

of the female genital tract and pay much attention to the practical means of preventing it. Furthermore, they discuss the methods of treating carcinoma of the uterus almost at the beginning of the book. A point of some interest is that they do not seem to have such great enthusiasm for using drugs of the sulphonamide group as is customary in Britain.

The book will be generally welcomed, for it gives a full account of gynaecological surgery, and the manner in which the subject is presented is vigorous and stimulating.

WILFRED SHAW.

MEDICINE FOR NURSES

Introduction to Medical Science. By Gulli Lindh Muller, M.D., and Dorothy E. Dawes, R.N., M.A. Second edition. (Pp. 580; illustrated. 20s.) Philadelphia and London: W. B. Saunders Company. 1948.

The authors of this book, a pathologist and a nurse, provide in comparatively small space a comprehensive outline of pathology, clinical pathology, and public health for nurses. A historical introduction leads on to a systematic account of modern medical science. Sections on the causes of disease and the bodily changes they induce are followed by an account of how diseases may be diagnosed and treated. The last section is on their prevention. The authors omit little. For example, in sixteen pages on the pathology of tumours they describe some thirty different types of neoplasm, with six illustrations. In five pages on renal-function tests they find room to describe the principles and techniques of the concentration and dilution, the dye-excretion, and the various clearance tests, including those with inulin and diodrast. They mention the more important wartime advances in medicine, including even the uses of plasma fractions and parenteral amino-acid therapy.

So much detailed and up-to-date information compressed into so short a space makes the book rather dull reading, and the young student nurse for whom it is intended would find it difficult to see the wood for the trees. The book is "to serve as an overview of medical science prior to her services on the wards," but the order of the exposition, though logical, would probably make the book unintelligible to anyone without clinical experience. The first chapter is no easier than the last, and to guide the student through the many new concepts and unfamiliar terms there is only a glossary to help her. Even this may fail her, as in, for example: "Atopy, Condition of being sensitive to an atopen or a substance to which an allergic person is sensitive"; or "Gonadotropic hormone, Hormone of the sex glands." The style, which is careless and inelegant, increases the difficulty of understanding the text.

Only a physiological approach can make modern medicine intelligible to the novice, and there is need for an introductory book in which disease states and their natural histories are interpreted in terms of disordered structure and function. The authors of this work do not attempt this. Its use in Britain will be chiefly as a book of reference for ward sisters and others responsible for teaching nurses. In America it presumably caters for a syllabus that our nursing curriculum fortunately does not include.

L. P. R. FOURMAN.

In *An Approach to Social Medicine* (Baillière, Tindall and Cox; 15s.) Dr. John D. Kershaw discusses the development of a particular attitude towards medicine and society. While every good practitioner is actively concerned with the development of medicine in relation to social life, too few have accepted the challenge that medicine (among other agencies) must actively influence social activities in the interests of human well-being. Dr. Kershaw reviews the structure of society in order to evaluate its disorders and then discusses the relation of the major branches of medicine to social activities. Finally he considers some of the health problems created by society. Social medicine is a philosophy of health, and in the last chapter he deals appropriately with the human and social instruments of that philosophy. This practical work is recommended both to medical men and to those who claim to be intelligent responsible citizens; it is to this audience that the author appeals. Succinct and necessarily dogmatic, it will interest many readers, and for the more inquiring there is an excellent bibliography.

BOOKS RECEIVED

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

Les Entretiens de Bichat 1948: Chirurgie - Spécialités. Edited by Dr. Petit-Dutaillis. (Pp. 374. 800 francs.) Paris: L'Expansion Scientifique. 1948.

Short articles on a wide variety of surgical topics, including ophthalmology and gynaecology.

Les Entretiens de Bichat 1948: Médecine. Edited by G. Laroché and L. Justin-Besançon. (Pp. 390. 800 francs.) Paris: L'Expansion Scientifique. 1948.

Short articles on many aspects of clinical medicine.

Sexualhormontherapie. By E. Tscherne. (Pp. 231. 75 Sch.) Vienna: Wilhelm Maudrich. 1948.

A monograph on the physiology and therapeutic uses of sex hormones.

Diseases of the Nose and Throat. By the late Sir St. Clair Thomson and V. E. Negus, M.S., F.R.C.S. 5th ed. (Pp. 1004. 70s.) London: Cassell. 1948.

This edition includes new material on inflammatory complications and their treatment by chemotherapy and antibiotics.

Les Diastases. By P. Fleury and J. Courtois. (Pp. 216. 150 francs.) Paris: Armand Colin. 1948.

An introduction for students and non-specialists.

Marriage Counselling. By D. R. Mace, M.A., B.Sc., Ph.D. (Pp. 167. 8s.) London: J. and A. Churchill. 1948.

An account of the work done by marriage guidance councils.

Péan. By R. Didier. (Pp. 242. 800 francs.) Paris: Maloine. 1948.

A biographical study of the French surgeon.

Techniques in Physiotherapy. Edited by F. L. Greenhill, S.R.N., M.C.S.P., T.H.T., and others. (Pp. 222. 12s. 6d.) London: Hodder and Stoughton. 1948.

Intended for the practising physiotherapist.

La Denutrition de Guerre. By E. F. Simonart. (Pp. 262. No price.) Paris: Maloine. 1948.

A study of the effects of starvation in Belgium during the war.

A Textbook of Biochemistry. By R. J. Williams, Ph.D., D.Sc. 2nd ed. (Pp. 533. 25s.) London: Macmillan. 1948.

Intended specially for medical students.

Measurements of the Public Health. By F. A. E. Crew, M.D., D.Sc., Ph.D., F.R.C.P.Ed., F.R.S. (Pp. 243. 18s.) London: Oliver and Boyd. 1948.

Essays on such topics as population, illegitimacy, the sex ratio, marriage, and the biology of death.

Annual Review of Microbiology. Edited by C. E. Clifton, and others. Vol. 2. (Pp. 532. 36s.) London: H. K. Lewis. 1948.

Includes reviews of the nature of antibodies, the metabolism of malaria parasites, and the pathogenic streptococci.

Der praktische Arzt und die Tuberkulose. By H. Ulrici. (Pp. 165. M.7.50.) Berlin: Springer. 1948.

A guide to tuberculosis for the general practitioner.

The Medical Clinics of North America. (Pp. 288. No price.) London: W. B. Saunders. 1948.

A symposium on recent advances in gynaecology and obstetrics.

The Trent and I Go Wandering By. By R. G. Hogarth, C.B.E., D.L., J.P., F.R.C.S., Hon. LL.D.Ed. (Pp. 144. 12s. 6d.) Nottingham: Cooke and Vowles. 1948.

Stories of over 50 years of the author's life in Nottingham. Mr. Hogarth is a Past President of the British Medical Association.

Contributions to Psycho-Analysis, 1921-1945. By M. Klein. (Pp. 416. 21s.) London: Hogarth. 1948.

Papers on psycho-analysis reprinted, with one exception, from journals.

and lack of attention to detail, and did not hesitate to use biting sarcasm; but this was only a part of his well-tryed method. His students learnt fast, and when they had finished their course with him they had a firm foundation on which to build in the future. He had a great interest in all student activities; during his early years on the staff he had much to do with reviving the hockey club, and he continued to support both it and the rugby football club until he retired. He was for many years treasurer, and for the last five years president, of the students' clubs and societies union, and his able management served this organization well.

¹ Dr. Richards married just before he left the staff, and his friends thought he was assured of many years of contented retirement. By his unexpected death many of his colleagues have lost a generous friend and King's College Hospital has lost one of its most loyal supporters.

Medico-Legal

MEASLES IN A HOTEL

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

A prospective guest who had booked rooms for his family cancelled his booking when he heard that a child in the hotel had measles. The proprietor sued him for breach of contract, claiming £72, but the learned judge of Bournemouth County Court, Judge A. H. Armstrong, ruled that the prospective guest had been right and dismissed the suit.¹ A guest at a hotel is an invitee, and therefore has a right to be secured against harm. The duty to make premises safe is even more stringent when a child is a possible sufferer.

¹ *Evening Standard*, Nov. 24, 1948.

Universities and Colleges

UNIVERSITY OF OXFORD

In a Congregation on Jan. 20, the following medical degrees were conferred:

M.D.—F. Hampson.
M.B.—T. Bell, D. G. Jamison, *J. T. H. Green, *T. H. C. Lewis, *A. H. Campbell.

* *In absentia*.

UNIVERSITY OF CAMBRIDGE

Sir Edward Mellanby, F.R.S., Secretary of the Medical Research Council, will deliver a lecture in the Physiological Laboratory Theatre on Friday, Feb. 25, at 5 p.m. His subject is "An Experimental Investigation into a Condition of Widespread Nerve Degeneration." The lecture is open to members of the University without fee.

UNIVERSITY OF MANCHESTER

The University Council has appointed R. S. F. Schilling, M.D., to be Reader in Occupational Health.

UNIVERSITY OF BRISTOL

The following candidate has been approved at the examination indicated:

M.D.—J. B. Brierley.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At a meeting of the College, held on Feb. 1, with Dr. W. D. D. Small in the chair, the following were elected to the Fellowship: R. G. McInnes (Oxford), K. M. Morris (Edinburgh), W. J. Burns (Edinburgh).

The Diploma of Membership was conferred upon the following: W. G. Greene (Chester), F. O'D. Finigan (London), R. Natarajan (Deolali, India), Siva R. K. Padmavati (Coimbatore, India), J. M. Barber (London), F. G. Patrick (King's Lynn), A. M. Merriweather (Bechuanaland), R. E. Beamish (Winnipeg), R. P. Gillespie (Edinburgh), S. P. Hall-Smith (Hove), J. R. Mackenzie (Carlisle), I. H. Stokoe (Edinburgh), R. M. Marquis (Edinburgh), D. H. Reilly (Quebec), J. Williamson (East Kilbride), A. W. B. Cunningham (Edinburgh), R. G. Mitchell (Edinburgh), Alwyce B. Gordon (Sydney), R. A. Bustamante (London), G. L. Brinkman (London).

Medical Notes in Parliament

Remuneration for Temporary Residents

On Feb. 3 Colonel STODDART-SCOTT asked the Minister of Health if any payments had yet been made to the doctors in the National Health Service for the treatment of temporary residents, visitors, holiday-makers, foreigners, and those patients not on a doctor's list.

Mr. BEVAN replied that no payments had yet been made for the treatment of temporary residents, visitors, holiday-makers, and foreigners. The principles on which such payments should be made were under discussion with the medical profession. It was contemplated that payments in respect of the period from July 5 to Dec. 31, 1948, should be made on March 31 next. The amount of these payments was not yet known. So far as he knew, this country was at present the only one which provided such a service for its visitors.

Refresher Courses

During the period July 5, 1948, to Jan. 31, 1949, payments in respect of refresher courses under Section 48 of the National Health Service Act amounted to £1,335. In the same period payments amounting to £1,982 were made in respect of refresher courses for ex-Service doctors and dentists. There were in addition a large number of residential and other appointments in hospital for ex-Service doctors.

Fees for Sight-testing

Replying on Feb. 3 to Sir GEORGE HARVIE WATT, who asked what fees were payable to persons included in the ophthalmic list for services rendered under the National Health Service, Mr. BEVAN replied that the fees were:

	£	s.	d.
Ophthalmic medical practitioners, sight testing fee ..	1	11	6
Ophthalmic opticians, sight-testing fee ..		15	6
Ophthalmic or dispensing optician, dispensing fee ..	1	5	0

He added that any proposals to adjust these amounts were matters for discussion with the professional organizations as regards ophthalmic medical practitioners and with the Optical Whitley Council as regards opticians.

Radioactive Effluent

Mr. BOYD-CARPENTER asked on Feb. 3 what steps were taken to check the degree of radioactivity of material in the River Thames resulting from the discharge of radioactive effluent from Harwell. Mr. BEVAN explained that each batch of effluent was tested and certified at Harwell before discharge into the Thames and the total amount of radioactive material discharged was always known at Harwell and by the Ministry of Health. The amount which could be discharged with safety had been determined on the recommendations of a scientific subcommittee of the Medical Research Council. The amounts so far discharged had been much below that safety limit, and would probably be too small, after dilution with river water, to be detected at all. Tests of the river water would not therefore at present be of any value.

Milk Bill

At a meeting of the Parliamentary Medical Group at the House of Commons on Feb. 3 the officers of the Group were reappointed for 1949. The Milk (Special Designations) Bill was discussed with a deputation from the British Medical Association, and it was agreed to seek certain amendments. The Bill has already passed through the Committee and Report stages in the House of Lords.

Single-handed Doctor

Mr. MARTIN LINDSAY asked on Feb. 3 how many people received E.C./Reg.107, dated Jan. 14, from the Birmingham Executive Council informing them that they must change their doctor.

Mr. BEVAN said in reply that the executive council's letter of Jan. 14 was sent to 3,196 people. They were all on the list of a single-handed doctor whose total list amounted to 8,279, or over double the number agreed with the medical profession as the maximum which could be properly attended by one doctor. The action was taken in consultation with the doctor concerned. Mr. Bevan saw no reason to question it.

Thursday

- EDINBURGH CLINICAL CLUB.—At B.M.A. Scottish House, 7, Drumsheugh Gardens, Edinburgh, Feb. 17, 8 p.m. "Functional Disorders of Childhood," by Dr. J. L. Henderson.
- EDINBURGH ROYAL INFIRMARY.—Feb. 17, 5 p.m. "Incoordinate Uterine Action." Honyman Gillespie Lecture by Dr. Clifford Kennedy.
- FACULTY OF RADIOLOGISTS.—At British Institute of Radiology, 32, Welbeck Street, London, W., Feb. 17, 8.15 p.m. Joint meeting with British Institute of Radiology and R.S.M. Section of Radiology. "The Physical, Cytological, and Medical Aspects of Protection from Ionizing Radiations with Special Reference to the Use of High Voltage X Rays and Radio-isotopes." Discussion to be opened by Sir E. Rock Carling, Dr. Frank Ellis, and Professor W. V. Mayneord.
- INSTITUTE OF UROLOGY.—At St. Paul's Hospital, Endell Street, London, W.C., Feb. 17, 11 a.m. "Traumatic Urethritis," by Dr. A. H. Harkness.
- LONDON UNIVERSITY.—At Large Lecture Theatre, St. George's Hospital Medical School, Hyde Park Corner, London, S.W., Feb. 17, 4.30 p.m. Lecture-demonstration: "Psychiatry."
- LONDON: UNIVERSITY COLLEGE.—At Anatomy Theatre, Gower Street, London, W.C., Feb. 17, 1.15 p.m. "The New Philosophy of Science," by Dr. G. Burniston Brown.
- ROYAL COLLEGE OF PHYSICIANS OF LONDON, Pall Mall East, S.W.—Feb. 17, 5 p.m. "Tuberculosis in Post-war Europe," Milroy Lecture by Dr. Marc Daniels.
- ROYAL SOCIETY OF TROPICAL MEDICINE AND HYGIENE.—At 26, Portland Place, London, W., Feb. 17, 7.30 p.m. "The Epidemiology of Yellow Fever in Central Africa," by Dr. A. F. Mahaffy. A discussion will follow.
- SOCIETY OF MEDICAL OFFICERS OF HEALTH.—At B.M.A. House, Tavistock Square, London, W.C., Feb. 17, 5.30 p.m. "Can the M.O.H. Help to Prevent Accidents in the Home?" Paper by Dr. C. A. Boucher, to be followed by a discussion.

Friday

- BIOCHEMICAL SOCIETY.—At St. Thomas's Hospital Medical School, London, S.E., Feb. 18, 2 p.m. 274th meeting. Papers will be read.
- FACULTY OF RADIOLOGISTS.—Joint meeting with British Institute of Radiology and R.S.M. Section of Radiology, Feb. 18. Discussion: "The Physical, Cytological, and Medical Aspects of Protection from Ionizing Radiations with Special Reference to the Use of High Voltage X Rays and Radio-isotopes." (1) At Royal College of Surgeons of England, Lincoln's Inn Fields, London, W.C., 2.15 p.m. To be opened by Drs. J. R. Nuttall, J. F. Loutit, and A. Glucksmann. (2) At Royal Society of Medicine, 1, Wimpole Street, London, W., 8.15 p.m. To be opened by Sir E. Rock Carling and Drs. Katharine Williams and W. G. Marley.
- LONDON CHEST HOSPITAL, Victoria Park, E.—Feb. 18, 5 p.m. "The Place of Ear, Nose, and Throat Surgery in the Treatment of Chest Diseases," by Mr. J. W. S. Lindahl.
- MIDDLESEX COUNTY MEDICAL SOCIETY.—At Edgware General Hospital, Edgware, Middlesex, Feb. 18, 3 p.m. General meeting.
- ROYAL MEDICAL SOCIETY, 7, Melbourne Place, Edinburgh.—Feb. 18, 8 p.m. "Lobar Pneumonia," by Mr. G. F. A. Howie.
- WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At South Kensington Hotel, 41, Queen's Gate Terrace, London, S.W., Feb. 18, 7.15 for 7.30 p.m. Dinner meeting 8.30 p.m. "Guild for Doctors," by Lord Horder.

Saturday

- KENT PAEDIATRIC SOCIETY.—At Royal Star Hotel, Maidstone, Feb. 19, 2.30 p.m. "The Children's Act," by Dr. Dorothy Makepeace and Miss Harvie.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

- Arnott.—On Jan. 23, 1949, in London, to Dr. Ruth Arnott (née Burt), wife of Dr. D. C. Arnott, twin sons.
- Baker.—On Feb. 3, 1949, at County Hospital, Hereford, to Bobbie (née Gelder), wife of Dr. W. H. J. Baker, a daughter.
- Jones.—On Jan. 30, 1949, at Swiss Cottage, Llanelli, to Margaret (née Penny), wife of Dr. Derek Hayman Jones, a daughter.
- Lamming.—On Jan. 10, 1949, to Olive (née Callow), wife of Robert L. Lamming, F.R.C.S., Douglas, Isle of Man, a daughter.
- Pitt.—On Jan. 12, 1949, in Watford, to Penelope (née Reynolds), wife of Dr. N. P. Pitt, a daughter.
- Tate.—On Feb. 1, 1949, at Nottingham Hospital for Women, to Margaret (née Bailey), wife of Malcolm Tate, B.M., of Bredon, Oak Tree Lane, Mansfield, a son—Philip.

MARRIAGE

- Balint—Gibson.—On Jan. 15, 1949, at Goring-by-Sea, Worthing, John Balint, M.B., B.Ch., to Jean Gibson, M.R.C.S., L.R.C.P.

DEATHS

- Bateman.—On Jan. 30, 1949, at Chester Military Hospital, Albert Brooke Bateman, V.D., M.B., Ch.B., B.D.S., L.D.S.R.C.S., Surgeon Commander (D), R.N.V.R.
- Bertram.—On Feb. 2, 1949, at Nantbank, Taynult, Argyll, William Darling Bertram, M.B., Ch.B., D.P.H., aged 47.
- Bleasby.—On Feb. 1, 1949, at Sunderland General Hospital, Doris Eliza Nisbet Bleasby, L.R.C.P.&S.Ed., of Glasgow, aged 29.
- Galbraith.—On Feb. 1, 1949, at Ross Memorial Hospital, Dingwall, James John Galbraith, M.D., D.P.H., J.P., aged 71.
- Haldin-Davis.—On Feb. 2, 1949, at Greens End, Forest Row, Sussex, H. David Haldin-Davis, M.D., F.R.C.P., F.R.C.S., late of 52, Harley Street, London, W.
- Hayles.—Recently, Alfred William Hayles, M.R.C.S., of Pontnewydd, near Newport, Mon., aged 85.

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.

Hereditary Influence of Epilepsy

Q.—Is there any evidence that the children of an epileptic are specially liable to nervous or other affections?

A.—Heredity is undoubtedly an important factor in the aetiology of epilepsy. Some studies have shown that as many as 10% of children with an epileptic parent are similarly affected. It seems likely, however, that this high figure is true only for institutional and severe cases, in which the hereditary component is strongest. Samples drawn from the general population, and thus including milder instances, give a lower figure—perhaps not much more than 2½%. Nevertheless this last figure is about five times greater than the general incidence of the condition. It is difficult, in the light of present knowledge, to be at all sure whether epilepsy should be regarded as one thing or many, speaking genetically. There is evidence that traumatic epilepsy is more likely to develop in those with a hereditary predisposition. The electroencephalographic studies of Lennox and Gibbs indicate that about 5% of the population show abnormal brain waves: it is suggested that the underlying condition behaves as a Mendelian dominant; it has also been found that identical twins always resemble each other in the presence or absence of abnormal rhythm and also in its type. Of the 5% who are predisposed, however, only about 1 in 20 ever has fits. Whether predisposition results in the manifest condition is presumably determined, or largely determined, by environmental influences. Thus, although the brain waves of identical twins are always alike, such twins not infrequently differ as regards actual epilepsy. It has also been observed that fraternal twins are considerably more alike in this respect than are brothers and sisters born at different times; presumably this points to the importance of prenatal or natal influences. Further research will be required before it becomes possible to elucidate the inheritance of epilepsy more precisely and also to calculate reasonably accurate chances in individual instances.

It would not appear that epilepsy is often genetically associated with other neurological and mental abnormalities, though some writers have claimed a connexion with migraine. The epilepsy which is so common in low-grade mental defectives is a special case; this is something different in its causation from the epilepsy occurring in those of normal mentality, and epileptic mental defectives do not appear to have any excess of epileptic relatives.

Water-Pitressin Test in Epilepsy

Q.—May I have full details of the water-pitressin test used as an aid to diagnosis in doubtful cases of epilepsy?

A.—The patient is confined to bed throughout the test. He is given an enema, is asked to pass urine, and is then weighed. He is fed on an ordinary diet with copious fluids. The intake and output of fluid are measured and are charted daily, and the patient is weighed morning and evening. An increase of 2% in the body weight with an excess of intake over output is taken as proof that a positive water balance has been established. This point is usually reached in 48 hours. Pitressin 0.25 ml. is then given intramuscularly, and 300 ml. of water by mouth. Further doses of pitressin (0.5 ml.) are given with 300 ml. of water every two hours to a total of ten injections unless a fit occurs before, when the test is stopped. Positive results have been claimed in from 40 to 80% of suspected epileptics, and there appears to be no risk of causing a fit in a person who is not an epileptic. Pitressin should not be administered to patients suffering from diabetes mellitus, nephritis, arteriosclerosis, or myocarditis.