhead Nursing Home, Lincoln, to Daphne (née Pullein-Thompson), wife of Geoffrey A. Bagot Walters, F.R.C.S.Ed., a daughter.

MARRIAGES

Bawtree—Samson.—On Jan. 15, 1949, in London, Harold Maurice Bawtree, A.M.I.E.E., to Helen Samson, M.B., Ch.B., D.Obst.R.C.O.G.

Brett—Alexander.—On Jan. 15, 1949, at Grantham, Martin Brett, F.R.C.S., to Mrs. Joan Alexander.

Laycock—Worth.—On Jan. 1, 1949, at the Garrison Church, Hargeisa, British Somaliland, Handley T. Laycock, M.B., F.R.C.S., to Winifred Gladys Worth, Colonial Nursing Service.

DEATHS

Bailey.—On Jan. 16, 1949, at Victoria Falls Hospital, Victoria, B.C., Kenneth Norman Grierson Bailey, M.B., B.S.

Chapman.—On Jan. 14, 1949, Edward Seymour Chapman, M.D., F.R.C.S.Ed., of Scarborough.

Fielden.—On Jan. 23, 1949, Edward Fielden, M.B., B.S., of Bracknell, Berkshire, aged 77.

Forster.—On Jan. 16, 1949, Arthur Graham Foljambe Forster, M.D.Ed., of Caerwood, Montpelier Parade, Cheltenham, aged 79.

Frere.—On Jan. 15, 1949, at Stanway, Fleet, Hants, John Edward Frere, M.B., B.Ch.

Good.—On Jan. 16, 1949, Christopher Frank Good, C.B., M.R.C.S., L.R.C.P., Principal Medical Officer at the Ministry of Health in charge of the insurance medical service.

Jordan.—On Jan. 19, 1949, at R.A.F. Hospital, Wroughton, Wiltshire, John Herbert Jordan, M.C., M.B., late Major, R.A.M.C.

Kay.—On Jan. 16, 1949, at The Hollies, Pine Grove, East Grinstead, Alfred Reginald Kay, M.R.C.S., L.R.C.P., aged 79.

McDowall.—On Jan. 14, 1949, at Tunbridge Wells, Co'in Francis Frederick McDowall, M.D., late Medical Superintendent, Ticehurst House, Ticehurst, Sussex.

Mitchell.—On Jan. 11, 1949, Edward Mitchell, L.R.C.P.&S.I. and L.M., The Hollows, Winslow, Bucks.

Mudie.—On Jan. 6, 1949, at Denholm, Chandlersford, Arthur Mudie, L.R.C.P.&S.Ed., aged 80.

Ormsby.—On Jan. 1, 1949, William Edwin Ormsby, O.B.E., M.B., B.Ch., Surgeon Captain R.N., retired, of Ardenne Highlands, Salisbury, Southern Rhodesia, late of Paignton, Devon.

Paton.—On Jan. 11, 1949, John Hunter Park Paton, M.D.Ed., of Castlemount, St. Andrews.

Reed.—On Jan. 11, 1949, at 343, London Road, St. Leonards-on-Sea, Sussex, Thomas Reed, M.R.C.S., L.R.C.P.

Reid.—On Jan. 8, 1949, at Forth, Lanark, John Reid, M.D.Glas.

Ryles.—On Jan. 14, 1949, at Hoylake, Cheshire, Chas' Sydney Ryles, O.B.E., M.B., Ch.B.Ed., D.P.H., Colonel, late R.A.M.C., of 30, The Drive, Amersham, Bucks, aged 65.

Sheppard.—On Jan. 6, 1949, at Whitefield, Barnston Road, Heswall, Cheshire, Percy Gordon Sheppard, L.M.S.S.A.

Storey.—On Jan. 16, 1949, at 4, The Manor House, London, N.W., Percy Arthur Storey, M.D., aged 79.

Swan.—On Jan. 15, 1949, at Eastbourne, William Travers Swan, C.B., M.B., B.Ch., Major-General, A.M.S. retired, aged 87.

Thomas.—On Jan. 21, 1949, at Parke, Whitland, Carm, Rowland Lewis Thomas, L.M.S.S.A., D.P.H.

Wells.—On Jan. 17, 1949, at Pendleton, Stratford-on-Avon, Philip Hewer Wells, M.C., M.R.C.P., aged 56.

Williamson.—On Jan. 11, 1949, at Bonally, Murtle, Aberdeenshire, George Williamson, M.B., C.M., F.R.C.P.Ed.

Wilson.—On Jan. 21, 1949, at Hove, Louise Farnam Wilson, M.D.

Wylie.—On Jan. 17, 1949, Alexander Wylie, M.B., C.M., of Scafield Road, Southbourne, Bournemouth.

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.

Graduated Exercise in Pulmonary Tuberculosis

Q.—What is the present view of the part played by graduated exercise in the treatment of pulmonary tuberculosis—is it actively beneficial in promoting the healing of a lung lesion, or is it to be regarded in the more passive sense as a gradual relaxation of the conditions of complete rest as the patient's clinical condition improves?

A.—Graduated exercise under careful control is beneficial in both the ways mentioned by the questioner. It increases physical fitness and bridges the gap between the rest cure and a return to normal activity. Controlled exercise can also be used to test the activity of a doubtful lesion; this is particularly valuable in the case of minimal, symptomless lesions discovered by routine radiography. As the ultimate healing of tuberculosis takes many years, it is obviously impossible to keep the patient at complete rest until this is achieved. A course of graduated exercises is prescribed only after an adequate period of rest has controlled the toxæmia and rendered the disease non-progressive. Many years ago Kingston Fowler remarked that treatment by rest alone tended to convert sick workers into healthy loafers. A course of graduated exercise avoids this danger and is a valuable adjunct to the rehabilitation of many tuberculous patients.

Breathing Exercises in Pulmonary Tuberculosis

Q.—Are gentle respiratory exercises of benefit in cases of pulmonary tuberculosis in which only a small area of infection remains in the lungs? Would exercises to correct posture be advisable in a patient who has been in bed for over a year and who has slight infiltrations remaining in the upper lobe of the left lung?

A.—As rest is the basis of the treatment of pulmonary tuberculosis, respiratory exercises should not be used in this condition. Postural correction exercises are employed with great benefit after a thoracoplasty and might be indicated in the case here described, but all forms of breathing exercises designed to increase lung movement should be avoided.

Liver Extracts

Q.—I notice in American literature that liver extract is measured in units per ml. Can you define the unit?

A.—The United States Pharmacopeia Anti-Anæmia Preparations Advisory Board assesses liver extracts and awards the various commercial preparations a "unit value per ml." As, to date, the only method of assessing liver extracts is by clinical test on classical cases of Addisonian anaæmia in relapse, "unit" cannot be a precise term, as patients may vary in their response to potent extracts. Further, "a satisfactory response" has to be defined. Formulae for judging a "satisfactory response" are discussed by Della Vida and Dyke (*Lancet*, 1942, 2, 275), who stress the importance of assessing the gain in red cells in addition to the reticulocyte response.

The American (U.S.P.) "unit" represents the minimal amount of the therapeutic agent which, when given daily in an uncomplicated case of pernicious anaæmia, has produced a "satisfactory" or average reticulocyte response and subsequent relief of anaæmia and symptoms. The Canadian unit is defined as one-seventh of the weekly dose of extract required to produce a satisfactory response. Emery and Hurran (*British Medical Journal*, 1945, 1, 75) prefer an arbitrary "unit" system to the labelling of extracts as "derived from so much raw liver" or "equivalent to so much oral liver"; they also suggest a "purification index." At present, however, no method exists for the comparison of British-made extracts by a "unit" system; the U.S.P. "unit" can be criticized in that it is based on figures submitted to an advisory board by manufacturers,

The Association of Psychiatric Social Workers publishes an interesting journal on the work done by its members entitled *The British Journal of Psychiatric Work*. It is obtainable at 3s. 6d. (postage 4d.) from that Association, 1, Park Crescent, London, W.1. The second issue, which has recently been published, contains articles on such topics as "Child Guidance in the Nursery School," "The Preparation of Parents for Treatment in a Child Guidance Clinic," and an investigation into the psychology of pregnancy and lactation.