

RADIOLOGY IN DENTISTRY

Radiology of the Teeth and Jaws, including Dental Radiography. For Students and Practitioners of Dental Surgery and Radiology. By Frank L. Ingram. D.M.R.D., L.D.S., M.R.C.S., L.R.C.P. (Pp. 160; 281 figures. 16s.) London: Edward Arnold and Co. 1950.

Designed for both students and practitioners of dental surgery, the book is divided into two main parts. The first is on the technique of radiography and includes a description of the normal appearances; the second is mainly devoted to a description of the pathological conditions in which radiography is useful. The book contains many illustrations; while many of these are excellent, some, notably those of the skull, are rather vague, and the definition is not sufficiently good to give a clear picture of the condition, particularly to the student. These criticisms apply especially to the pictures of the mandibular condyle and also to those of the maxilla, and possibly explanatory diagrams by the side of the photographs might have helped.

It would perhaps have been wiser if the author had avoided the temptation to discuss the pathology of the condition in notes underneath the photographs, and he has courted danger in one or two places by giving hints for treatment. This occurs notably in the section on fractures of the mandible, and the danger becomes apparent when it is seen that his suggestions may not be acceptable to all. In spite of these slight drawbacks the book will be helpful, but it is unfortunate that the illustrations are not clearer.

ALEXANDER MACGREGOR.

PHYSICAL MEDICINE

Recent Advances in Physical Medicine. Edited by Francis Bach, M.A., D.M.(Oxon), D.Phys.Med. (Pp. 490; 93 figures. £1 7s. 6d.) London: J. and A. Churchill. 1950.

In the preface to this well-produced book Dr. Bach defines physical medicine as including the employment of the physical and other effective properties of light, heat, cold, water, electricity, massage, manipulation, exercises, and mechanical devices for physical and occupational therapy in the diagnosis and treatment of disease. But it would seem, after reading the book, that even this fairly expansive definition is inadequate to meet the claims of this robust infant specialty. This volume will be of considerable interest to the profession, since it defines for the first time the projected field of the specialist in physical medicine.

Section 1 is on the physical basis of the subject and shows the need for a considerable knowledge of physics, including an understanding of the quantum theory. Chapters follow on anatomy, physiology, posture, and the special patterns of blood supply to muscles. Then comes an excellent section on physical methods of electro-diagnosis and therapy, hydrotherapy, massage, manipulation, remedial exercises, and home and occupational therapy. Section 3 is entitled "The Practice of Physical Medicine"; it includes large portions of the practice of orthopaedics, diseases of the chest, peripheral vascular disease, neuropsychiatry, rheumatology, dermatology, paediatrics, and geriatrics, with chapters also on plastic surgery, local infections, and ophthalmology.

The role of physical medicine as it affects the school child, the Army, and industry are the themes of Section 5, and largely comprise what elsewhere might more commonly be termed "social medicine." The border-

line between these specialties is perhaps to be found in Section 6, which is on rehabilitation in industry, rehabilitation in a residential centre, the employment of the disabled, and the resettlement of disabled persons. In the final section are chapters on the training of the doctor and the physiotherapist, followed by appendices on rehabilitation in spinal injuries, post-operative breathing exercises, and postural drainage.

This very wide field of knowledge will in future have to be covered by the physical-medicine specialist. As Dr. Bach states, he is to be a new type of doctor, who "should be characterized not only by his special knowledge of biophysics, and his technical ability to apply this knowledge, but also by the depth of his understanding, the breadth of his interests, and his stature as a physician."

In order to cover this extensive field Dr. Bach has collected a team of 38 collaborators, who contribute chapters on the various subjects mentioned above. Of particular practical interest to the embryo specialist will be Dr. Kersley's chapter on the training for the diploma in physical medicine, since information of this sort will not be found in more ordinary textbooks. This is an interesting and to some extent provocative volume, which will be read with profit by both specialists in physical medicine and medical men in other fields.

W. S. C. COPEMAN.

BOOKS RECEIVED

Review is not precluded by notice here of books recently received

Modern Trends in Paediatrics. Edited by the late Sir Leonard Parsons, M.D., F.R.S., F.R.C.P. (Pp. 546. 55s.) London: Butterworth. 1951.

How to Help Your Growing Child. By U. Grahl. (Pp. 28. 3s.) London: New Knowledge Books. 1950.

Renal Diseases. By E. T. Bell, M.D. 2nd revised ed. (Pp. 448. 56s.) London: Henry Kimpton. 1950.

The British Encyclopaedia of Medical Practice. Edited by Lord Horder. 2nd ed. Vol. 4: Cornea, Injuries and Diseases, to Ear Diseases. (Pp. 688. 60s. per vol.) London: Butterworth. 1950.

The Science of Heredity. By J. S. D. Bacon, M.A., Ph.D. (Pp. 192. 3s. 6d.) London: Watts. 1951.

Vile Repose. By M. P. O'Connor. (Pp. 302. 9s. 6d.) London: Ernest Benn. 1950.

Regional Orthopedic Surgery. By P. C. Colonna, M.D. (Pp. 706. 57s. 6d.) London: W. B. Saunders. 1950.

English-German Medical Dictionary. Compiled by F. S. Schoenewald, M.D. (Pp. 242. 35s.) London: H. K. Lewis. 1951.

Bronchoesophagology. By Chevalier Jackson, M.D., Sc.D., LL.D., F.A.C.S., and Chevalier L. Jackson, M.D., M.Sc., F.A.C.S. (Pp. 366. 63s.) London: W. B. Saunders. 1950.

Psychosomatics and Suggestion Therapy in Dentistry. By J. Stolzenberg, D.D.S. (Pp. 152. \$3.75.) New York: Philosophical Library. 1950.

I Vizi della Mitrale. By A. Luciani. (Pp. 157. \$3.50.) Pisa: Omnia Medica. 1950.

Exotische Krankheiten und Krankheitsverläufe. By F. O. Höring, M.D. (Pp. 407. M. 36.) Stuttgart: Georg Thieme. 1950.

Therapie des Diabetes Mellitus. By Dr. G. R. Constan. (Pp. 291. 16.50 francs.) Basle: Benno Schwabe. 1950.

Ärztliche Weltanschauung. By Dr. H. Schwarz. (Pp. 213. Sch. 64.) Vienna: Wilhelm Maudrich. 1951.

and on what dates the patients and staff at this hospital were vaccinated.

Mr. MARQUAND said that four persons suffering from smallpox were nursed at Bevendean. Two were transferred as soon as the diagnosis was made, two died before this was possible. Patients suffering from other infectious diseases were nursed there when the outbreak occurred; all were vaccinated on December 28 or 29, together with the staff, apart from nine staff on leave who were vaccinated on the 30th. There was no evidence that removal to Dartford caused any ill effects, but when the weather deteriorated a local hospital was also brought into use to avoid the longer journey.

Kingston Hospital Dispute

Mr. C. W. BLACK on January 30 raised the case of the Kingston and Malden Victoria Hospital. The proposals had been criticized strongly, on many sides, and he hoped the Minister would agree to set up an independent inquiry, or at least not to close his mind on the issue, until a public petition was presented in the House.

Sir IAN FRASER said the situation was paralleled in Morecambe, where the Victoria Hospital was in the same plight. In 20 or 30 other towns the same situation existed.

Mr. FRED MESSER said that if the Minister conceded this he would have trouble from one end of the country to the other.

Mr. H. MARQUAND said the proposals of the regional board had not been drafted by the Labour Party. It was clear that a general problem was involved. The House had agreed on a National Health Service and on its regional organization. For that purpose regional boards were established to plan the hospital services so that in any region all specialties might be co-ordinated and provided in the most suitable way. Such reorganization was bound to affect some smaller hospitals. In every scheme such hospitals had to give up some specialties and become units for one specialty only, in order that one adequate unit might be available in every committee group. Consequently the functions of this particular hospital had to be changed. He was sure that the board did not make the change in any spirit of feeling that a general-practitioner hospital was undesirable. The regional board did not think that, the Ministry of Health did not think it, and his advisers did not think it. There was no animus against a general-practitioner hospital as such. In Kingston the regional board had found an outstanding need for a first-class gynaecological unit. The list of 300 women on the waiting-list could not be cut down until the scattered gynaecological facilities were centralized and improved.

In the area of the Kingston group there would be 226 beds under the new scheme compared with 203 at the moment, 102 maternity beds compared with 81, and 41 gynaecological beds compared with 37. Apart from the increase in beds there would be an increase in facilities. There could be no advantage in further inquiry. The Ministry knew all the facts and had to take action on them. Nevertheless, if Members liked to bring a deputation to meet him he would gladly explain the scheme more fully.

Universities and Colleges

UNIVERSITY OF LONDON

A course of two Special University Lectures will be delivered by Mr. S. R. M. Reynolds, Ph.D., Sc.D., of the Department of Embryology, Carnegie Institute of Washington, at St. Mary's Hospital Medical School (Wright-Fleming Institute Lecture Theatre), Paddington, London, W., on Wednesday and Thursday, February 14 and 15, at 5.30 p.m. His subject is "Uterine Accommodation of the Products of Conception." The lectures are addressed to students of the University and to others interested in the subject. Admission is free, without ticket.

Vital Statistics

Influenza

Influenza continues to be prevalent in the country as a whole, and the evidence is clear that it is due to virus A prime. In many areas attacked earlier the incidence is on the wane. In others, more newly attacked, it may not have reached the peak. The disease remains mild in type, and there is no indication that the experience of 1918-19 will be repeated.

In England and Wales during the week ending January 27 there was an increase in the number of deaths from influenza in the great towns, but the rate of increment remained low and was less than that for the preceding week. The death rate decreased in the Northern and North-western regions, though the latter still remained at the head of the list. Death rates increased in the North-midland, Midland, Eastern, and South-western regions and Wales, and there were slight rises in the East and West Ridings and London and South-eastern areas. In the Southern region there was a very slight fall. The rate per million of influenza deaths for England and Wales increased from 54 to 59.7.

Influenza deaths were mainly in the elderly, and more than 86% were over the age of 55 years. The number of pneumonia notifications increased in England and Wales and in the great towns, but the number of deaths decreased in the great towns. In London there was no significant change in the statistics of removals to hospital for influenza, pneumonia, and bronchitis in the week ending February 3.

Influenza is said to be prevalent in Yugoslavia—virus B. Influenza reported from Israel appears to be due to virus A prime. There is some influenza in Japan, but the type has not yet been identified.

The returns of deaths from influenza in the large towns for the week ending January 27 show that the mortality is declining in the areas where the outbreak first started but still rising in other areas. During the week the largest rise was in the Midland region, where the deaths numbered 213 compared with 108 in the preceding week.

The geographical distribution of influenza deaths is reflected in the incidence of general sickness. The new claims to sickness benefit under the National Insurance Act for the first four weeks of this year were as follows:

New Claims to Sickness Benefit (in Hundreds)

Region	Jan. 2	Jan. 9	Jan. 16	Jan. 23
Northern	281	363	240	176
East and West Riding	214	313	359	391
North-West	467	995	823	713
North-Midland	158	208	249	323
Midland	183	282	360	466
East	124	194	208	245
London and Middlesex	308	506	498	481
Remainder of S.E.	238	356	337	333
South	88	132	155	187
South-West	127	190	221	261
Wales	146	208	294	379
England and Wales	2,334	3,747	3,744	3,955
Scotland	128	416	525	426

In the great towns the following cases of and deaths from pneumonia, and deaths from influenza, have been reported:

	9/12	16/12	23/12	30/12	6/1	13/1	20/1	27/1
Pneumonia:								
Cases	347	374	364	502	956	1,300	1,455	1,720
Deaths	236	289	351	383	770	982	843	790
Influenza:								
Deaths	34	33	54	102	458	890	1,099	1,239

FACULTY OF RADIOLOGISTS.—At Royal College of Surgeons of England, Lincoln's Inn Fields, London, W.C., February 16, 2.15 p.m., Diagnosis Section Meeting. Paper: "Behaviour of Lipiodol in the Bronchial Tree," by Dr. C. J. Hodson; film: "Radiological Studies of Movements of the Duodenal Cap, Duodenum, and Jejunum in Man," by Drs. J. W. McLaren and G. M. Ardran. Presented by Dr. Ardran.

ROYAL MEDICAL SOCIETY.—7, Melbourne Place, Edinburgh.—February 16, 8 p.m., "What is a Hospital For?" address by Professor J. M. Macintosh.

Saturday

BIOCHEMICAL SOCIETY.—At London School of Hygiene and Tropical Medicine, Keppel Street, London, W.C., February 17, 11 a.m., 294th meeting. Symposium: "The Biochemistry of Fertilization and the Gametes."

CAMBRIDGE UNIVERSITY.—At Girton College, February 17, 5.15 p.m., "The Doctor's Dilemma," Founders' Memorial Lecture by Lord Moran.

APPOINTMENTS

Dr. H. K. Snell has been appointed Inspector of Retreats under the Inebriates Acts, 1879 to 1898.

LEMIN, MAURICE EVAN, M.B., Ch.B., Deputy School Medical Officer, Birmingham Education Committee.

LOCKHART, ROBERT, M.B., Ch.B., D.P.H., Medical Officer, British Aluminium Co., Ltd. (Scottish Works).

REID, REGINALD DOUGLASS, M.B., B.S., D.T.M.&H., Morbid Histologist (Consultant) Colchester (North-east Metropolitan Regional Hospital Board).

SHEFFIELD REGIONAL HOSPITAL BOARD.—The following whole-time consultant appointments are announced: *Psychiatrist at Carlton Hayes Hospital, Narborough*, Sylvia M. FitzG. Reid, M.B., B.Ch., D.P.M. *Child Psychiatrist at Towers Hospital, Leicester*, A. K. Graf, M.D. *Chest Physician to Leicester Area*, M. C. Brough, M.D. *Psychiatrist to Saxondale Hospital, Radcliffe-on-Trent*, A. D. McL. Douglas, M.B., Ch.B., D.P.H.

TAYLOR, GORDON CUNNINGHAM, M.B., Ch.B., D.P.H., Assistant Senior Medical Officer, South-west Metropolitan Regional Hospital Board.

THOMPSON, HENRY WORSLEY, M.B., Ch.B., Visiting Medical Officer, Rossall Hospital, near Fleetwood, Lancs.

WALKER, SARAH, M.D., D.P.H., Chief Assistant Medical Officer, Maternity and Child Welfare, Bristol.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Gilmour.—On January 28, 1951, at Hayes, Middlesex, to Jean, wife of Dr. S. J. G. Gilmour, a son.

Hancock.—On January 24, 1951, at Middlesex Hospital, to Vera (formerly Thomas), wife of Dr. Ronald E. Hancock, a son—Paul Byron.

Inglis.—On January 11, 1951, at Queen Elizabeth Hospital, Birmingham, to Irene, wife of James McNaught Inglis, M.B., Ch.B., D.A., a sister for Timothy. (Premature.)

McAleer.—On January 24, 1951, at Hornchurch, Essex, to Maureen, wife of Thomas Burke McAleer, M.B., Ch.B., a son—Michael John.

McMillan.—On January 29, 1951, at Chertsey Hill Nursing Home, to Dr. and Mrs. R. L. McMillan, Whitecrosse, Carlisle, a son.

Ring.—On February 2, 1951, to Dr. Stella Ring, wife of Mr. Peter Ring, F.R.C.S., a son.

Seymour-Jones.—On January 20, 1951, at Yarborough Nursing Home, Southsea, to Elizabeth (formerly Pinches), wife of Anthony Seymour-Jones, F.R.C.S., a daughter—Mary Louise.

Tibbetts.—On January 29, 1951, at Birmingham, to Doreen, wife of Dr. R. W. Tibbetts, a daughter.

Walwyn-Jones.—On January 23, 1951, to Margaret (formerly Pemberton), wife of Dr. E. O. Walwyn-Jones, 88, Sussex Gardens, London, W., a daughter.

DEATHS

Bannister.—On January 29, 1951, at his home, 47, Grove Way, Esher, Surrey, William Jacob Bannister, M.D., D.P.H., aged 73.

Bean.—On January 23, 1951, at 257, Leeds Road, Ilkley, Yorks, Walter Percy Bean, L.S.A., aged 82.

Brown.—On January 18, 1951, at Spencer Cottage, Minchinhampton, near Stroud, Glos, Alfred Brown, M.D., late of Highcroft, Minchinhampton, aged 72.

Buchanan.—On January 22, 1951, at Newark, Notts, Robert Buchanan, M.B., C.M., D.P.H., late of Broughty Ferry, Forfarshire, aged 83.

Chapman.—On January 21, 1951, at 46, Fairacres, Roehampton Lane, London, S.W., Charles Leopold Granville Chapman, F.R.C.S.I., late of Grimsby, aged 74.

Fielding-Ould.—On January 18, 1951, at 29, Norfolk Crescent, London, W., Robert Fielding-Ould, M.D., M.R.C.P.

Hastings.—On January 20, 1951, at Edinburgh, Harry Hastings, O.B.E., M.B., Ch.B., D.T.M.&H., of Calabar, Nigeria, W. Africa, and 149, Warrender Park Road, Edinburgh.

Hector.—On January 21, 1951, at Foresterhill, Aberdeen, Mabel Hector, M.B., Ch.B., of Runrigs, Pitfodels, Aberdeenshire, late of the Dow Memorial Hospital, Gujrat, Punjab, India.

Lamb.—On January 20, 1951, at his home, Dibden, Purlieu, Southampton, John Henry Lamb, M.B., Ch.B., late of Bishop's Castle, Salop.

Mackenzie.—On January 26, 1951, Marion Ellen Mackenzie, M.B., Ch.B., of Headingley, Leeds.

McLeish.—On January 20, 1951, at 94, Hillway, Highgate, London, N., Roberta McLeish, M.B., Ch.B.

Scudamore.—On January 22, 1951, at Bournemouth, Charles Edward Scudamore, L.R.C.P., aged 92.

Thompson.—On January 25, 1951, at 170, Heaton Moor Road, Stockport, Charles Herbert Thompson, M.B., B.Ch.

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.

Whooping-cough Quarantine and Immunity after Treatment with Chloramphenicol

Q.—With the advent of chloramphenicol for the treatment of whooping-cough, I should be grateful if you could tell me (1) whether there should be any alteration in the quarantine period following an apparently successful course of treatment, and (2) whether such a successfully treated attack confers the same degree of immunity on the patient as an untreated attack.

A.—(1) While it is true that the successful clinical treatment of infections with the modern antibiotics is usually accompanied by bacteriological cure—that is, elimination of the infecting organism—a notable exception is the persistence of the typhoid bacillus in the faeces of cases of typhoid fever successfully treated with chloramphenicol. It is too early yet to say whether this drug is effective in eliminating *H. pertussis* in treated cases of whooping-cough, although there is some (unpublished) evidence that the organism may persist in the respiratory tract during treatment. The period of quarantine in whooping-cough is usually given as six weeks, but in most cases, whether treated or not with antibiotics, the organism cannot be demonstrated in cough plates or post-nasal swabs after the fourth to fifth week.

(2) Antibodies against *H. pertussis* develop rather late, from the third week onwards, and again it is too early to say whether chloramphenicol will interfere to any extent with the development of immunity. Relapses have been common in other continued fevers like typhoid and typhus, and it is possible that in cases of whooping-cough treated early in the infection there may be some interference with the development of protective antibody.

Lipoid Pneumonia

Q.—What are the diagnostic features of lipoid pneumonia, as compared with other forms of pneumonia? Does lipoid pneumonia ever occur in adults or adolescents? What are the prognosis and treatment?

A.—The diagnosis of "lipoid pneumonia" is difficult. The term is usually used to denote a pneumonia caused by aspiration of oil into the respiratory tract. This may be mineral oil (liquid paraffin) or animal oil such as cod-liver oil, or more rarely vegetable oils taken as food. It is important to note, however, that fatty change can occur in chronic pneumonic processes, such as those which constitute one form of pulmonary suppuration, and those occurring beyond bronchial obstruction—for example, by a carcinoma. Hence, to substantiate a diagnosis of oil-aspiration pneumonia the finding of lipoid material in histological sections of the lung is not sufficient; the oil must be proved to be exogenous by appropriate chemical or micro-chemical tests. Clinically the diagnosis of lipoid pneumonia is extremely difficult. There is one group of cases which occurs in feeble infants to whom cod-liver oil or liquid paraffin has been administered. In these the illness presents as a low-grade bronchopneumonia, generally complicating some preceding illness, and the diagnosis is almost impossible to make clinically. The other group occurs in adults generally of middle age or over. There is usually a history of long-continued use of mineral oil as a nasal application in drops or by spray; sometimes the condition appears to follow the long-continued use of mineral oil by mouth, but in these cases there is often a history of dysphagia or of laryngeal lesions. A few cases of oil-aspiration pneumonia have been reported in patients with achalasia of the cardia who