

was an important and attractive figure in the life of Birmingham, at that time the very hub of the Industrial Revolution.

The book is much more than a life of Withering. Proceeding by a method reminiscent of *Tristram Shandy*, it is a storehouse of unexpected and often inaccessible information. This is notably the case with the so-called Lunar Society of Birmingham, a vigorous and unconventional group which, for practical advance in science, was for some time an effective rival of the Royal Society. The book is too modestly named. Some such title as "Scientific Life in the Midlands in the Eighteenth Century" would have been not inappropriate. It contains much interesting and not a little new information on such figures as Sir Joseph Banks, Matthew Boulton, Henry Cavendish, Erasmus and Robert Darwin (grandfather and father of Charles), Thomas Fowler, Lavoisier, Joseph Priestley, Mary Schimmelpenninck, Smeaton, Warltire, Watt, and Wedgwood. It is, in fact, an ideal gossiping record of eighteenth-century scientific, technical, and medical activity. We could wish that the extracts from letters had been, in places, a little less full. New and rather unpleasant light is thrown on the two Darwins, whose success as practitioners is still something of a mystery. The book is a good one for the bedside and well worthy of preservation for reference.

CHARLES SINGER.

INDIAN TEXTBOOK OF MEDICINE

Textbook of the Principles and Practice of Medicine. Part I. By D. R. Dhar, M.B., D.T.M.(Cal.), M.R.C.P. (Pp. 747. £1 15s. 6d.) Calcutta: D.M. Library, 42, Cornwallis Street.

This is the first volume of a textbook of medicine designed for students in India. The fashion of publishing the first part of a medical textbook before the second is completed appears to be growing, and, however permissible this may be in history and the arts, it makes the task of a medical reviewer difficult. Once the complete textbook has been published, however, there is everything to be said for revising it frequently, part by part. The author writes from Lake Medical College and Hospitals, Calcutta, and his point of view and style can be gathered from the following quotation:

"I do not share the idea of those teachers of medicine who suggest that comprehensive textbooks are rather unsuitable for senior students, and that short texts are better. But are they not the future practitioners of our country, for whom an easy comprehension and an all-round grasp of the subject seems to me the first step to assist, notably in memorizing and also for easy diagnosis and proper rational treatment, thus to turn out ultimate good clinicians, and also to derive the maximum out of the clinical material in hospitals during studies and training, because symptoms and signs are mostly manifestations, nay reflections of the inner working of the system in disease."

At the same time, the author realizes that a textbook of medicine must be suited to the country in which it will be mainly used, and he has allotted space to the so-called tropical and non-tropical diseases according to their frequency and importance in the Tropics and sub-tropics in general, and in India in particular. It is a pity the author has not gone a little further with this idea and written a textbook of medicine which represents present-day experience in India, as Osler's textbook depicted the face of disease in the U.S.A. at the

beginning of this century. As it is, the book is a compilation, rather than a textbook with a personal flavour. It is comprehensive and accurate, but it suffers from excess of detail, and parts are a little old-fashioned. It is produced at a reasonable price and with not too many misprints.

L. J. WITTS.

BOOKS RECEIVED

Review is not precluded by notice here of books recently received

The Clinical Use of Testosterone. By H. H. Turner, M.D., F.A.C.P. (Pp. 69. 16s. 6d.) Oxford: Blackwell Scientific Publications. 1950.

Indications for and Results of Splenectomy. By F. A. Coller, M.D., and others. (Pp. 100. 16s. 6d.) Oxford: Blackwell Scientific Publications. 1950.

Introduction to the Regulation of Blood Pressure and Heart Rate. By C. Heymans, M.D. (Pp. 60. 15s.) Oxford: Blackwell Scientific Publications. 1950.

Electrophoresis in Physiology. By L. A. Lewis, Ph.D. (Pp. 66. 13s. 6d.) Oxford: Blackwell Scientific Publications. 1950.

The Preparation of Photographic Prints for Medical Publication. By S. J. McComb, F.B.P.A. (Pp. 65. 15s.) Oxford: Blackwell Scientific Publications. 1950.

Pharmacology of the Failing Human Heart. By J. McMichael, M.D., F.R.C.P. (Pp. 63. 8s. 6d.) Oxford: Blackwell Scientific Publications. 1950.

The Nose, Ear and Throat for Nurses and Dressers. By M. Vlasto, M.B., B.S., F.R.C.S. 4th ed. (Pp. 214. 8s. 6d.) London: Faber and Faber. 1951.

Recent Advances in the Study of Plant Viruses. By K. M. Smith, D.Sc., Ph.D., F.R.S. 2nd ed. (Pp. 300. 22s. 6d.) London: J. and A. Churchill. 1951.

Micro-Analysis in Medical Biochemistry. By E. J. King, M.A., Ph.D., D.Sc., F.R.I.C. 2nd ed. (Pp. 222. 14s.) London: J. and A. Churchill. 1951.

A Text-Book of X-Ray Diagnosis. Edited by S. Cochrane Shanks, M.D., F.R.C.P., F.F.R., and P. Kerley, M.D., F.R.C.P., F.F.R., D.M.R.E. Vol. 2. 2nd ed. (Pp. 702. 65s.) London: H. K. Lewis. 1951.

A Medical History of Persia and the Eastern Caliphate. By C. Elgood, M.A., M.D., F.R.C.P. (Pp. 617. 50s.) London: Cambridge University Press. 1951.

James Lind: Founder of Nautical Medicine. By L. H. Roddis. (Pp. 177. \$3.) New York: Henry Schuman. 1950.

Les Conquêtes des Matières Plastiques en Médecine et en Chirurgie. By J. Delorme and P. Laroux. (Pp. 216. No price.) Casablanca: Les Editions Amphora. 1950.

Lungen- und Oesophagus-Resektionen. By Dr. W. E. J. Schneidtzik. (Pp. 119. M. 6.50.) Jena: Gustav Fischer. 1950.

Ein Beitrag zur Arteriographie der Nieren. By Professor H. Wille-Baumkauff. (Pp. 62. M. 6.) Jena: Gustav Fischer. 1950.

Der Arzt als Diener der Natur. By Dr. A. Heisler. (Pp. 123. M. 4.80.) Stuttgart: Marquardt. 1950.

La Retención de Orina. By Dr. R. A. Santaella. (Pp. 337. 20 pesetas.) Barcelona: Byp. 1950.

Tuberculosis Renal. By Dr. I. O. Martí. (Pp. 303. 25 pesetas.) Barcelona: Byp. 1950.

Therapie der Nerven- und Geisteskrankheiten. Edited by Professor W. Holzer. (Pp. 407. No price.) Vienna: Wilhelm Maudrich. 1951.

deliveries to distribution centres to continue at a rate of over 6,000 a month during 1951, but some of these would be required as replacements.

More Medical Students?

Dr. SOMERVILLE HASTINGS on March 8 asked what steps the Minister of Health was taking to have more medical students trained and thus ensure a sufficient number of doctors, in view of the necessity for expansion of the National Health Service.

Mr. H. MARQUAND replied that he was advised that the present output of the schools was sufficient to provide for some expansion as well as to replace wastage.

Inflation of Doctors' Lists

On March 8 Colonel CROSTHWAITE-EYRE asked the Minister of Health what reasons prompted him to adopt the policy set out in Health Circular E.C.L. 6/51, dated January 11, for eliminating inflation in doctors' records.

Mr. H. MARQUAND said the present inflation made it impossible accurately to assess the total remuneration due to general practitioners or to distribute the money equitably between doctors.

Fees after Road Accidents

Mr. HUGH FRASER asked whether Mr. Marquand knew that anyone suffering a road accident in which a motor vehicle was involved could be charged 12s. 6d. by hospital management committees for emergency treatment.

Mr. H. MARQUAND said the liability to meet the charge for emergency treatment under Section 16 of the Road Traffic Act, 1934, was upon the person using the vehicle at the time of the accident, and was confirmed in the National Health Service Act.

Doctors' Cars.—Dual-purpose vehicles may be exempted from the need to have a C carrier's licence when used by doctors, dentists, and veterinary surgeons, if draft regulations now being circulated by the Minister of Transport to interested organizations are approved.

Free Treatment Abroad.—Under a convention recently ratified, indigent British subjects in the Netherlands will, from April 27, have the same rights to free medical treatment as indigent Dutch subjects.

Medico-Legal

TRICHINIASIS FROM INFECTED PORK

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

In December, 1946, Mrs. Noreen Heil bought two pork chops from her butcher. They were cooked for her by her maid, and Mrs. Heil found them to be underdone to such an extent that when they were cut a little blood ran out. She took them back to the kitchen, but, finding that her maid had washed up what they had been cooked in, she did not insist that they should be cooked any more. After eating the chops Mrs. Heil became seriously ill with trichiniasis.

She subsequently brought an action in the King's Bench Division against the butcher from whom the chops were bought, alleging that in breach of the conditions implied upon the sale by the Sale of Goods Act, 1893, the pork chops were not fit for human consumption and were not of merchantable quality, but were infected by parasite worms, as a result of which she contracted trichiniasis.

According to the evidence there had been only one case of trichiniasis in England between 1941 and 1946, although the disease is less rare in Europe, and Mr. Justice McNair congratulated Mrs. Heil's doctor upon his diagnosis of trichiniasis made before he had learnt that she had eaten

pork. (Outbreaks of trichiniasis were described in 1941 at Wolverhampton by Dr. J. E. Stanley Lee,¹ in Hertfordshire by Professor L. P. Garrod and Dr. D. MacLean,² in South-east London by Drs. E. Davis and E. N. Allott,³ and in Birmingham by Dr. L. J. Bacon.⁴ A case was described in 1948 by Drs. M. Macandrew and E. Davis.⁵)

The principal defence was that the pork if properly cooked would have been fit for human consumption and was of merchantable quality, and that the cause of Mrs. Heil's illness was not any breach of condition by the butcher but her own failure to see that the pork was properly cooked. The evidence was that, if pork infested with the parasite was subjected in cooking to a temperature of 137° F. (58.3° C.), the encysted parasite would be killed and no one eating pork could contract the disease.

Mr. Justice McNair in his judgment said that it was common knowledge that pork ought to be cooked till it was white. He thought that the implied condition of fitness was satisfied if the pork when sold was in such a condition that if cooked according to accepted standards it was safe, and said that he was supported in his view by American and Canadian cases cited to him. He therefore dismissed Mrs. Heil's claim, but in case there might be an appeal he assessed the damages which he would have awarded had the claim succeeded at £750 for general damage and £209 6s. 10d. for special damage.

Whether the defence which succeeded in Mrs. Heil's action would avail a butcher who was prosecuted under the Public Health Act, 1875, for exposing for sale pork which was "unsound or unwholesome or unfit for the food of man" because it contained the parasite which, if not killed in the cooking, would infect anyone who ate it with trichiniasis is a question yet to be determined by the courts. Mr. Justice McNair's reasoning certainly seems to apply just as much to the statutory duty to expose for sale pork not unfit for the food of man as it does to the condition implied under the Sale of Goods Act that the pork sold to Mrs. Heil should be fit for human consumption.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

Frank George James Hayhoe, M.B., B.Chir., M.R.C.P., has been appointed a University Lecturer in Medicine for three years from March 1.

Sir Alan Filmer Rook, K.B.E., C.B., F.R.C.P., D.P.H., has been reappointed Senior Health Service Officer until the retiring age, and Leonard Heber Hawtrey May, M.B., B.Chir., has been reappointed Junior Health Service Officer for five years from May 1.

In Congregation on March 3 the following degrees were conferred:

M.A.—George Kent Harrison, M.D., F.R.C.S., Associate Lecturer in the Faculty of Medicine.

M.D.—P. F. Borrie, A. E. Flatt, D. B. Cater.

M.B., B.Chir.—*G. Harvey Evers, *I. M. Simmonds, *Helen M. Roseveare.

The following candidates have been approved at the examination indicated:

M.Chir.—T. G. E. Loosemore, G. M. Lunn, J. R. Thompson, J. F. R. Withycombe.

*By proxy.

UNIVERSITY OF LONDON

The William Julius Mickle Fellowship for 1950-1 has been awarded to Russell Claude Brock, M.B., M.S. (Guy's Hospital), in respect of the work he has carried out during the past five years. The Fellowship, of the value of £250, is awarded to the person, a graduate of the University, who has done most to advance medical art or science within the preceding five years, and has therein shown conspicuous merit.

The following candidates have been approved at the examination indicated:

ACADEMIC POSTGRADUATE DIPLOMA IN MEDICAL RADIOLOGY (DIAGNOSIS).—Part I: R. Baidya, A. T. Broadbridge, R. J. Callander, Phyllis A. M. Crozier, D. Datt, J. Friedman, J. J. Geere, J. B. Hearn, M. Hurwitz, P. Jacobs, E. Mercieca, V. Roseverne, M. Simon, D. G. C. Whyte, Mary I. Wray.

¹ *British Medical Journal*, 1941, 1, 237.

² *Ibid.*, 1941, 1, 240.

³ *Lancet*, 1941, 2, 396.

⁴ *British Medical Journal*, 1941, 2, 909.

⁵ *Lancet*, 1948, 1, 141.

SOCIETIES AND LECTURES

A fee is charged or a ticket is required for attending lectures marked ●. Application should be made first to the institution concerned.

Monday

●HUNTERIAN SOCIETY.—At Talbot Restaurant, 64, London Wall, London, E.C., March 19, 7 for 7.30 p.m., dinner meeting. "Rheumatoid Arthritis," discussion to be opened by Dr. W. S. C. Copeman and Mr. H. Osmond-Clarke.

INSTITUTE OF OPHTHALMOLOGY, Judd Street, London, W.C.—March 19, 5.30 p.m., "Radiology of the Lacrimal Apparatus," by Mr. F. W. Law.

Tuesday

BRITISH POSTGRADUATE MEDICAL FEDERATION.—At London School of Hygiene and Tropical Medicine, Keppel Street, London, W.C., March 20, 5.30 p.m., "Application of Radioactive Isotopes to Medical Research Problems," by Dr. E. E. Pochin.

●INSTITUTE OF DERMATOLOGY, Lisle Street, Leicester Square, London, W.C.—March 20, 5 p.m., "Medical Writing," by Dr. W. R. Bett.

INSTITUTE OF LARYNGOLOGY AND OTOLGY, 330, Gray's Inn Road, London, W.C.—March 20, 5.30 p.m., "The Effects of Noise Upon the Ear," by Dr. Hallowell Davis.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, Lincoln's Inn Fields, London, W.C.—March 20, 5 p.m., "Surgery of Ulcerative Colitis," Hunterian Lecture by Professor B. N. Brooke.

Wednesday

INSTITUTE OF NEUROLOGY, National Hospital, Queen Square, London, W.C.—March 21, 5.30 p.m., "Recent Work on the Neurophysiology of the Cochlear Mechanism and its Bearing upon Clinical Problems," Public Lecture by Dr. Hallowell Davis (St. Louis, U.S.A.).

INSTITUTE OF OPHTHALMOLOGY, Judd Street, London, W.C.—March 21, 5.30 p.m., "Surgical Reconstruction of the Orbit," by Mr. B. W. Rycroft.

LONDON ASSOCIATION OF THE MEDICAL WOMEN'S FEDERATION.—At Royal Free Hospital School of Medicine, 8, Hunter Street, Brunswick Square, London, W.C., March 21, 8.30 p.m., "Murder," by Dr. Keith Simpson.

PHYSICAL SOCIETY: COLOUR GROUP.—At Royal Photographic Society, 16, Prince's Gate, South Kensington, London, S.W., March 21, 3.30 p.m., 59th Science Meeting. "The Bearing on Colour Theory of Some Recent Studies of Visual Sensitivity," by Dr. W. S. Stiles.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, Lincoln's Inn Fields, London, W.C.—March 21, 3.45 p.m., "Recent Additions to the Museum," Erasmus Wilson Demonstration by Mr. L. W. Proger.

TORQUAY AND DISTRICT MEDICAL SOCIETY.—At Torbay Hospital, March 21, 8.30 p.m., "Allergy from the Practical Point of View," by Dr. C. J. C. Britton.

Thursday

MEDICO-LEGAL SOCIETY.—At 26, Portland Place, London, W., March 22, 8.15 p.m., "Juvenile Delinquency," by Mr. J. A. F. Watson.

APPOINTMENTS

FERGUSON, CHRISTINA CATHERINE, M.B., Ch.B., Assistant Medical Officer of Health and Assistant School Medical Officer, County of Ross and Cromarty.

NORTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD.—Consultant Orthopaedic Surgeon, North Middlesex Hospital, T. M. Henneby, M.Ch., F.R.C.S.I. Part-time Consultant General Surgeon, Mildmay Mission Hospital, R. Parkinson, M.B., F.R.C.S.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Comty.—On March 6, 1951, at Queen Mary Maternity Home, Hampstead, London, N.W., to Christina (formerly Charnock), wife of Jacques Comty, M.B., B.S., a son.

Fisk.—On March 6, 1951, at Stella Maris Nursing Home, Cambridge, to Dr. Susan Airey, wife of Mr. Geoffrey Fisk, F.R.C.S., a son.

McGowan.—On March 7, 1951, at Bristol Maternity Hospital, to Dr. Rosalind McGowan (formerly Barclay), wife of Dr. G. K. McGowan, a daughter.

Manning.—On March 5, 1951, at Queen Charlotte's Maternity Hospital, London, W., to Aileen, wife of Dr. Geoffrey C. Manning, a son.

Tucker.—On February 26, 1951, at the West Middlesex Hospital, London, to Helen (formerly Rennie), wife of Dr. Hugh M. Tucker, 16, Kinneddar Street, Lossiemouth, a son—Malcolm Hugh.

DEATHS

Gill.—On February 28, 1951, at Moorfield, Greenacres, Oldham, Lancs, Harry Gill, M.B., Ch.B.

Pennell.—On March 7, 1951, at the Convent of the Holy Rood, Findon, Sussex, Alice Maude Pennell (formerly Sorabji), O.B.E., M.B., B.S.

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.

Tetanus Toxoid

Q.—(a) What is the evidence for the claim that in an actively immunized person an injection of 1 ml. tetanus toxoid is as effective as tetanus antitoxin in preventing infection of a contaminated wound? (b) How soon after wounding must the toxoid be given to be effective? (c) Is there any advantage in giving a larger dose than 1 ml.? (d) How recent must active immunization have been for the booster dose of toxoid to be effective?

A.—(a) During the second world war the methods adopted for the control of tetanus differed in the British and American Forces. Both used active immunization with tetanus toxoid for basal immunity, but the British soldier at the time of wounding was given a dose of tetanus antitoxin while his American counterpart was given tetanus toxoid. The overall incidence of tetanus during the war was about the same low figure in the two Forces.

(b) The theoretical disadvantage of giving toxoid rather than antitoxin at the time of wounding is that the toxoid has to stimulate the production of fresh antibody, which takes four to five days. Within that time, if conditions were particularly favourable, enough tetanus toxin might be formed to cause clinical infection. Tetanus toxoid should therefore be given as soon as possible after wounding. If the wound is of the deep penetrating type and cannot be quickly cleaned surgically, antitoxin should also be given. Another minor disadvantage of active immunization is that a small proportion of people respond poorly to any immunizing agent.

(c) No.

(d) If a good basal immunity has been established by two doses of 1 ml. toxoid at six or more weeks' interval, the booster dose will be effective even when given some years afterwards. The circulating antibody is maintained at a higher level for a much longer period of time after the booster dose than after the original immunization.

Is Chloramphenicol Justified?

Q.—Is the prescribing of chloramphenicol justifiable as a treatment for whooping-cough, herpes zoster, and chicken-pox, taking into account its great cost and, I believe, its doubtful value in these diseases?

A.—There is no evidence that chloramphenicol is of any value in herpes zoster or chicken-pox. A small number of uncontrolled trials have been reported, from which it is claimed that chloramphenicol shortens the duration of whooping-cough, but this claim has not yet been substantiated. Trials are at present being carried out to determine the exact indications in this disease, and the results will be available in a few months' time.

Treatment of Squint

Q.—At what age should the treatment of a congenital internal strabismus commence, and what should it consist in?

A.—The age at which treatment of an internal squint should begin is the age at which it becomes manifest. No infant is too young for a refraction or for spectacles, which can be worn secured by a tape. Correction of a substantial refractive error is the first step in all treatment of squint. Squint in the early stages is generally alternating, and at