

SURGICAL DIAGNOSIS

Spezielle Chirurgische Diagnostik. By F. de Quervain. Edited by K. Lenggenhager. Tenth edition. (Pp. 767; 956 illustrations. M. 75.) Berlin: Springer. 1950.

This volume, to which, so far as I am aware, there exists no parallel, represents the life work of Fritz de Quervain. To those of us who knew and admired him every page is impressed by the direct simplicity of his character, his vast experience, and his penetrating insight into the essential background of any surgical problem. To have covered the whole field of surgery, with a grasp of detail that may often put the specialist to shame, is a unique achievement, for us no longer possible. Indeed, such an achievement as this was possible only to the head of a great Continental clinic with a devoted staff and unlimited clinical material at his disposal. And such a volume as this, quite beyond the capacity of any clinic in this country, makes one wonder whether our system of independence really produces the best work and whether we might not learn something from the teamwork of the Continental clinic.

Being concerned solely with surgical diagnosis, the book naturally includes illustrations of every possible abnormality arising from development, injury, or disease. But it also includes illustrations, diagrams, and tables describing in detail every method in use for surgical diagnosis. For example, pyelograms are shown in profusion, and the radiographs of the biliary tract are very fine, while the discussion of diagnosis in these fields is excellent. Much space is given to the nervous system, both central and peripheral, and the description of lesions related to abnormalities and injuries of the spine is of special interest. I hope that an English edition will soon be produced, for I cannot imagine a surgeon working in any field to whom it would not be of value. And when it appears I hope that it will include a note on Fritz de Quervain, to whose lifelong effort we owe the book. The most unassuming of men, the little photograph of him at work on page 621 is typical of him. To those of us who knew him the book itself is full of memories of him, but others would like to know something of his life as a great surgeon and a great teacher.

HENRY SOUTTAR.

POPULATIONS IN THE FAR EAST

Public Health and Demography in the Far East. Report of a Survey Trip September 13 to December 13, 1948. By Marshall C. Balfour, Roger F. Evans, Frank W. Notestein, and Irene B. Taeuber. (Pp. 132; illustrated. No price.) New York: The Rockefeller Foundation (49, West 49th Street). 1950.

This interesting report is the work of a team of demographers and sociologists who undertook a survey trip financed by the Rockefeller Foundation to review public health and population problems of human welfare in the Far East. It should be read by all who are interested in international problems of health. From September to December, 1948, members of the team visited Japan, China, Korea, Taiwan (Formosa), Indonesia, and the Philippine Islands. The authors have written excellent case histories of the population growth in each of the countries, and they develop the pattern of their discussion from the common and contrasting elements in the different histories. In most of the Far East people are densely settled on underdeveloped areas with relatively inadequate resources. Birth rates are resistant to change and high enough to

increase populations even when death rates are very high. In these circumstances there is a danger that the processes of population change will function "like the governor of a machine, to keep the system in a static equilibrium of poverty and ill-health."

In the world to-day Far Eastern problems of human welfare are of outstanding importance, and they centre upon problems of population change. Of the various needs, the reduction of human fertility is at once the most important and the most difficult to attain. The background common to all the countries visited is the persistence of high birth rates, based on social customs developed throughout the centuries to safeguard the survival of society when mortality was unchecked, by ensuring maximum reproductive performance. These social customs involve family organization, marriage customs, the role of women, and religious and moral teaching which are all directed towards encouraging child-bearing. They are concerned with man's most intimate experiences and deepest beliefs and so may be changed only with great difficulty in the absence of a major social upheaval.

In the Western world there was sufficient room for expansion to permit the absorption of population while reproduction patterns were adjusted to a changing industrial society. In the Far East to-day there is no room for expansion left, and the only alternatives to population checks by famine and pestilence are the possibility of lowering reproduction rates even before industrialism has had time to influence effectively traditional ways of life. There is an urgent need not only for marriage at a later age, attained perhaps by emancipation of the woman, but for a cheap and effective contraceptive which could be used under primitive rural conditions. The development of such a contraceptive is not even in sight.

J. H. F. BROTHERSTON.

BOOKS RECEIVED

Review is not precluded by notice here of books recently received

Sterilization in North Carolina. By M. Woodside. (Pp. 219. 20s.) London: Geoffrey Cumberlege. 1950.

Eternal Eve. By Harvey Graham. (Pp. 699. 42s.) London: William Heinemann. 1950.

Psychology and its Bearing on Education. By C. W. Valentine, M.A., D.Ph. (Pp. 674. 18s.) London: Methuen. 1950.

A Doctor in Siam. By J. M. May. (Pp. 224. 12s. 6d.) London: Jonathan Cape. 1951.

An Atlas of Human Anatomy. By B. J. Anson, Ph.D. (Pp. 518. 57s. 6d.) London: W. B. Saunders. 1950.

Cancer: Where We Stand. By S. Russ, C.B.E., D.Sc., F.Inst.P. (Pp. 192. 10s. 6d.) London: Geoffrey Cumberlege. 1950.

Biological Foundations of Health Education. Proceedings of the Eastern States Health Education Conference, April 1-2, 1948. (Pp. 169. 16s.) London: Geoffrey Cumberlege. 1950.

Clinical Electrocardiography. By F. F. Rosenbaum, M.D. (Pp. 200. 36s.) London: Geoffrey Cumberlege. 1950.

Non-Valvular Heart Disease. By H. A. Christian, A.M., M.D., LL.D., Sc.D., M.A.C.P., F.R.C.P.Can., D.S.M. (Pp. 71. 16s.) London: Geoffrey Cumberlege. 1950.

The Medical Works of Hippocrates. By J. Chadwick, M.A., and W. N. Mann, M.D., F.R.C.P. (Pp. 301. 20s.) Oxford: Blackwell Scientific Publications. 1950.

him a pension, but refused to pay back-money, although the man had been claiming every two or three years since 1918.

Mr. E. A. A. SHACKLETON quoted cases where a more sympathetic approach to the employment of disabled men was needed. He also mentioned that many parents whose sons were disabled felt deeply that their own plight should be recognized and that there should be a more generous judgment of their need as dependants in awarding pensions.

Dr. CHARLES HILL said that though it might be impossible to prove that service caused disablement, if no one knew the cause then no one could exclude the factor of service. He commented on the number of out-of-date motor-propelled invalid tricycles, for which maintenance was difficult, and he asked that the new models should have a reversing gear and, if possible, a seat for a companion so that the invalid need not go out in solitude.

Influence of Medical Opinion

Mr. R. V. MELLISH said that Pension Appeals Tribunals were often confronted with a *fait accompli* before the cases had been heard, because of the medical opinion. Medical opinion, for instance, said that diabetes mellitus was, in the main, hereditary and that conditions of hardship were not necessarily contributory. Likewise with disseminated sclerosis, they held that it was in the main hereditary and therefore nothing to do with the man's service in the Forces.

Mr. BASIL NIELD said he hoped that in future it would be a matter for the Ministry to show that the disability did not arise from service rather than a matter for the disabled person to establish that it did. He remarked that it was often impossible to convince an unfortunate person that his service had nothing to do with the disability, whatever the doctors said, and since a man might in any case have to be supported out of some fund of public money it might be psychologically sounder that the help came from the funds of the Ministry of Pensions. He asked whether the Special Appeals Tribunal to re-examine old cases in the light of new principles was still in being.

Mr. W. KEENAN instanced the case of a man with over 18 years' service in the Army who died from coronary thrombosis and whose widow had approached him about a pension. When he opened the case before the Tribunal he was told that the opinion expressed by the Ministry's medical adviser decided the case even before the Tribunal had looked at it. He was advised that some of the medical authorities on whom he had relied were not necessarily right in asserting that stress, strain, and climatic conditions had anything to do with the onset of coronary thrombosis. The Ministry's view had not altered over the years, but he believed that medical opinion had softened and changed considerably, and he thought that the time had come for second thoughts about pensions in these cases.

Squadron-Leader H. E. COOPER criticized the slowness of the Ministry in settling some of these cases while a man's family suffered. He appealed for a rise in the pension paid for amputations, which was the same as it was in 1919, while the cost of living has risen out of all proportion.

Preparing an Appeal

Mr. F. ANDERSON suggested that in many of these cases it was worth getting additional information about the case. It might be that there was some contributory cause in a man's service which was not mentioned on the précis sheet before the Tribunal, and he had also found a lot of information in the précis which was foreign to the man concerned. He felt that the applicant should have better facilities to get independent opinions from specialists so that they would be on more equal terms with the Medical Services Division of the Ministry. He sometimes feared, too, that the medical men on the Appeals Tribunal might be far from up-to-date in their medical knowledge.

Mr. G. A. ISAACS, making his first speech as Minister of Pensions, apologized for not being able to answer all the questions raised, because he was so new to the job. The proportion of disabled men employed by the Government

was considerably over 5%, although the legal responsibility was only 3%. He would do all he could to maintain the standard of humanity set by his predecessors at the Ministry of Pensions and he would carefully consider every point that the debate had brought out.

Swiss Beds for British Patients

Mr. HENDERSON STEWART asked on January 23 for a report on arrangements made to secure places in Swiss sanatoria for Scottish patients with tuberculosis.

Miss M. HERBISON said Mr. McNeil was satisfied, after a visit of inquiry by clinical experts (see *Journal*, December 9, 1950, p. 1342), that a number of beds were available and suitable in Swiss sanatoria. Legislation would be necessary to permit their use under the N.H.S., and the financial implications were now being considered in consultation with Mr. Gaitskell.

Beds for Acute Cases

Mrs. ELIZABETH BRADDOCK asked on January 25 for the number of deaths in Liverpool for the week ending January 13, 1951; how many were over 65 years of age; and what was the number of deaths in Liverpool for the worst of the influenza epidemic in 1919.

Mr. HILARY MARQUAND said there were 949 deaths from all causes. Of the 216 deaths for which influenza was mentioned on the death certificate, 146 were of people aged 65 and over. The greatest number of deaths from all causes in Liverpool in one week during the influenza epidemic in 1919 was 642.

Mrs. BRADDOCK inquired whether the Minister knew the concern in Liverpool at the inability to obtain hospital beds for acutely ill persons, especially aged persons; and what steps he was taking in the matter.

Mr. MARQUAND said that even during the recent heavy pressure 92% of urgent cases had been admitted within 24 hours through the Emergency Bed Bureau, and half the remainder within a day or two. Hospitals had met the situation by restricting admissions of other cases and by early discharge where possible.

Mrs. BRADDOCK further asked if the Minister would ensure that cases were not refused by any hospital while there were empty beds available.

Mr. MARQUAND replied that admissions to hospital must be locally controlled. He added that he had no reason to think that hospitals were refusing to admit patients for whom beds could be made available.

Mr. IAIN MACLEOD suggested that the trouble was in part due to the absence of a statutory undertaking on hospitals to admit the acute sick. Previously this obligation had existed from 1601 to 1948.

Tonsils

On January 25 Mr. W. A. STEWARD asked whether Mr. Marquand knew of cases where patients requiring their tonsils removed had been informed by a number of hospitals that they would have to wait two years.

Mr. MARQUAND answered that the waiting period varied in different areas, and in some had been increased by the need to suspend operations while poliomyelitis was present. So far as resources permitted, additional units and operating sessions were provided.

Universities and Colleges

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

Dr. Alexander Slessor will deliver the James Watson Prize Lecture in the Hall of the Faculty (242, St. Vincent Street, Glasgow) on Wednesday, February 7, at 5 p.m. His subject is "The Role of the Adrenal Cortical Hormones in Diuresis." All medical practitioners are invited to attend the lecture.

APPOINTMENTS

Dr. C. H. St. John has been reappointed a Member, and Dr. A. S. Cato appointed a Member, of the Legislative Council of the Island of Barbados.

CUMMINS, C. F. A., F.R.C.S.Ed., Senior Surgical Registrar to Thoracic Surgical Unit, Papworth Hospital, East Anglian Regional Hospital Board.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, London, W.C.—*Part-time Senior Registrars to Department of Dermatology*, C. D. Calnan, M.B., M.R.C.P., R. H. Meara, M.B., M.R.C.P.; *House-surgeon (Senior House Officer Grade)*, P. G. Jones, F.R.C.S.; *House-physicians (Senior House Officer Grade)*, J. C. Haworth, M.B., Ch.B., D.C.H., F. S. Carter, M.D., M.R.C.P., D.C.H.

LIVERPOOL REGIONAL HOSPITAL BOARD.—The following appointments at the institutions indicated in parentheses are announced: *Whole-time Assistant Psychiatrist*, A. W. H. Smith, M.R.C.S., L.R.C.P., D.P.M. (Rainhill Hospital); *Whole-time Assistant Radiotherapist*, K. Lal, M.B., B.S., D.M.R.T. (Liverpool Radium Institute).

OSBORNE, SYDNEY EDWARD, L.M.S.S.A., D.A., Part-time Consultant Anaesthetist, Chichester Group of Hospitals.

RICHARDS, MYRTLE V., M.B., Ch.B., Temporary Assistant Medical Officer of Health to the Isle of Ely County Council.

SOUTH-WESTERN REGIONAL HOSPITAL BOARD.—*Consulting Pathologist in South Somerset Clinical Area*, E. J. Harries, M.D. *Consulting Radiologist in West Cornwall Clinical Area*, T. A. Bonar Mason, L.R.C.P.&S.Ed., D.M.R. *Area Pathologist in West Cornwall Clinical Area*, T. C. St. C. Morton, C.B., O.B.E., M.D., F.R.C.P., Air Vice-Marshal, R.A.F.

SUNDERLAND, ELAINE MARION, M.B., Ch.B., D.R.C.O.G., Assistant Medical Officer of Health for Maternity and Child Welfare, Northumberland County Council (Blyth Area).

WHILES, W. H., M.R.C.S., L.R.C.P., D.P.M., Part-time Consultant Child Psychiatrist to Child Guidance Services, Dorset, and the County Borough of Bournemouth.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Bector.—On January 20, 1951, at Hammersmith Hospital, London, W., to Nirmal, wife of Dr. N. P. Bector, M.R.C.P., D.C.H., a daughter—Indira.

Rutter.—On January 8, 1951, to Mary (formerly Milton), wife of Dr. Frank W. E. Rutter, 89, Corporation Road, Cardiff, a daughter.

Stewart Thomson.—On January 4, 1951, at R.A.F. Hospital, Rinteln, Germany, to Muriel (formerly Ross), wife of Squadron Leader W. M. Stewart Thomson, M.B., Ch.B., a daughter—Barbara.

Tarnesby (Tarnowski).—On January 21, 1951, at 11, St. Ann's Villas, Kensington, London, W., to Eleanor (formerly Ettlinger), L.M.S.S.A., wife of Herman P. Tarnesby, M.B., B.S., D.R.C.O.G., a sister for Ruth—Sylvia Margot Dodette.

Vaughan-Jones.—On January 26, 1951, to Maureen, wife of Mr. Ronald Vaughan-Jones, F.R.C.S.Ed., D.O.M.S., Holmeswood, Clytha Park, Newport, Mon., a brother for Angela and Andrew.

Woodruff.—On January 21, 1951, at the Middlesex Hospital, London, W., to Helen, wife of Dr. A. W. Woodruff, a son.

MARRIAGES

Wolff-Keenan.—On November 17, 1950, at Brompton Oratory, London, Frederick William Wolff, M.B., B.S., to Catherine Bernadette Keenan.

DEATHS

Armstrong.—On January 12, 1951, at 56, Claremont Road, Surbiton, Surrey, Pattison Armstrong, M.D., D.P.H., aged 78.

Aymer.—On January 9, 1951, at Victoria Villa, Stonehaven, Kincardineshire, Charles Aymer, M.B., C.M., J.P.

Brown.—On January 16, 1951, at 511, Gilmerton Road, Edinburgh, George Herbert James Brown, D.S.O., M.B., Ch.B., Lieutenant-Colonel, R.A.M.C., retired.

Clark.—On January 9, 1951, at "Oakdene," 229, Strathmartine Road, Dundee, John Macdonald Clark, M.B., Ch.B., D.A.

Clarke.—On January 7, 1951, at 81, Galgate, Barnard Castle, Co. Durham, Walter Travers Clarke, M.R.C.S., L.R.C.P., late of Morby, Yorks.

Dawes.—On January 4, 1951, at Feckenham, Redditch, Worcs, Edward Peter Dawes, L.R.C.P.&S.Ed., J.P., aged 77.

Dewar.—On January 10, 1951, at the War Memorial Hospital, Burnham-on-Sea, Henry Steele Dewar, M.B., Ch.B., "St. Monans," Dorchester, aged 34.

Ellis.—On January 9, 1951, at "Cartrefle," Aberystwyth, David Ellis, M.D., aged 74.

Ellis.—On January 9, 1951, at Hove, William Charles Ellis, M.D., D.P.H., aged 84.

Fry.—On January 9, 1951, in a nursing-home, Jersey, William Herbert Fry, M.R.C.S., L.R.C.P.

Gurd.—On January 11, 1951, at 5, Cave Hill Road, Belfast, Charles William Gurd, M.B., B.Ch., aged 34.

Hardwicke.—On January 13, 1951, at Worthing, William Perton Allen Hardwicke, L.M.S.S.A., late of Plymouth, aged 77.

Hay.—On January 16, 1951, at Lossichall, Liff, Angus, David Hill Hay, M.B., Ch.B.

Hayes.—On January 11, 1951, at Hove, Reginald Hewlett Hayes, M.R.C.S., L.R.C.P., late of Cornwall Gardens, London, S.W.

Mason.—On January 10, 1951, at Cocker mouth, Mary Emmeline Mason (formerly Joll), M.D., of Cocker Brows, Cocker mouth, Cumberland.

Readie.—On January 10, 1951, Andrew Finlay Readie, M.C., L.R.C.P. & S.Ed., L.R.F.P.S.Glas., of "Danecourt," Halifax, Yorks, aged 61.

Syngé.—On January 10, 1951, at a Dublin nursing home, Rev. Samuel Syngé, M.D., of Annamoe, Co. Wicklow, aged 83.

Ware.—On January 11, 1951, at North Lonsdale Nursing Home, John Ware, M.D., of Netherclose, Ireleth, Askam-in-Furness, Lancs, aged 72.

Wilson.—On January 16, 1951, William Wilson, M.B., Ch.B., of Hanover Park, Peckham, London, 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.

What is Histoplasmosis?

Q.—Can you tell me what histoplasmosis is, and how it is contracted and prevented?

A.—Histoplasmosis is a systemic mycosis caused by the fungus *Histoplasma capsulatum* Darling, 1906. Although widely distributed in the world, the disease is rare in all countries except the United States. Four cases, probably all infected abroad, have been identified in Great Britain.

The fungus invades the cells of the reticulo-endothelial system, which then undergo hyperplasia, forming granulomatous lesions in various organs and tissues, often with haemorrhage, necrosis, or suppuration and ultimate fibrosis. The symptomatology and clinical features are not specific but depend on the organ or tissue chiefly affected, so that the disease may simulate pulmonary tuberculosis, Hodgkin's disease, Addison's disease, Banti's disease, kala-azar, and other conditions. The diagnosis, therefore, cannot be based on the clinical picture but only on the result of an adequate mycological examination. Histoplasmosis is a highly fatal disease, and no form of treatment has hitherto proved effective.

In the central-eastern part of the United States large numbers of people have been found to react to the histoplasmin skin-sensitivity test, and many of the reactors have shown radiological evidence of healed pulmonary lesions. This may indicate the existence of a mild and unrecognized form of the disease, a view which has been supported by the results of recent close investigations on groups of selected reactors.

We have no precise knowledge of the epidemiology of histoplasmosis, but it may be presumed that infection is caused by the spores of *H. capsulatum* vegetating saprophytically in man's environment, and the probable path of entry is the lungs, by inhalation; however, nothing is known of the natural saprophytic life of the fungus. The disease occurs in dogs, cats, rats, skunks, and some other small animals, but the infection, in man or animal, is not transmitted from host to host, so the disease of the animals can play only an indirect part in epidemiology.

Obviously, there is no known means of prevention.

Croup

Q.—What are the pathology, symptoms, treatment, and aftercare of non-diphtheritic croup?

A.—Croup was the name originally used for any disease in which the child had "a sharp stridulous voice—resembling the crowing of a cock," as Francis Home stated in 1765. The name croup, therefore, is simply a description of a group of diseases affecting the larynx. Diphtheritic croup was early separated from non-diphtheritic or non-membranous croup. Frederic Still, in *Common Disorders and Diseases of Childhood*, 1909 (Oxford Medical Publications), divided the forms of non-diphtheritic croup into acute laryngitis, laryngitis stridulosa, and laryngismus stridulus, and, because of the excellence and clarity of his account of these disorders, the questioner will find it well worth his while to read the chapter on laryngeal spasm in Still's book.

Laryngismus stridulus is a condition of momentary spasm of the glottis which may affect infants up to the age of 3 years; they make a sudden crowing noise, and may go