

and homosexual tendencies which need constant defence; and according to the Kinsey Report 37% of American males have some homosexual experience. So it may be there is force in Dr. Henry's recommendation.

ELIOT SLATER.

PHYSIOLOGY FOR STUDENTS

Human Physiology. By F. R. Winton, M.D., D.Sc., and L. E. Bayliss, Ph.D. Third edition. (Pp. 592; 248 illustrations. 25s.) London: J. and A. Churchill. 1948.

This work was deservedly popular with medical students in its earlier editions, but the last one has been out of print for some time, and the appearance of the new edition has been hopefully awaited by students and teachers because there is a lack of small textbooks of physiology that can help the student by presenting the subject simply and in good perspective so that it can be seen as a whole. Teachers in general are fully aware of the recommendations, so often made, to review their courses often and to prune them of unnecessary detail and of material irrelevant to the medical student. A similar duty is laid upon the authors of textbooks.

"Winton and Bayliss" is a work with a point of view. According to the preface the book is intended to present a "coherent picture of the whole subject" to the medical student, in whom the "attitude of an alert explorer" is to be encouraged, and on this claim it must be judged. It seems to be less successful in its aim than the previous editions were. The book is longer, although there are fewer pages because of resetting and the use of smaller types; it is well up to date. Many of the diagrams have been redrawn and new ones added, and yet one has some uneasiness about its worth as a whole to the medical student. There is much factual information; indeed, in some chapters, particularly in those on the nervous system and renal function, a conflict between the necessity of including facts and a desire for brevity may have made understanding difficult for the average student. The authors discuss the various systems in fairly conventional fashion, but there seems to be a lack of balance between different chapters in the treatment and in the amount of material included. This is probably because, besides the two named authors, there are thirteen other contributors who have written one or more chapters on the subjects in which they are specialists. This is a trend which has appeared already in the compilation of larger textbooks, and it is noteworthy that two standard American works have now become collections of monographs. The reason given, of course, is that it is impossible for any one individual to keep in touch with the advance of knowledge on all fronts. Nevertheless, if a book is to be written by a committee it seems desirable that it should come from one laboratory and have a common viewpoint, or alternatively that editors should overwrite contributions quite ruthlessly. As it is, the chapters in this book seem to lack a freshness and individuality that might have been expected—only one or two of them are likely to inspire the student—and the authors have not supplied the thread to bind them into a whole.

The book will be popular because of its moderate size and its former reputation, but opportunities have been missed of introducing students to physiological thought and outlook by relying too much on experts and diversity of interests.

A. HEMINGWAY.

It is somewhat paradoxical that the authors of *Milk Products* (Dr. Wm. Clunie Harvey and Mr. Harry Hill, F.R.San.I.; second edition; H. K. Lewis; 30s.) should have chosen to re-edit their book on milk products at a time when so many of the articles they discuss are unobtainable in this country. Ice-cream is but a caricature of its real self, cream is unobtainable, and the processed milks are in short supply. And what the effect on cheese-lovers will be of reading about the mode of manufacture of Lancashire, Wensleydale, Stilton, or Blue Vinney among the English cheeses, or of Brie, Limburger, or Pont l'Évêque among the foreign, is difficult to conjecture. However, the book is primarily intended not for lovers of good food or for the nutritional expert but for public-health workers who are responsible for controlling the hygienic quality of the finished product. For their need it caters well. The new edition, which has been brought fairly well up to date, contains 80 illustrations of manufacturing plant, and should be particularly useful to sanitary inspectors.

BOOKS RECEIVED

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

Collected Papers of the Mayo Clinic and the Mayo Foundation. Edited by R. M. Hewitt, B.A., M.A., M.D., and others. Vol. 39. (Pp. 871. 63s.) London: W. B. Saunders. 1948.
Papers presented during 1947.

Racial Variations in Immunity to Syphilis. By C. N. Frazier, M.D., and Li Hung-Chiung, M.D. (Pp. 122. 14s.) London: Cambridge University Press. 1949.

A study of the different responses to syphilitic infection in Chinese, Europeans, and Americans.

Studies of Chronic Pyelonephritis. By F. Raaschou. (Pp. 260. Kr. 20.) Copenhagen: Ejnar Munksgaard. 1948.

A translation of the original Danish monograph.

The Achievements of BCG Vaccination. By G. Hertzberg. (Pp. 224. No price.) Oslo: Johan Grundt Tanum. 1948.

A study based on the work of the Tuberculosis Department of the Oslo Public Health Service.

Physics and the Surgeon. By H. S. Souttar, D.M., M.Ch., F.R.C.S. (Pp. 60. 7s. 6d.) Oxford: Blackwell Scientific Publications. 1948.

Physics applicable to surgery.

Les Fondements de la Géographie Humaine. By Max Sorre. Vol. 2. (Pp. 608. 1,100 francs.) Paris: Armand Colin. 1948.

A treatise on the adaptation of man to his environment.

Exposés Annuels de Biochimie Médicale. Edited by M. Polonovski. 9th series. (Pp. 318. 1,000 francs.) Paris: Masson et Cie. 1948.

A collection of twelve lectures in biochemistry from the Faculty of Medicine of Paris.

Twenty-third Meeting of the Northern Surgical Association: Official Transactions. Edited by E. Dahl-Iversen, M.D. (Pp. 502. Kr. 24.) Copenhagen: Ejnar Munksgaard. 1948.

Collected papers

La Physiologie Post-Traumatique de l'Articulation. By T. Marti. (Pp. 77. 5 Swiss francs.) Basle: Benno Schwabe and Co. 1948.

A monograph on arthritis.

Science News. No. 10. Edited by J. L. Crammer. (Pp. 160. 1s. 6d.) London: Penguin Books. 1949.

Popular science.

Max Neuburger. By E. Berghoff. Vol. 3. (Pp. 144. Sch. 40.) Vienna: Wilhelm Maudrich. 1948.

A biography.

Das Weltbild der Medizin von Heute. By H. Glaser. (Pp. 140. Sch. 28.) Vienna: Wilhelm Maudrich. 1949.

An account of some recent advances.

Mononucleosis Infecciosa. By J. J. P. Macia and P. V. Marce. (Pp. 444. No price.) Barcelona: Ediciones Byp. 1948.

A short Spanish monograph.

Penicillin in der Inneren Medizin. By K. Scheidler. (Pp. 64. M. 3.30.) Berlin: Berliner Medizinische. 1948.

A short description of penicillin treatment.

Das Panaritium. By W. Pohl. (Pp. 192. \$5.) Vienna: Wilhelm Maudrich. 1948.

An illustrated description of the treatment of hand infections.

Die Lungentuberkulose. By W. Roloff. (Pp. 138. M. 9.60.) Berlin: Springer. 1948.

An introduction to the study of tuberculosis.

Ear, Nose and Throat Nursing. By J. H. Neil, C.B.E., D.S.O., F.R.A.C.S., F.A.C.S., and T. H. Neil, D.L.O., F.R.A.C.S. 4th ed. (Pp. 157. 9s.) London: H. K. Lewis. 1948.

Notes for sisters and housemen.

door, and told her his daughter was very ill and breathing heavily. The doctor's wife said she would speak to the doctor. The father asked her to inquire of the doctor if it would be all right to give the child a drop of brandy. The doctor's wife came back with the message "not to give any brandy but that the doctor would come along." At 4 p.m., as the child was gasping for breath and no doctor had arrived, the father said he again telephoned the doctor, whose wife answered the telephone and said one of the doctors would call. The father went on to say that at 5.30 p.m. still no doctor had arrived, and he telephoned again and was answered by the doctor's wife, who said, "Hold on whilst I speak to the doctor," and that when the doctor's wife again answered she said it was one of the assistant doctors' "off-duty" day but that the other assistant would call. At 6.30 p.m. the assistant doctor arrived, examined the child, and said it was pneumonia. At about 7.30 p.m. the same night an ambulance arrived and the child was taken to hospital, arriving there about 9 p.m. The child died between 10.30 and 11 p.m. the same evening from bronchial pneumonia. The complainant's statement was corroborated in evidence by his wife and mother-in-law.

The respondent doctor in his statement maintained that there was no neglect and that by prescribing sulphapyridine tablets the necessary precautions had been taken. The doctor further contended that there was no serious condition of the child until the morning of Saturday, Nov. 27, and that following the early-morning call by the complainant he left a note on the assistant's desk so that it would be seen immediately on the assistant's arrival for the morning surgery. He made the admission, however, that he had quite forgotten it was the assistant's "off-duty" day. The doctor stated that directly after returning from visiting patients at 6 p.m. one of the assistants went to see the child.

After a lengthy hearing the committee found as follows: (1) That it was not until approximately 6.30 p.m. on Saturday, Nov. 27, 1948, that the assistant doctor visited the child, although the complainant personally delivered an urgent message at the doctor's house at 7.55 a.m. that day, followed by two further telephonic requests made by the father at approximately 4 p.m. and 5.30 p.m. (2) That up to Saturday, Nov. 27, the committee found no evidence of inattention. (3) That there was a degree of negligence on the part of the principal doctor in not responding more promptly, either personally or by deputy, to the father's request made on the morning of Saturday, Nov. 27, 1948.

The committee recommended: "That the doctor be severely censured and warned to exercise more care in the observance of his terms of service under the National Health Service Act, and that representations be made to the Minister that, owing to the failure of the doctor to comply with the terms of service, a sum of £10 be withheld from his remuneration."

Medical Notes in Parliament

Psychiatric Treatment of Homosexual Offenders

Replying on March 28 to Mr. WILKINS, Mr. EDE stated that no psychiatrists were employed full-time in the prison service. Six were engaged in a part-time capacity. Five prison medical officers possessed special psychiatric qualifications, and many others had mental hospital experience. There were now 412 prisoners serving sentences for homosexual offences. Prisoners convicted of these offences who in the opinion of the medical officer might benefit by psychiatric treatment were transferred to the prisons at which there were psychiatric clinics if their sentences were long enough. During the past six months 40 homosexual offenders received psychiatric treatment at these centres, and, of those at present under sentence, 35 additional cases had received psychiatric examination and guidance at other prisons. Arrangements had also been made to extend the psychiatric service available to prisoners who might benefit from treatment but could not be removed to the special centres. Research, partly therapeutic in character, into the psychological and endocrinological aspects of homosexuality was being conducted at two selected prisons, and homosexuals might also benefit from research now in progress into psychopathic personalities.

Universities and Colleges

UNIVERSITY OF LIVERPOOL

S. Ghousuddin has been approved for the D.P.H. (Part I).

UNIVERSITY OF LEEDS

The following candidates have been approved at the examinations indicated:

M.D.—R. C. Gledhill, J. S. Thorburn.
CH.M.—R. A. Hall, R. E. Shaw.
FINAL M.B., CH.B.—Part III (Medicine, Surgery, Obstetrics and Gynaecology, Therapeutics): Nora E. Brown, D. Burrell, Hazel M. Coleridge, R. S. Colwyn, E. L. Copley, Frances M. Cottam, P. H. Daley, W. P. Goodyear, Ida Mather, J. E. Miller, Anne B. Neil, Cynthia M. Perlman, K. Plattis, Mary C. Robertson, J. Sagar, M. H. Singer, Doreen W. Steinbrecher, D. J. Stephens, Joyce M. Teasdale, Margaret Winton. Part I (Pathology and Bacteriology, Pharmacology): Margaret Anderson, Cynthia Barnett, Audrey M. Bolton, Dorothy Broomhall, Jean M. Burnett, E. M. Calverley, J. I. Currie, T. G. Dobie, D. Duncalf, M. Dunsby, W. G. C. Forrester, Mary Hallowell, Marion Hanson, J. G. M. Harrison, Anne E. T. Haw, Marjorie Haw, J. E. T. Heath, J. M. Hirst, B. R. G. Hutchinson, Margaret Hyde, ¹Mary McMillan, R. J. Mahabir, P. Mellor, E. Morton, K. A. Naylor, A. Nugent, Margaret Penny, Mary G. Pullan, Margaret Rogers, ¹R. E. Rossall, P. B. Rowe, Audrey W. Scothorne, J. A. Sharp, M. W. Sharp, S. Sheffrin, P. D. Sinclair, K. Stewart, K. R. Thornton, W. Turner, D. C. Twist, Barbara M. Wadsworth, E. R. Watson.

¹ Distinction in Pharmacology. ² Distinction in Pathology and Bacteriology.

The following Scholarships and Prizes have been awarded: *Medical Scholarship*, R. Beaumont. *McGill Prize in Clinical Surgery*, E. L. Copley. *Waddington Prize in Anatomy*, D. N. Laurence.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

The Croonian Lectures, on "Malaria, with Special Reference to Recent Experimental, Clinical, and Chemotherapeutic Investigations," will be delivered by Dr. N. Hamilton Fairley, F.R.S., before the College (Pall Mall East, S.W.) on Tuesday and Thursday, May 3 and 5, at 5 p.m.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Professor Robert I. Harris, Associate Professor of Surgery in the University of Toronto, has been elected an Honorary Fellow of the Royal College of Surgeons of England. He will be admitted as an Honorary Fellow on April 29, when he will deliver before the College (Lincoln's Inn Fields, London, W.C.) a Hunterian Lecture on "Spondylolisthesis."

SOCIETY OF APOTHECARIES OF LONDON

Professor E. C. Dodds, F.R.S., presided, as Master, at recent meetings of the Court of Assistants. Dr. J. P. Hedley was re-elected to represent the Society on the Central Midwives Board for a further year from April 1. The Society's Gillson Scholarship in Pathology will in future be awarded every third year, beginning in 1952, in the sum of £500. It was resolved to confer the Honorary Freedom of the Society upon Sir Charles Harington, F.R.S., in recognition of his work in the field of biochemistry and chemical pathology. The Gold Medal of the Society for 1949 will be bestowed upon Professor Jacques Tréfouël, Director of the Institut Pasteur, Paris, in May, in commemoration of his contribution to scientific advancement in the field of therapeutics. The report of the death in a railway accident of Dr. Francis S. Curd, Gold Medallist, was received with regret. A further course of ten lectures on modern therapeutics will be given in the week beginning Dec. 5 next.

The Diploma of Mastery of Midwifery was granted upon examination to G. Bridge.

The following were granted the Diploma in Industrial Health upon examination: N. Graham, T. G. Jones, G. M. MacBain, T. E. M. Wardill.

The Diploma of L.M.S.S.A. was granted upon examination to the following successful candidates: H. H. B. Perkins, C. M. D. Davies, M. A. R. Stilson, H. D. Isaacs, A. Paes, M. J. Beilin, J. A. A. R. Venniker, E. G. Dimopoulos, M. Caller, J. K. Jones, M. G. Kaye, T. Bell, J. R. Deacon, D. L. Stilson, J. D. Whittall, T. Brearley, J. R. Dyson, T. Pimblett, C. Jones, R. W. E. Brain, R. Raynham, N. H. Porter, R. F. Maddox, D. L. Stewart, A. P. Caspers, R. Payne, G. Williams, H. G. Damant, B. E. L. Thompson, N. H. Bamford, E. F. Stafford, M. H. Symes, E. A. Brown.

The High Commissioner for Eire has asked that when it is found desirable to transfer patients to hospitals in Eire the transfer should be arranged through his office and not directly with the hospital in Eire. Hospitals which are arranging to transfer patients should send full particulars, including a medical report and information about the district to which the transfer is desired, to the High Commissioner at 33-37, Regent Street, London, S.W.1. The High Commissioner's Office will then make whatever arrangements are possible for the reception of the patient.

International Congress on Rheumatic Diseases

Among the speakers at the International Congress on Rheumatic Diseases to be held in New York on May 30-June 3 will be Lord Horder on "Rheumatism, a National Problem," and Dr. William Tegner on "Some Aspects of Psychogenic Rheumatism."

International Hospital Congress

The International Hospital Federation will hold its first International Hospital Congress in Holland at Amsterdam and Groningen on May 30-June 4. The design of hospitals and the training and duties of hospital administrators are among the subjects to be discussed. Further particulars may be obtained from Captain J. E. Stone, King Edward's Hospital Fund for London, 10, Old Jewry, London, E.C.2.

SOCIETIES AND LECTURES**Monday**

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, London, W.—April 11, 8.30 p.m., Discussion: "*Acute Cholecystitis*," to be introduced by Dr. E. R. Cullinan and Mr. Guy Blackburn.

Tuesday

MIDDLESEX COUNTY MEDICAL SOCIETY.—At West Middlesex Hospital, Isleworth, April 12, 2.45 p.m., general meeting.

Wednesday

SOCIETY OF CHEMICAL INDUSTRY: FOOD GROUP.—At Royal Sanitary Institute, 90, Buckingham Palace Road, London, S.W., April 13, 6.30 p.m., 18th annual general meeting. "*Some Thoughts on the Food Group*," by Dr. E. B. Hughes.

APPOINTMENTS

BURN, A. TELFORD, M.B., B.S., D.P.H., Medical Officer of Health for the Borough of Sale and the Urban District of Lymm, and Divisional Medical Officer to the Cheshire County Council.

NEWNS, G. H., M.D., M.R.C.P., Dean of the Institute of Child Health, University of London, in succession to Dr. W. G. Wyllie, who has resigned.

BIRTHS, MARRIAGES, AND DEATHS**BIRTHS**

Ashwell.—On March 20, 1949, at The Willows Nursing Home, Bramley, Leeds, to Evelyn (née Hogg), wife of Dr. Colin S. Ashwell, Sharlston Common, Wakefield, twin daughters (premature)—Elizabeth and Susan.

Whalley.—On March 21, 1949, to Dr. Annette Whalley (née Brooks), wife of Dr. Hugh Whalley, 21, Burton Crescent, Leeds, a son.

MARRIAGE

Havelock—Buck.—On March 19, 1949, at Ealing Methodist Church, Brian J. R. Havelock to Joyce M. Buck, M.B., B.S.

DEATHS

Armstrong.—On March 28, 1949, at Royal Free Hospital, London, W.C., Kathleen Jane Armstrong, M.R.C.S., L.R.C.P.

Brown.—On March 24, 1949, at Pau, B.P., France, Francis Leonard Brown, M.D., aged 84.

Brown.—On March 22, 1949, at Ramsgate, John Brown, M.R.C.S., L.R.C.P., formerly of Flixton and North Wales.

Budden.—On March 25, 1949, at Staneside, Roman Road, Dorking, Tice Fisher Budden, M.D., aged 82.

Cawston.—On March 19, 1949, at 345, Vause Road, Durban, Natal, South Africa, Frederick Gordon Cawston, M.D.

Clayton.—On March 21, 1949, Thomas Morrison Clayton, M.D., D.P.H., of Gateshead.

Coates.—On March 23, 1949, at 22, College Gardens, Belfast, Foster Coates, M.D., D.P.H., aged 67.

Fagge.—On March 26, 1949, at the War Memorial Hospital, Melton Mowbray, Robert Hilton Fagge, M.R.C.S., L.R.C.P., J.P., aged 77.

Fraser.—On March 27, 1949, John Henry Pearson Fraser, D.S.O., M.C., M.B., B.Ch., of Jersey, previously of Southampton, aged 76.

Green.—On March 26, 1949, at 22, Church Street, Prescott, Lancs, Samuel Morris Green, M.R.C.S., L.R.C.P., D.P.H., aged 72.

Hill.—On March 9, 1949, James Lorrimer Hill, M.B., B.Ch., D.P.H.

Legge.—On March 26, 1949, as the result of an accident, Sydney Buxton Legge, M.D., J.P.

Pennfather.—On March 25, 1949, at 79, Portswood Road, Southampton, Victor Damian Pennfather, M.R.C.S., L.R.C.P.

Stoker.—On March 21, 1949, at Guy's Hospital, London, S.E., George Morris Stoker, M.R.C.S., L.R.C.P., of 7, Streatham Road, Mitcham, Surrey, aged 50.

Thambiah.—On Feb. 18, 1949, Rao Bahadur Capt. Saravanamuttu Thambiah, M.C., F.R.C.P.Ed., D.T.M.&H., F.D.S.

Thomas.—On March 22, 1949, at Brampton Kinlet, Canford Cliffs, Bournemouth, Frank Griffith Thomas, M.B., B.Ch., late of Maes-yr-Haf, Swansea, aged 76.

Ward.—On March 23, 1949, suddenly, while walking home, George Stafford Ward, M.B., B.S., of 12a, Malford Court, London, E.

West-Watson.—On March 20, 1949, at Victor Lodge, Manningham, Bradford, William Norman West-Watson, M.D.

Wood.—On March 27, 1949, at 684, Lordship Lane, Wood Green, London, N., Frederic Charles Wood, L.M.S.S.A., D.P.H., aged 83.

Young.—On March 24, 1949, Harold Godfrey Young, M.B., Ch.B., of North Goldings, St. Albans Road, Hatfield, Herts.

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.

Pethidine, "Trilene," and Chloroform in Labour

Q.—*I have found that pethidine by injection, followed by "trilene" given with a Freedman inhaler, is not sufficient in every labour to overcome the pain during birth of the head. Is it safe to follow pethidine and trilene with a small amount of chloroform?*

A.—Pethidine is an antispasmodic and analgesic drug which has proved valuable in relieving pain and aiding relaxation in the early stages of labour. Its great advantage is that there is little if any effect in depressing respiration in the baby. Trilene, or trichloroethylene, is similar in its action to chloroform and the two are not incompatible. There is thus no reason why pethidine and trilene should not be combined with a small amount of chloroform during the birth of the head; this combination should be perfectly safe provided only small amounts of both trilene and chloroform are used.

The Royal College of Obstetricians and Gynaecologists, in its report on trilene as an analgesic for childbirth, was unable to recommend that midwives working alone should give trilene through the Freedman inhaler, which was used in the extensive trials on which the report is based. The chief risk is of over-dosage; it is shown in the report that shaking the bottle or a rise in temperature in the room causes a great increase in the amount of trilene received by the mother, and that there is consequently a real danger of overdosage and of the occurrence of surgical anaesthesia. These facts should be borne in mind when using trilene for analgesia in midwifery. It is important not to allow a too prolonged use of the Freedman inhaler and to see that overdosage does not occur. For some comment on the report of the Royal College of Obstetricians and Gynaecologists see *Journal*, March 26, p. 537.

Effect of Flying on Pneumothorax

Q.—*A patient who had an artificial pneumothorax induced nine months ago wishes to fly to South Africa. Are there any contraindications, and should any special precautions be taken?*

A.—When a patient with an artificial pneumothorax ascends to high altitudes he may become short of breath owing to the increase in volume of the air in the enclosed space of the pleural cavity which occurs as the atmospheric pressure is reduced. It is therefore advisable for such a patient to undertake the journey by air just before a refill is due, and to arrange for another refill as soon as possible after reaching his destination. From the work of Todd and of Lovelace and Hinshaw it may be stated that flying by persons with a pneumothorax should be discouraged until the lesion is reasonably quiescent. Where patients have to make frequent journeys by air, any pleural adhesion that is likely to rupture should be divided and a reasonable time allowed to elapse before the flight is made. It is difficult to state the height to which a patient may fly with safety, but as a general rule it is wise not to exceed 6,000 ft. (1,800 metres), for it should be remembered that 1,000 ml. of air saturated with water vapour at 37° C. at sea level will become 1,500 ml. at an altitude of 10,000 ft. (3,000 metres). Allowance must be made for this change in volume if it is essential for a patient with a pneumothorax to travel by air.

Tender Swellings of the Heel

Q.—*What is the treatment for the painful gross thickening of the skin and subcutaneous tissues behind the heel seen in so many young women? What are the faults in the ready-made shoes which cause them?*

A.—These tender swellings behind the heel are usually due to inflammatory changes in and around an adventitious bursa behind the tendo Achillis, or in the bursa which is normally present between the tendo Achillis and the os calcis. The inflammatory changes result from friction of the tissues against