

publications are extraordinarily deficient in references outside the U.S.A., but that criticism cannot be made against this book. The completeness of the international references, together with the clarity of presentation and admirable perspective, makes it an outstanding contribution to clinicians and to research workers, and there is no better medical use for dollars than bringing this book to British libraries. It is a monument to the inspiration of Ivy and to the industry and critical judgment of the authors, reflecting the great influence they have had in clarifying our knowledge on this modern problem.

F. AVERY JONES.

PROSTATECTOMY

Die Suprapubische Prostatektomie. By Professor Theodor Hryntschak. (Pp. 166; illustrated. M. 24.) Vienna: Wilhelm Maudrich. 1951.

Professor Hryntschak is director of the urological section of the Vienna Polyclinic, and in this volume he presents the results of an experience of prostatectomy extending over many years. The technique which he has adopted is a modification of the well-known procedure devised by S. H. Harris, of Sydney, but this he has developed on most original lines.

After a vertical incision of the abdominal wall the bladder is opened *transversely* by blunt dissection. As a result there is practically no bleeding from the vesical wall, better access is obtained to the prostatic bed, and closure of the bladder is facilitated. After enucleation of the prostate bleeding from the margins of the resulting cavity is controlled by a blanket stitch, and the margins are then brought together by one or more deep *transverse* sutures inserted with a boomerang needle-holder. The last of these sutures embraces the tip of an inserted catheter and secures its position. The bladder is most securely and effectively closed by a special form of purse-string suture which invaginates the bladder wall. The catheter is removed in 24 or 48 hours; complications are rare and suprapubic leakage is unknown.

The operative details are described with careful accuracy, and readers not familiar with German can follow them in a series of excellent drawings with legends in English. The whole volume speaks of a vast experience, and the cases which are described show results of which any surgeon might well be proud. The book deserves most careful study by every surgeon engaged in urological work. Its translation into English would be of real value.

HENRY SOUTTAR.

RECENT MEDICINE

Advances in Internal Medicine. Volume 4. Editors: William Dock, M.D., and I. Snapper, M.D. Associate editors: Tinsley R. Harrison, M.D., Chester S. Keefer, M.D., Warfield T. Longcope, M.D., and J. Murray Steele, M.D. (Pp. 549; illustrated. \$10.) Chicago: Year Book Publishers, Inc. 1950.

Most of us labour under the impression that we work far harder and therefore have less time for reading than any previous generation of physicians. This impression may or may not be true, but it is true that there is more to read than ever before. The accelerating tempo in the progress of medicine and the vast literature which rapidly accumulates round each new discovery see to that. It is not surprising, therefore, that few of us have more than a mere nodding acquaintance with the literature on those subjects in internal medicine in which we do not happen to specialize. Such a state of affairs fully justifies this series of publications in which the literature

on important advances is predigested by experts and served up in a number of well-arranged monographs each year.

This volume, the fourth on internal medicine, includes monographs on nitrogen mustards, isotopes, brucellosis, neuromuscular disorders, low-sodium diets, anti-coagulants, hepatitis, hepatic tests, and hypertension. Apart from our Professor Pickering, who writes on the vascular physiology of hypertension, the authors are all Americans or Canadians. Without exception the articles are admirable—clear, critical, authoritative, and interesting. The physician who reads and digests the work can feel that he has gone a long way towards keeping himself abreast of recent advances in internal medicine. The book is beautifully produced on superb paper. It is also a superb price.

D. M. DUNLOP.

BOOKS RECEIVED

Review is not precluded by notice here of books recently received

The Acridines. By A. Albert, D.Sc., Ph.D., B.Sc., F.R.I.C. (Pp. 381. 70s.) London: Edward Arnold. 1951.

Lecture Notes on Emergency Diagnosis without Laboratory Aid. By Professor H. L. Baur. (Pp. 68. 6s.) Oxford: Blackwell Scientific Publications. 1951.

Diathermy: The Use of High Frequency Currents. By S. L. Osborne, B.P.E., M.S., Ph.D. (Pp. 113. 21s. 6d.) Oxford: Blackwell Scientific Publications. 1950.

The "Sunday Times" Travel and Holiday Guide. (Guide to Great Britain, Northern Ireland, and the Republic of Ireland.) (Pp. 591. 10s.) London: The Sunday Times. 1951.

Endocrine Diagnosis. By H. Ucko, M.D. (Pp. 513. 42s.) London: Staples Press. 1951.

The External Secretion of the Pancreas. By J. E. Thomas, M.D. (Pp. 149. 25s.) Oxford: Blackwell Scientific Publications. 1950.

Food Allergy. By H. J. Rinkel, M.D., and others. (Pp. 492. 63s.) Oxford: Blackwell Scientific Publications. 1951.

The Feeding of Children. By I. Knauer. (Pp. 36. 3s.) London: New Knowledge Books. 1951.

Where No Light Shines. By I. Newitt. (Pp. 16. 1s. 6d.) London: New Knowledge Books. 1950.

The Chemical Activities of Bacteria. By E. F. Gale, B.A., Ph.D., Sc.D. 3rd ed. (Pp. 213. 9s. 6d.) London: University Tutorial Press. 1951.

The Ladder of Life. By A. G. Whyte. (Pp. 119. 1s.) London: C. A. Watts. 1951.

What's all this About Genetics? By R. Hurst. (Pp. 124. 1s.) London: C. A. Watts. 1951.

Evolution in Outline. By T. N. George, D.Sc., Ph.D., F.R.S.Ed., F.G.S. (Pp. 124. 1s.) London: C. A. Watts. 1951.

Sélections Thérapeutiques. By P. Lassablière. (Pp. 369. 600 francs.) Paris: Librairie Maloine. 1951.

L'Invagination Intestinale. By E. Juillard. (Pp. 266. 1,600 francs.) Paris: Librairie Maloine. 1950.

Rhythmische Dauerbeanspruchung Spongiösen Knochens. By Dr. F. Rehbein. (Pp. 80. M. 5.40.) Jena: Gustav Fischer. 1951.

Schulhygiene. By Professor M. Haberdar. (Pp. 238. Sch. 72.) Vienna: Wilhelm Maudrich. 1951.

Psychotherapie. By Professor H. Kogerer. 2nd ed. (Pp. 173. Sch. 60.) Vienna: Wilhelm Maudrich. 1951.

there is substantial ground for the contention that the doctor has acted in bad faith or without reasonable care.

The result of this provision is that no such action is allowed to be started, with all the attendant publicity and expense, unless it has a real prospect of success in the eyes of a High Court judge.

In a recent action in the Dublin High Court³ the jury awarded £980 damages against Dr. James A. Lynch, of Stamullen, County Meath, in an action brought against him by Mr. William McDowell, a 59-year-old farmer of Stamullen. Mr. McDowell was committed to Mullingar Mental Hospital on June 20, 1948, on Dr. Lynch's certificate, and after an inquiry, in which he was found to be sane, was released on March 11, 1949. Mr. McDowell alleged both bad faith and want of reasonable care against Dr. Lynch.

In his summing up to the jury at the close of the eight-day trial Mr. Justice Dixon observed that there is no legal definition of "bad faith," but it included improper motives, dishonesty, and deliberate disregard of Dr. Lynch's duty and Mr. McDowell's rights. All these matters might be combined in the proposition whether Dr. Lynch had a state of mind actively hostile to Mr. McDowell or that he intended to cause him injury or was recklessly indifferent whether he did or not. Dr. Lynch had never carried out the usual mental examination of Mr. McDowell. On the day on which the certificate had been given Dr. Lynch had said he could not examine Mr. McDowell because he had run away and it was not his business to follow him. The jury might think this was a rather casual way of dealing with such an important matter.

On the question of reasonable care, the jury had to decide whether the doctor had exhibited the standard of reasonable care they would expect from a person in his position in a matter of this kind. He had certified that he had "on this day" examined the patient, which was untrue, and so misleading. Mr. Justice Dixon then dealt with the doctor's evidence of the reasons for which he had decided to give his certificate. In fairness to the doctor the jury had to take into consideration his own previous knowledge of the patient and his history, the fact that he knew that Mr. McDowell had previously been confined in the Stewart Institution as a certified patient, and the fact that the medical superintendent of that institution and the medical superintendent of St. Patrick's Hospital, Dublin, had reported in November, 1947, that there was a risk that, if Mr. McDowell returned to live in the same house as his wife without a third party present, he would do her grievous bodily harm.

The jury found that Dr. Lynch had acted without reasonable care, and disagreed on the question of bad faith.

Universities and Colleges

UNIVERSITY OF ST. ANDREWS

At a graduation ceremony to be held on June 29 the honorary degree of LL.D. will be conferred on the Rt. Hon. Walter Elliot, P.C., M.B., F.R.C.P., F.R.S., and on James Lawson, M.D., M.R.C.P.Ed., Assessor of the General Council on the University Court of the University of St. Andrews.

UNIVERSITY OF LONDON

The following candidates have been approved at the examination indicated:

ACADEMIC POSTGRADUATE DIPLOMA IN MEDICAL RADIOLOGY (THERAPY).—*Part I*: K. A. Newton, R. C. S. Pointon, L. C. Robson, Jean K. M. C. Wilson.

UNIVERSITY OF WALES

Professor A. G. Watkins, recently appointed Professor of Child Health in the Welsh National School of Medicine, will deliver an inaugural address on "Child Health" in the Reardon Smith Lecture Theatre, Park Place, Cardiff, on Thursday, April 26, at 8 p.m.

UNIVERSITY OF BIRMINGHAM

The Council of the University has conferred on Dr. J. F. Brailsford the title of Emeritus Director of Radiological Studies in the Living Anatomy in recognition of the valuable services he has rendered to the University.

UNIVERSITY OF LIVERPOOL

The following candidates have been approved at the examinations indicated:

FINAL M.B., CH.B.—*Part II*: Gwerfyl Alun-Roberts, Ursula M. Anderson, Margaret M. Ashcroft, A. C. Beeby, F. Berry, A. S. Binnie, J. S. Birch, Elizabeth Bownass, Margaret T. Brash, N. H. Brodie, J. M. Brown, J. W. Brown, T. Bury, E. P. Carrigan, D. A. P. Cooke, W. E. Cooper, G. Corney, Enid C. Davies, J. C. Denmark, A. J. Entwistle, R. J. Fallon, R. H. Fitzgerald, W. D. Fitzsimons, B. Freeman, Mary I. Gibbons, A. E. Goetzee, L. V. Gould, K. Grainger, P. W. Green, L. A. Guile, F. B. Hartley, N. St. J. Hennessey, Barbara M. Hitch, J. Hogan, J. Hosker, Eileen M. Howarth, E. M. Hughes, G. Ingram, Irene M. Irving (with distinction), Brenda Jones, R. D. Jones, Winifred E. Jones, Joan Knowles, P. P. Kudernatsch, W. G. Lamberd, A. M. Laylee, D. G. G. McLeish, I. Miller, Maureen E. Murphy, L. A. Nettleton, A. Nixon, G. Park, W. G. W. Parry, F. P. Peach, E. J. Raffle, V. Rogers, H. G. Row, A. Sandieson, A. C. Saunders, S. J. Surtees, T. E. Tasker, T. D. Thomas, P. G. Vivian, E. S. Watkins, W. A. Weston, N. Wignall, A. H. Wilde, D. W. B. Woolven (with distinction), J. D. Wright, P. H. Wright, Madge Yates.

DIPLOMA IN RADIOLOGY (RADIODIAGNOSIS).—*Part I*: F. G. Anderson, W. E. C. Astle, E. Walker, J. K. Walker.

UNIVERSITY OF LEEDS

Robert Sutherland, M.D., D.P.H., has been appointed Senior Lecturer in Preventive Medicine and Public Health. Dr. Sutherland has been medical adviser and secretary to the Central Council for Health Education for the past eight years and editor of the *Health Education Journal* for over eight years, having been associated with the editorship from the first issue. He is a member of the Colonial Advisory Medical Committee and was a member of the Ministry of Food Catering Trade Working Party, the report of which was reviewed in the *British Medical Journal* of February 17 (p. 345).

Maurice John Parsonage, M.B., Ch.B., M.R.C.P., D.C.H., Assistant Physician to the United Leeds Hospitals, has been appointed Clinical Lecturer in the Department of Neurology.

The Council of the University has approved a recommendation for the institution of a part-time course leading to the award of the Diploma in Public Health.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

The Lister Medal for 1951 has been granted to Sir James Learmonth in recognition of his distinguished contributions to surgical science. Sir James Learmonth will deliver the Lister Memorial Lecture in London on April 4, 1952, under the auspices of the Royal College of Surgeons of England. This is the tenth occasion of the award, which is made by a committee representative of the Royal Society, the Royal College of Surgeons of England, the Royal College of Surgeons in Ireland, the University of Edinburgh, and the University of Glasgow.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At a quarterly meeting of the College held on February 6, with Sir David K. Henderson in the chair, the following were elected Fellows of the College: Y. A. Sherif, F. S. Airey, G. D. F. Steele, J. W. Buchanan.

The following were elected Members of the College: V. T. H. Gunaratne, R. J. Grove-White, Agnes L. Scott, P. N. Laha, K. Damodaran, B. N. Fraser, R. K. Richardson, G. S. 'El-Assal, H. Chai, A. C. A. Coombes, J. U. Crichton, E. H. Taft, Yee Ip, Mary M. M. Boyd, Sylvia Goldberg, Hing Yiu Mok, D. L. Gardner.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At a meeting of the Faculty held on April 2, with the President, Mr. Walter W. Galbraith, in the chair, the following candidates were admitted Fellows of Faculty *qua* Physician: W. D. H. Conacher, A. Goldberg, P. G. Griffiths. The following candidate was admitted a Fellow of Faculty *qua* Surgeon: I. A. McGregor.

Saturday

●INSTITUTE OF ACCIDENT SURGERY, BIRMINGHAM.—At Birmingham Accident Hospital, Bath Row, Birmingham, April 21, 9 a.m., "Traumatic Surgery: Lower Limb and Trunk," week-end course. (See also April 20 and 22; also Coming Events, p. 830.)

SOUTH-EAST METROPOLITAN REGIONAL TUBERCULOSIS SOCIETY.—At Lenham Sanatorium, Lenham, April 21, 10.30 for 11 a.m., "Clinical Aspects of Thiosemicarbazone in Pulmonary Tuberculosis," by Dr. R. Livingstone; "Biochemical Aspects of Thiosemicarbazone in Pulmonary Tuberculosis," by Dr. E. R. Jones; "Primary Lesions," by Dr. Ruth Dingley.

Sunday

●INSTITUTE OF ACCIDENT SURGERY, BIRMINGHAM.—At Birmingham Accident Hospital, Bath Row, Birmingham, April 22, 9.30 a.m., "Traumatic Surgery: Open Wounds," week-end course. (See also April 20 and 21; also Coming Events, p. 830.)

APPOINTMENTS

APSEY, G. R. M., M.D., D.P.H., Regional Medical Health Officer, Health Region No. 3, Saskatchewan, Canada.

CRICHTON ROYAL, Dumfries.—Crichton Fellowships: P. Rowsell, M.B., B.Chir., M.R.C.P.; J. Harrington, M.D., D.P.H., D.I.H.

CROSS, RAYMOND GERARD, M.D., M.A.O., D.P.H., M.R.C.O.G., F.R.C.P.I., Assistant Gynaecologist, Meath Hospital and County Infirmary, Dublin.

CURRAN, ANDREW P., M.B., Ch.B., D.P.H., Deputy Medical Officer of Health and Deputy School Medical Officer, Borough of Luton.

DOYLE, JOSEPH IGNATIUS, M.B., B.Ch., Medical Officer, Coolattin Dispensary District, Co. Wicklow, Eire.

DUNCAN, ERIC H. WEIR, M.B., Ch.B., D.P.H., Medical Officer of Health, Greenock.

FOREMAN, H. M., M.B.E., M.B., Ch.B., M.R.C.P., Physician-Superintendent (Consultant), Sully Hospital, Welsh Regional Hospital Board.

HASTLOW, IRENE M. D. F. C., M.B., Ch.B., D.P.H., D.C.H., D.Obst.-R.C.O.G., Medical Officer of Health for Saffron Walden Borough and Saffron Walden Rural District, and Assistant County Medical Officer for Essex.

HORTON, E. H., M.B., B.Ch., Assistant Chest Physician (S.H.M.O.), Brecon and Radnorshire Area.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, London, W.C.—Assistant Medical Registrars (Registrar Grade): P. J. N. Cox, B.M., M.R.C.P., D.C.H., D. H. Garrow, B.M., M.R.C.P., J. Luder, M.D., M.R.C.P., D.C.H., R. G. Welch, M.D., M.R.C.P. Part-time Surgical Registrars (Senior Registrar Grade): T. Rowntree, M.S., F.R.C.S., I. F. Rose, F.R.C.S.

JEFFERY, C. C., F.R.C.S., Consultant Orthopaedic Surgeon in Exeter Clinical Area, South-western Regional Hospital Board.

PARKER, WILLIAM SHEPHERD, M.B., Ch.B., D.P.H., D.I.H., Medical Officer of Health, Brighton County Borough.

ROGAN, JOHN M., M.D., F.R.C.P.Ed., D.P.H., Chief Medical Officer, National Coal Board.

ROSS, HENRY A., M.B., Ch.B., D.P.H., Physician-Superintendent, South Wales Sanatorium, Talgarth, Breconshire.

SAMBROOK, D. K., M.B., B.S., F.R.C.S., D.M.R.T., Consultant Radio-therapist, Glantawe Hospital Management Committee Group, Swansea.

SOUTH-WESTERN REGIONAL HOSPITAL BOARD.—Consultant Radiologist in South Somerset Clinical Area, John Winter, M.B., Ch.B., M.Rad., D.M.R.D. Senior Surgical Registrar in West Cornwall Clinical Area, C. B. O'Carroll, M.B., B.S., F.R.C.S.Ed.

STEWART, JOHN BERKLEY, M.B., Ch.B., D.Phys.Med., Consultant in Physical Medicine, Cirencester, Swindon, and Pewsey Hospital Management Committees.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Howat.—On April 2, 1951, to Margaret (formerly Harker), wife of Dr. James Howat, 3, Tankerville Terrace, Newcastle-upon-Tyne, a daughter.

Mann.—On March 15, 1951, at Aberdeen Maternity Hospital, to Dr. and Mrs. A. B. Mann (Irene Menzies), "Lochnagar," Culter, Aberdeenshire, a son.

Raper.—On March 31, 1951, at Kampala, Uganda, to Doris, wife of Dr. Alan Raper, a son.

Stuart-Harris.—On March 28, 1951, at the Hammersmith Hospital, to Marjorie, wife of Professor C. H. Stuart-Harris, M.D., F.R.C.P., a son.

MARRIAGES

Beveridge—Pinney.—On March 29, 1951, at the Parish Church, Sidmouth, Devon. Dr. T. S. Beveridge to Miss Cynthia Pinney, S.R.N.

DEATHS

Craig.—On March 24, 1951, at Roseville, Gatehouse-of-Fleet, Kirkcudbrightshire, Alexander Currie Carruthers Craig, M.B., Ch.B., aged 56.

Farquharson.—On March 25, 1951, at The Grange, Wetheral, Carlisle, William Frederick Farquharson, M.D., aged 84.

Furness.—On March 24, 1951, at Clarendon, Melton Mowbray, Harold Sydney Furness, M.D., aged 67.

Liddell.—On March 22, 1951, at 30, Greenbank Drive, Edinburgh, John Liddell, M.B., C.M., late of Errol, Perthshire.

McDougall.—On March 24, 1951, at a Bournemouth nursing-home, John Tilley Montgomery McDougall, 8, Dunkeld Road, Bournemouth, aged 75.

Messiter.—On March 26, 1951, at 3, Ednam Road, Dudley, Worcs, Cyril Cassan Messiter, M.R.C.S., L.R.C.P.

Owies.—On March 20, 1951, at his home, 14, Whitehall Road, Rhos-on-Sea, Colwyn Bay, Wilfred Harding Owies, D.M., M.R.C.P.

Sprague.—On March 21, 1951, at his home, 4, Clarence Street, Gloucester, Francis Henry Sprague, M.R.C.S., L.R.C.P.

Symes.—On March 25, 1951, at 6, Pembroke Vale, Clifton, Bristol, John Odery Symes, M.D., D.P.H., aged 83.

Wigham.—On March 22, 1951, at Dublin, Joseph Theodore Wigham, M.D., F.R.C.P.I., of Edenvale, Conyngham Road, Dublin, aged 76.

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.

Foetal Damage from X Rays

Q.—(1) What is the mechanism of irradiation damage to the foetus? (2) Should a woman be allowed to have children after she has had therapeutic irradiation to the abdomen or pelvis? If so, what criteria of dosage, site, etc., should be applied in deciding in a particular case?

A.—(1) If a woman is irradiated during pregnancy damage to the foetus will depend on whether the foetus receives either direct or scattered radiation; if it does, the effects will be those following irradiation of any young growing tissues. There is at present no evidence that chemical substances produced by irradiation of maternal tissues reach and damage the foetus.

(2) If a woman has had therapeutic irradiation for a malignant tumour in the abdomen or pelvis it is most unlikely that she will have children. If she has had small doses of irradiation for a benign condition there is little evidence that such treatment results in a real increase in the proportion of abnormal pregnancies, but the possibility of genetic changes due to irradiation of the ova cannot be ignored.

Sulphones in Leprosy

Q.—How effective are sulphones in the treatment of leprosy? How are they given?

A.—A number of sulphone derivatives (e.g., "promanide" intravenously; "diasone," "promizole," "sulphetrone" orally) have been used in the treatment of lepromatous leprosy. These drugs almost invariably arrest the progress of the lepromatous lesions and prevent the development of new lesions; in most cases they cause retrogression and even disappearance of the lepromatous lesions, with diminution of the numbers of bacilli in them sometimes to such an extent that the bacilli can no longer be recovered. Apparent "cure" has therefore been reported in a number of cases; but in an extremely chronic infection of this type, where evidence of the presence of the causative organisms rests solely on their recognition on microscopical search, it is very difficult to say when sterilization of the infection has been achieved. Claim to "complete success as a cure" is therefore not warrantable at least until many years of close study and repeated examination support it.

It has always seemed probable that the derivatives of diamino-diphenylsulphone (D.D.S.) are not active as such but that they owe their activity to hydrolysis with liberation of the parent substance. D.D.S. was stated initially to be too toxic for use in man; with suitable modification in dosage it now is used by many workers; the results of treatment with it appear to be at least as good as those obtained with the more expensive and complicated compounds. The maximum tolerated dose of D.D.S. by mouth is stated to range from 100 to 300 mg. a day. A dose of 30 to 50 mg. of D.D.S. a day is said to be effective; for mass treatment in Nigeria up to 400 mg. are given twice a week.

Diasone is given orally in doses of up to 2 g. daily; promizole or sulphetrone orally in doses up to 6 or 8 g. daily, though 2 to 4 g. daily have given good therapeutic results. In every case the initial dosage of D.D.S., or its derivatives, must be very small; it is gradually increased, with caution, to the full dosage over a period of not less than about three months. Precipitate increase in dosage may cause lepra fever and a flare-up of the disease; the serious toxic effects of the drug include the development of a severe anaemia; this must constantly be watched for. Reduction