

and remarkable disregard for modern techniques it has scarcely an equal in this country.

Approximately half of the second volume is concerned with the heart, and it must be said at once that it is unfortunate that the editors did not confine themselves to the respiratory system. There are, of course, some notably good chapters: thus, there can be nothing but praise for the article on the physiological aspects of the electrocardiogram by Richard Ashman, that on coronary sclerosis by Arlie Barnes, and that on arterial hypertension by Irving Page; and the authors of the chapters on roentgenology of the heart, on rheumatic fever, and on bacterial endocarditis have treated their work seriously and maintained a high standard. On the other hand, the chapters on congenital heart disease, cor pulmonale, cardiovascular syphilis, cardiac arrhythmia, the heart in thyroid disease, and diseases of the pericardium read like unprepared chats to the lay public.

As remarked in the review [above] of volume 1, the present work is a combination and modernization of two earlier books on the chest. As it progressed the scope of the volume was gradually enlarged, and finally included the cardiovascular system. This may explain why the cardiac section gives the impression of a none too careful postscript.

PAUL WOOD.

MONOGRAPH ON DIABETES

Types of Diabetes Mellitus and their Treatment. By Arthur R. Colwell, M.D. (Pp. 97. 16s. 6d.) Oxford: Blackwell Scientific Publications. 1950.

This small monograph covers most aspects of diabetes from diagnosis to treatment of coma. It is well produced and clearly written by an author of high reputation with many worth-while publications on his subject. But it is difficult to know what useful purpose this book serves. It does not contain sufficient detail to enable a practitioner to undertake treatment from its pages or to interest an expert by its theoretical considerations. Some of the author's views are conservative, especially his advocacy of a carbohydrate-fat ratio in the diet of 1:1 as most generally useful and "the optimal ratio with insulin."

The title of the book is stimulating and led the reviewer to hope that various different fundamental types were to be described. But these proved to be not different types but grades of diabetes, mild, moderate, severe. The title therefore merely makes well-known quantitative distinctions and not new qualitative ones.

R. D. LAWRENCE.

GASTROSCOPY

Gastroscopy. The Endoscopic Study of Gastric Pathology. By Rudolf Schindler, M.D., F.A.C.P. Second edition. (Pp. 433; 366 figures, 10 coloured plates. £7 10s.) Chicago, Illinois: University of Chicago Press. London: Cambridge University Press. 1950.

The first edition of Schindler's book on gastroscopy was a valuable contribution to the subject and was carefully studied by all those interested in it. Not all agreed with his interpretations, particularly in relation to gastritis, for it was felt that the limits of normality were greater than had been suspected, and in any case the diagnosis of "gastroscopic gastritis" did not correlate well with clinical syndromes. Schindler, with the collaboration of the optician Wolf, performed pioneer

work in developing the flexible gastroscope, which has a relatively small but useful place in the investigation of gastric disorders. What has been needed for some time has been a simple straightforward monograph on gastroscopy.

Schindler's second edition, although a tribute to his industry, unfortunately makes the subject more complicated and does nothing to crystallize the experience of recent years. It is unnecessarily long, and many of the illustrative case histories are irritatingly detailed and could well have been shortened or omitted.

There are in all countries two schools of doctors—those who like to simplify procedures, and those who seem unwilling or unable to dispense with the non-essentials. There is no doubt that gastroscopy as practised by Schindler is much more complicated than in many other centres. Those wishing to learn gastroscopy will profit more from visiting and watching those who have had long experience than from reading the second edition of this book. For the expert the second edition is of considerable interest and should certainly be read. The book is well illustrated with many photographs and coloured plates.

F. AVERY JONES.

BOOKS RECEIVED

Review is not precluded by notice here of books recently received

Heart Disease in Pregnancy. By A. M. Jones, M.Sc., M.B., F.R.C.P. (Pp. 57. 6s.) London: Harvey and Blythe. 1951.

Color Atlas of Pathology. Prepared under the auspices of the U.S. Naval Medical School of the National Naval Medical Center. (Pp. 546. 140s.) London: J. B. Lippincott. 1951.

Any Wife or Any Husband. By "Medica." (Pp. 159. 7s. 6d.) London: William Heinemann. 1950.

The Conquest of Malaria. By Dr. J. Jaramillo-Arango. (Pp. 125. 21s.) London: William Heinemann. 1950.

Auto-Erotism. By W. Stekel, M.D. (Pp. 289. 16s.) London: Peter Nevill. 1951.

Management of Peripheral Arterial Diseases. By S. S. Samuels, A.M., M.D. (Pp. 345. 60s.) London: Geoffrey Cumberlege. 1951.

First Aid and Fire Precautions. Issued by the R.S.P.C.A. 7th ed. (Pp. 32. 6d.) London: R.S.P.C.A. 1951.

Sex Variants. By G. W. Henry, M.D. (Pp. 1,130. 42s.) London: Cassell. 1950.

The Student's Handbook of Surgical Operations. By Sir Frederick Treves. 9th ed. Revised by Sir Cecil Wakeley, K.B.E., C.B., D.Sc., P.R.C.S. (Pp. 580. 15s.) London: Cassell. 1950.

How to Write Technical Books. By J. Gloag. (Pp. 159. 12s. 6d.) London: George Allen and Unwin. 1950.

30 Years with G.B.S. By Blanche Patch. (Pp. 256. 12s. 6d.) London: Victor Gollancz. 1951.

Flemones Retroperitoneales. By Dr. A. V.-C. Ortiz. (Pp. 271. No price.) Barcelona: Byp. 1950.

Verhandlungen der Deutschen Gesellschaft für Kreislauf-forschung. Edited by Professor H. Schaefer. Vol. 16. (Pp. 274. M. 26.) Darmstadt: Dietrich Steinkopff. 1950.

Die Staublungenerkrankungen. Edited by Professor K. W. Jötten and Professor H. Gärtner. (Pp. 338. M. 20.) Darmstadt: Dietrich Steinkopff. 1950.

The Early Smallpox Epidemics in Europe, and the Athens Plague After Thucydides. (In Greek.) By Professor G. P. Alivizatos. (Pp. 356. No price.) Athens. 1950.

was authorized to use his discretion. There was nothing in the regulations which said that elderly persons should not have additional quantities unless they were bedridden. In the case of persons who were ill in bed and had a small stock of coal which would not last out for the length of the illness the additional coal must be delivered within seven days, and where the merchant with whom the invalid was registered could not make the delivery another merchant might supply.

Colonial Population Growth

In the debate on the Overseas Resources Development Bill on February 20 Mr. JAMES GRIFFITHS said the Colonial populations were increasing at a rate which created a danger of still further poverty. In the region covered by the Colombo plan, with 570 million people and an average income per head of £20 per annum, the population increased at the rate of 20,000 daily, and would be 720 millions in 20 years' time. In the British West Indies, according to present trends, the population would double in 30 years. In Tanganyika it was estimated that in 30 years' time the population would also have doubled, although Tanganyika was already a net importer of food.

Chest Clinics

Brigadier F. MEDLICOTT on February 22 asked how many chest clinics were in operation under the National Health Service, and how many of such clinics had effective x-ray apparatus for the diagnosis of tuberculosis.

Mr. H. MARQUAND replied that the number of clinics, including subsidiaries to main clinics, was 470, of which 264 had their own x-ray facilities. Others used facilities available near by. There were 73 new x-ray installations in 1950, and there would probably be about 50 more this year.

Other Business

In the House of Lords on February 21, in answer to a question, Lord HENDERSON said that the ratification of the Red Cross conventions agreed to in August, 1949, is still being urgently considered.

The PRIME MINISTER announced on February 26 that the Government accepted the Dale Committee's Report recommending the development of the industrial health services, which should be encouraged and properly co-ordinated with the general health services.

Special Schools.—At the beginning of 1950 there were approximately 28,000 children in England and Wales known to require education in special schools for subnormal pupils. Provision was made for rather more than 15,000.

School Milk.—One-third of last year's subsidy of £99m. on milk is due to the milk-in-schools scheme and to milk under the welfare-foods service.

Homoeopathy.—Since July, 1948, 105 nurses commenced their training at the Royal Homoeopathic Hospital. The number who abandoned their training before its completion was 47.

Canal Boats.—Mr. Dalton is consulting the local authority associations on whether there is a need for revised regulations governing conditions of sanitation and ventilation in canal boats.

The Services

A Supplement to the *London Gazette* has announced the following awards:

Territorial Efficiency Decoration and First Clasp.—Colonel G. B. Mitchell-Heggs, O.B.E., Lieutenant-Colonels N. C. Oswald, S. R. Trick, and W. E. Tucker, and Majors A. S. Bockless and M. W. Lloyd-Owen, R.A.M.C.

Territorial Efficiency Decoration.—Lieutenant-Colonel (Brevet Colonel) (Honorary Brigadier) F. A. E. Crew, T.D., F.R.S. (retired), Major (Honorary Lieutenant-Colonel) A. McD. Davies, Major J. B. Neal, Honorary Major W. S. J. Parr (retired), and Captains (Honorary Majors) E. N. Rees and R. G. Russell, R.A.M.C.

Universities and Colleges

UNIVERSITY OF OXFORD

Professor Jiménez Díaz, Director of the Institute of Medical Investigation, Madrid, will deliver a lecture on "The Treatment of Dysreaction Diseases by Nitrogen Mustard" in the Sir William School of Pathology, Oxford, on Tuesday, March 6, at 12 noon.

UNIVERSITY OF LONDON

The degree of D.Sc. has been conferred on E. Lewis-Faning.

UNIVERSITY OF WALES

WELSH NATIONAL SCHOOL OF MEDICINE

The third William Sheen Memorial Lecture will be delivered by Mr. Ernest Finch, late Professor of Surgery in the University of Sheffield, in the Reardon Smith Lecture Theatre, Park Place, Cardiff, on Friday, March 9, at 8 p.m. His subject is "The Influence of Welshmen on the Course and Development of British Medicine." All medical practitioners and present and past students of the Medical School are invited to attend the lecture.

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

Through the generosity of the Leverhulme Trust the council of the College is in a position to award a scholarship (£250) for the purpose of research into problems connected with obstetrics and/or gynaecology. The scholarship may be held simultaneously with another appointment if, in the opinion of the council, sufficient time is available for research. Regulations and forms of application can be obtained from the secretary, 58, Queen Anne Street, London, W.1. The last day for receiving applications on the prescribed form is July 1.

A prize of £50 will be awarded by the council of the College in October, 1952, for the best original work on "The Improvement of Forceps Deliveries." Candidates must be registered medical practitioners in the British Commonwealth, but the prize may be awarded to a team of more than one practitioner working together in an obstetric unit. Entries, typewritten and limited to 2,000 words, must be received before July 1, 1952.

Medical News

Next Year's President of the B.M.A.

In response to the invitation of the Council of the British Medical Association Dr. A. W. S. Sichel, of Capetown, the President-Elect, has accepted the Presidency of the B.M.A. for the year 1951-2.

Malayan Artificial Limbs for South-east Asia

Malaya now makes its own artificial limbs and orthopaedic appliances, and also supplies other countries in South-east Asia. This service had a small beginning in 1948 in a shed in the grounds of the Kuala Lumpur General Hospital where two woodworkers made peg legs for people maimed in the war or by accident. A grant of £7,500 from the Government of the Federation resulted in the building of a modern factory, and to-day 25 expert craftsmen are employed. So far 500 limbs and 800 appliances have been made, together with hospital ward equipment and furniture.

Standardizing Anaesthetic Gas Cylinders

At a meeting of the Conference on Medical Gas Cylinders on January 24 it was announced that provisional agreement has been reached between representatives of the United Kingdom and the United States, in the International Standards Organization, on the introduction of certain colour markings and of non-interchangeable couplings for medical gas cylinders, to eliminate the possibility of the wrong gas being used. When the agreement is ratified the proposals should soon find their way into actual practice.

LONDON JEWISH HOSPITAL MEDICAL SOCIETY.—At Dorchester Hotel, Park Lane, London, W., March 8, 6.30 p.m. to 2 a.m., annual dinner-dance.

MEDICAL SOCIETY OF LONDON.—At Claridge's, Brook Street, London, W., March 8, 7.30 for 7.45 p.m., 171st anniversary dinner.

ROYAL ARMY MEDICAL COLLEGE, Millbank, London, S.W.—March 8, 5 p.m., "Some Clinical Aspects of Mass Radiography," by Dr. E. R. Boland.

ST. ANDREWS UNIVERSITY.—At Lecture Theatre, Materia Medica Department, Medical School, Small's Wynd, Dundee, March 8, 5 p.m., "Skin Manifestations in Some Internal Diseases," by Dr. J. Kinnear.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL, Hyde Park Corner, London, S.W.—March 8, 4.30 p.m., lecture-demonstration on psychiatry.

TORQUAY AND DISTRICT MEDICAL SOCIETY.—At Torbay Hospital, March 8, 8.30 p.m., "Chronic Diarrhoea," by Dr. E. R. Cullinan.

UNIVERSITY COLLEGE (Anatomy Theatre), Gower Street, London, W.C.—March 8, 1.15 p.m., "John Wesley and His 'Primitive Physick,'" by Dr. E. Ashworth Underwood.

Friday

INSTITUTE OF ALMONERS.—At Central Hall, Westminster, London, S.W., March 9, 6 p.m., annual general meeting: "Social Case Work To-day and To-morrow," by Mr. Roger Wilson.

ROYAL MEDICAL SOCIETY, 7, Melbourne Place, Edinburgh.—March 9, 8 p.m., Valedictory Address by the Senior President.

ROYAL SANITARY INSTITUTE.—At Guildhall, Saturday Market Place, King's Lynn, March 9, 10 a.m., papers: "River Pollution," by S. Greenburgh, Ph.D., F.R.I.C.; "The Work of a Housing Manager in the Post-war Era," by Miss M. L. Keith. Afternoon visit.

UNIVERSITY OF WALES: WELSH NATIONAL SCHOOL OF MEDICINE.—At Reardon Smith Lecture Theatre, Park Place, Cardiff, March 9, 8 p.m., "The Influence of Welshmen on the Course and Development of British Medicine," William Sheen Memorial Lecture by Professor Ernest Finch.

Saturday

INSTITUTE OF ALMONERS.—At Connaught Rooms, Great Queen Street, London, W.C., March 10, 7 p.m., annual dinner.

SOUTH-EAST METROPOLITAN REGIONAL TUBERCULOSIS SOCIETY.—At Brook Hospital, Shooter's Hill Road, London, S.E., March 10, 10.30 for 11 a.m., "The Evolution of the Surgical Treatment of Pulmonary Tuberculosis," by Mr. J. B. Hunter.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Brash.—On February 21, 1951, at Chatsworth House, Prestatyn, to Patricia Mary, wife of Dr. David Brash, a son.

Frankenberg.—On February 15, 1951, at Hillingdon Hospital, Middlesex, to Mieke (formerly Van Tricht), wife of John Frankenberg, M.R.C.O.G., a daughter—Joyce Penelope Wilma.

Gaisford.—On February 20, 1951, at St. Mary's Hospital, Manchester, to Mary, wife of Professor Wilfrid Gaisford, M.D., F.R.C.P., a daughter.

Glyn.—On February 14, 1951, at the Middlesex Hospital, to Daphne, wife of Dr. John H. Glyn, a son.

Hutt.—On January 18, 1951, to Jill (formerly Chappel), B.M., B.Ch., wife of Charles W. Hutt, M.B., B.Ch., Danedale Lodge, Minster Road, Isle of Sheppey, a son—Nicholas Charles.

Parker.—On February 21, 1951, at Brighton, to Margaret, wife of Dr. W. S. Parker, a son.

Todd.—On February 20, 1951, at Liverpool, to the wife of R. McL. Todd, M.D., M.R.C.P., a daughter.

DEATHS

Alexander.—On February 22, 1951, at 53, Chiltern Drive, Surbiton, Surrey, Alfred Gahagan Alexander, M.D., late of Moseley, Birmingham.

Campbell.—On February 21, 1951, at 111, Torquay Road, Paignton, Devon, Ernest Alexander Campbell, L.R.C.P.&S.Ed., L.R.F.P.S., aged 80.

Clifford.—On February 21, 1951, at Thornhill, Stalybridge, Cheshire, Thomas Clifford, M.B., aged 87.

Cochrane.—On February 18, 1951, at 6, Albert Road, Bolton, Lancs, Andrew Cochrane, M.B., Ch.B.

Dobson.—On February 22, 1951, at the Finchley Memorial Hospital, London, N., Josiah Rowland Benjamin Dobson, M.B., B.S., of 3, Windsor Road, Finchley, London, N.

Ling.—On February 24, 1951, at Ashton House, George Street, Leamington Spa, Edwin Joseph Ling, L.R.C.P.&S.Ed., L.R.F.P.S., formerly of Rotherham, Yorks, aged 87.

Molony.—On February 23, 1951, at the Royal Cornwall Infirmary, James Georges Masey Molony, M.B., B.Ch., of Dromore, Truro, aged 67.

Poffcock.—On February 19, 1951, at Bolingbroke Hospital, George Pollock, M.D., D.O.M.S., 82, Wimbledon Park Road, Southfields, London, S.W.

Slane.—On February 23, 1951, at 63, King's Road, Richmond, Surrey, Herbert James Slane, M.D., late of Burnley, Lancs, aged 85.

Tuxford.—On February 23, 1951, Arthur Wren Tuxford, M.D., D.P.H., of Fairholme, St. Ives, Ringwood, Hants.

Vines.—On February 20, 1951, at Paignton, Devon, Charlotte Susannah Vines, L.R.C.P.&S.Ed., L.R.F.P.S., Brodawel, Newport, Mon, formerly of C.E.Z.M.S., Punjab, aged 79.

Waters.—On February 16, 1951, at his home, Graystones, St. Aubin's, Jersey, Walter James Waters, O.B.E., M.R.C.S., L.R.C.P., Lieutenant-Colonel, R.A.M.C., retired, aged 74.

Whitworth.—On February 21, 1951, at Vicarage Road, St. Agnes, Cornwall, William Cuthbert Whitworth, M.R.C.S., L.R.C.P., aged 63.

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.

Treatment of Senile Cataract

Q.—When should operation be performed in cases of senile cataract? What can be done to help the patient while waiting for operation? Is there any satisfactory alternative treatment to operation?

A.—In days gone by the criterion for operation in senile cataract was whether the cataract was mature or not—that is, whether the whole of the lens was opaque. A semi-opaque soft cortex made operation difficult, and not infrequently led to complications owing to residual soft cortex. With the present methods of operation the question of maturity is no longer significant, and the criterion for operation to-day is whether the patient is sufficiently handicapped by the cataract to justify operation. There is, therefore, no need for patients to "wait for operation." If the patient no longer can get about comfortably or is unable to continue his work, cataract operation should be performed.

There is no alternative, satisfactory or otherwise, to operative treatment. The many medicinal and local therapies that have been, and continue to be, advocated have never had any valid basis and are useless in practice. Such occasional good results as have been claimed are consistent with the well-established fact that early cataract sometimes progresses very slowly, and any form of treatment may well give the impression that a progressive affection is being checked. Rarely, hypermature cataract may become subluxated or actually dislocated into the vitreous, giving immediate and striking improvement in vision, but intractable secondary glaucoma frequently sets in, especially in cases of subluxation.

Complications of Influenza

Q.—What complications are particularly common in the present epidemic of influenza?

A.—In the present epidemic the complications are chiefly pulmonary. The initial fever and symptoms of the attack of influenza have often subsided in three or four days, but after a short period of improving health the patient develops pyrexia, cough, possibly pleuritic pain, and intense malaise. All the signs of the well-known complications of influenza may now arise. This year they have usually pointed to bronchiolitis. Thus we meet with rapid respiration, cyanosis—sometimes of violet hue seen best in the lips—and diffuse rhonchi and medium rales over one or both lower lobes. The sputum is purulent. Unless bronchopneumonia is also present, the x-ray appearances are usually normal.

The other relatively common complication in this epidemic is influenzal gastritis, with nausea, retching, vomiting, epigastric pain, and even haematemesis or melaena.

Stilboestrol and the Prostate

Q.—What are the indications and contraindications for the use of stilboestrol in prostatic obstruction? How should it be given, in what dosage, and for how long? What complications of this treatment are encountered?

A.—Stilboestrol should be given only when the prostatic obstruction is due to carcinoma of the prostate. Its effect on benign enlargement is very slight from the pathological aspect and negligible clinically. There is a danger that its continued use in benign enlargement may delay the relief of obstruction by surgical means, and thus prejudice