

innate property of the retinal elements, the directional value of which can be changed only by artificial means, as by the use of lenses or prisms. It will take much more research and time before the full potentialities of the methods of investigation employed are realized and all the questions raised can be adequately answered; but no better presentation of the basic principles of this difficult but absorbing subject can be found than in the present volume.

STEWART DUKE-ELDER.

### PNEUMONIA IN CHILDHOOD

*Pneumonie et Pneumopathies Aiguës de l'Enfant. Étude Clinique et Radiologique.* By Professor Georges Mouriquand and Dr. Jacques Savoye. (Pp. 208; 90 figures. No price.) Paris: Vigot Frères. 1951.

For 40 years Professor Georges Mouriquand has studied pneumonia in childhood with special reference to the radiological appearances. With Dr. Jacques Savoye he has collected his experiences in this monograph. The earliest studies were actually made in 1905-6 with Professor Weill in Lyons, and are of historical interest, for there was at that time a "modest radiological apparatus" in the children's department of the hospital. Special interest was shown in a triangular shadow, usually in the right upper zone, and Professor Mouriquand has continued his contact with the subject, correlating this x-ray appearance with clinical signs and pathological findings.

This monograph does not presume to be completely comprehensive—for the subject would take considerably more space—but it is a remarkably interesting record of observations in a clinic where this common disorder of childhood has been carefully studied. The clinical discussion is particularly well done; that on treatment is curiously less good, but in this aspect differences in national practice come into the picture. All would agree with the dictum (in italics in the original) that children with pneumonia should above all drink and drink heartily, but drugs to reduce temperature given as suppositories must surely seldom be indicated. Throughout the monograph the problem of what the x-ray appearances mean in terms of pathology recurs in various forms, and in particular the value of radiology in differential diagnosis is well emphasized. This book is a typical French medical monograph and is welcome, as such works usually are.

ALAN MONCRIEFF.

### PENICILLIN AND CARINAMIDE

*Pharmacological Basis of Penicillin Therapy.* By Karl H. Beyer, Ph.D., M.D., F.A.C.P. American Lecture Series. (Pp. 214; 37 figures. £1 12s. 6d.) Springfield, Illinois: Charles C. Thomas. Oxford: Blackwell Scientific Publications. 1950.

This interesting book contains an account of the factors affecting the use of penicillin, including the value of administration by all possible routes, the variation in concentration in the blood and in cerebrospinal and other fluids, and the incidence of toxic reactions. The evidence of Gale and his colleagues that penicillin acts by interfering with the uptake of glutamic acid and of lysine by certain Gram-positive organisms is given, and the author explains that if these organisms become penicillin-resistant they lose their ability to assimilate glutamic acid, and then become Gram-negative.

The main feature of the book is the account of the introduction of carinamide, for which the author is responsible, as a substance capable of interfering with

the excretion of penicillin by the renal tubules. By this means the concentration of penicillin in the blood is maintained at a much higher level than otherwise, with an increased therapeutic effect. Dr. Beyer regards the excretion of penicillin by the renal tubules as being an enzymatic process, which can be inhibited by a neutral substance allied in structure to penicillin, just as the oxidation of tyramine by amine oxidase can be inhibited by indolethylamine. His search for the harmless substance and discovery of it in carinamide (4'-carboxyphenylmethane sulphonanilide) must be regarded as a brilliant achievement in medical research. It is interesting to note that much of the work of finding a suitable agent was done by the aid of slices of frog kidney in which the excretion of phenol red into the lumen of the tubules can be seen by naked eye, and the inhibition of this excretion can be studied. It is a pleasure to note that the author has given full attention to work outside his own country.

J. H. BURN.

### BOOKS RECEIVED

*Review is not precluded by notice here of books recently received*

*Elements of Bacterial Cytology.* By Professor G. Knaysi. 2nd ed. (Pp. 375. 40s.) London: Constable. 1951.

*The Shadow of the Gallows.* By Viscount Templewood, D.C.L., LL.D., Litt.D. (Pp. 159. 8s. 6d.) London: Victor Gollancz. 1951.

*Public Health is People.* By E. L. Ginsburg. (Pp. 241. 14s.) London: Geoffrey Cumberlege. 1950.

*Scientific Thought in the Twentieth Century.* Edited by A. E. Heath, M.A. (Pp. 387. 42s.) London: Watts. 1951.

*Incontinence in Old People.* By J. C. Brocklehurst, M.D. (Pp. 191. 30s.) Edinburgh: E. and S. Livingstone. 1951.

*The Teaching of Parentcraft.* By L. G. Housden, O.B.E., M.D. (Pp. 140. 7s. 6d.) London: Methuen. 1951.

*Microdiffusion Analysis and Volumetric Error.* By E. J. Conway, M.B., D.Sc., F.R.S. 3rd revised ed. (Pp. 391. 25s.) London: Crosby Lockwood. 1950.

*Louis Pasteur: Free Lance of Science.* By Dr. R. J. Dubos. (Pp. 418. 18s.) London: Victor Gollancz. 1951.

*Milk: Production and Control.* By W. C. Harvey, M.D., D.P.H., F.R.San.I., and H. Hill, F.R.San.I., A.M.I.S.E., F.S.I.A. 3rd ed. (Pp. 758. 57s. 6d.) London: H. K. Lewis. 1951.

*Cancer As I See It.* By H. W. Abelmann, M.D. (Pp. 100. \$2.75.) New York: Philosophical Library. 1951.

*Progressive Resistance Exercise.* By T. L. DeLorme, B.S., M.D., and A. L. Watkins, A.B., M.D. (Pp. 245. \$5.) New York: Appleton-Century-Crofts. 1951.

*Pioneer Doctor.* By L. J. Moorman, M.D. (Pp. 252. \$3.75.) Norman, Oklahoma: University of Oklahoma Press. 1951.

*Gesichts-Gymnastik.* By Dr. R. Drobil. (Pp. 85. M. 10.) Vienna: Wilhelm Maudrich. 1951.

*Reports from the Institute of Social Medicine.* (In Bulgarian.) Vol. 2. (Pp. 381. No price.) Sofia. 1950.

*Die Entzündungsbestrahlung.* By Dr. R. Glauner. 2nd ed. (Pp. 189. M. 18.60.) Stuttgart: Georg Thieme. 1951.

*Leitfaden der Blutmorphologie.* By L. Schudel. 7th ed. (Pp. 51. M. 14.80.) Stuttgart: Georg Thieme. 1951.

*Lehrbuch der Röntgendiagnostik.* By H. R. Schinz and others. Vol. 3 (The Skeleton). 5th ed. (Pp. 1,406. M. 82.) Stuttgart: Georg Thieme. 1951.

later life he became interested in law and was called to the Bar at Gray's Inn in 1940.

Dr. Brownlee never enjoyed good health and in his latter years had had considerable difficulty with his sight, but despite this he was greatly interested in Association football and had been a director of the Cardiff City Football Club for forty years, having been at one time the chairman of directors and medical officer to the club. He was the author of papers on "Administering Ether" and "Congenital Absence of Head of Femur." His widow and a daughter survive him.—J. K. D.

Dr. LENNARD CUTLER died on May 15 at a nursing-home in London at the age of 86. After studying medicine at St. George's Hospital Medical School, he qualified as L.S.A. in 1889 and became M.R.C.S., L.R.C.P. in 1891. He had a very thorough preparation for general practice as house-surgeon, house-physician, resident obstetric officer, and assistant surgical registrar at St. George's, and as house-physician and physician to out-patients at the General Lying-in Hospital. After that he joined as junior partner the late Dr. Ewart, brother of the late Dr. William Ewart, the eccentric senior physician at St. George's Hospital in the late Victorian era. The firm of Ewart and Cutler was a very well known one in South Kensington in the heyday of that once aristocratic locality, and its prosperity was based on the real efficiency of both partners. Cutler lived for a great number of years at a corner house of somewhat unusual and striking design, No. 1, Kensington Gate. He continued in practice until a comparatively recent date, though latterly he would see only a few old patients who were dismayed at the idea of having to find a new attendant. He was, of course, already about 50 when the first world war began, and in consequence did not attempt any military service. As an all-round practitioner of a type now becoming increasingly rare, he worthily represented what is now almost a tradition; and the profession is the poorer for his loss.

## Medico-Legal

### DEATH AFTER OVERDOSE OF PARALDEHYDE

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

The danger and possibility of confusion inherent in the Latin symbols used in prescriptions were commented on by the Belfast City coroner at a recent inquest on a 72-year-old woman who died after an overdose of paraldehyde.

The patient had been admitted to hospital for a palliative operation on a large arteriovenous aneurysm involving the vessels at the back of the skull and brain. She had consented to undergo the operation only on condition of having a general anaesthetic, and 6 drachms (21 ml.) of paraldehyde with 6 drachms of olive oil were prescribed as premedication to be followed by 1/100 gr. (0.65 mg.) of atropine, subject to her weight not being less than 8 stone (50.4 kg.).

When the patient was weighed it was reported that her weight was 9 stone 10 lb. (61.2 kg.), and the resident medical officer decided that the premedication should be increased from 6 to 8 drachms (28 ml.) of paraldehyde and the same of olive oil. When he came to alter the entry on the list of patients who were to receive premedication for operation next morning, besides altering the figures he inadvertently altered the symbols from drachms to ounces.

The staff nurse in charge of the patient thought the dose of paraldehyde unusually large, but on checking with the entry in the list concluded from the alteration of both figures and symbols that the premedication had been deliberately increased. The paraldehyde and olive oil were accordingly administered per rectum at 9 a.m., and about half the dose was retained.

When the operation was started at 10 a.m. it was noticed that the patient was deeply sedated, though her general con-

dition was otherwise satisfactory. But after some time the surgeon and the anaesthetist became worried about her respiration, and discovered that an overdose of paraldehyde had been administered. Remedial measures were taken and the operation was ended as soon as possible. During the day the patient's condition improved and next morning her respiration was good and her general condition fairly satisfactory. Later her condition deteriorated, and she died suddenly at about 4.30 a.m. the next day.

At necropsy it was found that her lungs were oedematous, with areas of marked congestion on section. There was extensive oedema of the air spaces and well-established pneumonic inflammation throughout. There was also acute inflammation of the lining of the trachea. There was no evidence of degeneration due to any poison or toxin, and the pathologist's opinion was that death was due to pneumonia superimposed on oedema of the lung.

The coroner recorded the verdict that the patient died from pneumonia following oedema of the lungs, possibly caused by a toxic dose of paraldehyde accidentally prescribed. He exonerated from all blame the nurse who had administered the premedication.

## The Services

The *London Gazette* has announced the award of the George Medal to Acting Squadron Leader THOMAS COLIN LYALL BROWN, M.B., B.S., R.A.F. Station, Abingdon. The citation reads as follows:

"Squadron Leader BROWN is Senior Medical Officer at Royal Air Force Station, Abingdon. On the night of December 20, 1950, he was travelling as a passenger on a Route Flying Fatigue trial from Singapore, for Headquarters, Transport Command. During the flight, a propeller blade broke loose from one of the engines of the Hastings aircraft in which Squadron Leader BROWN was a passenger. The blade cut through the fuselage and seriously injured the co-pilot, who was lying on the bunk in the crew's compartment. It also severed the control cables to the rudder and elevators. Within a few seconds the faulty engine fell out of the aircraft. Squadron Leader BROWN immediately went to the aid of the injured co-pilot and gave him medical attention. Although he fully appreciated the danger involved, he continued to administer medical attention until the aircraft crashed. When all others were at crash stations he remained at his post with the injured man. If he had been prepared to leave him, he could have taken up a position in the passenger cabin on one of the stressed, backward facing seats, all of whose occupants escaped serious injury. The crash took place at Benina, killing five members of the crew, including the injured co-pilot. Squadron Leader BROWN was himself seriously injured, and there is no doubt that he consciously risked his life in order to save that of the injured officer. He carried out his duties in accordance with the traditions of his profession without regard for his own personal safety. He has set an outstanding example at all times and has completed eighty parachute descents from balloons and aircraft in the course of his duties with the Parachute School."

Surgeon Lieutenant-Commanders G. L. Ward, D.S.C., H. A. Mogg, T. T. Hardy, T. M. McEwan, D. H. Anderson, C. S. Cane, J. B. W. Hayward, and G. A. Hart, R.N.V.R., have been awarded the R.N.V.R. decoration.

## Universities and Colleges

### UNIVERSITY OF OXFORD

In Congregation on May 15 a Readership in Human Nutrition was established and Dr. H. M. Sinclair, Director of the Laboratory of Human Nutrition, was appointed to the post for seven years from October 1.

A bequest to the University has been made by the late Miss Mary Goodger for the establishment of scholarships in memory of her father and herself. It was decided in Congregation on May 15 that there shall be two Mary Goodger Scholarships and one Henry Goodger Scholarship to assist research into the causes and prevention of disease, with special reference to the study of disease in its early stages; that one scholarship shall be awarded annually and one scholarship awarded in one year out of three shall be a Henry Goodger Scholarship; that the scholarships shall be open to all members of the University provided that in the award of the Mary Goodger Scholarship preference shall be given to women; and that the scholarships shall each be tenable for two years but may be extended for a further year. The annual emoluments of each scholar shall be not less than £300 or more than £400. Full particulars of the scholarships may be obtained from the Regius Professor of Medicine.

## Thursday

EDINBURGH UNIVERSITY, University New Buildings (Anatomy Theatre), Teviot Place, Edinburgh.—May 31, 5 p.m., "Peripheral Nerve Injuries," Honyman Gillespie Lecture by Mr. A. J. Slessor.

●INSTITUTE OF DERMATOLOGY, Lisle Street, Leicester Square, London, W.C.—May 31, 5 p.m., "Seborrhoeic Dermatoses," by Dr. J. L. Franklin.

INSTITUTE OF PSYCHIATRY, Maudsley Hospital, Denmark Hill, London, S.E.—May 31, 3 p.m., "Neurosurgical Difficulties in Performing Limited Prefrontal Operations," Public Lecture by Dr. Jacques Le Beau (Paris).

ST. ANDREWS UNIVERSITY.—At Lecture Theatre, Materia Medica Department, Medical School, Small's Wynd, Dundee, May 31, 5 p.m., "Surgery of the Chronic Hip," by Professor W. Mercer.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL, Hyde Park Corner, London, S.W.—May 31, 4.30 p.m., "Psychiatry," lecture-demonstration by Dr. M. A. Partridge.

UNIVERSITY COLLEGE: DEPARTMENT OF BIOCHEMISTRY, Physiology Theatre, Gower Street, London, W.C., May 31, 4.45 p.m., "Biological Syntheses Concerning Carbohydrate Radicles," 2nd of four public lectures by D. J. Bell, Ph.D., Sc.D., F.R.I.C.

## Friday

ROYAL EYE HOSPITAL, St. George's Circus, Southwark, London, S.E.—June 1, 5.30 p.m., "Recent Advances in Pharmacology of the Eye," by Dr. C. A. Keele.

ROYAL SANITARY INSTITUTE.—At Guildhall, Swansea, June 1, 10 a.m., papers: "Problems in Port Health Administration," by Dr. E. B. Meyrick; "Swansea Main Drainage Scheme," by D. J. Milford Davies, A.M.I.Mun.E. Afternoon visits.

SOCIETY OF PUBLIC ANALYSTS: BIOLOGICAL METHODS GROUP.—At the National Institute for Medical Research, The Ridgway, Mill Hill, London, N.W., June 1, 2 p.m., summer meeting. Communications and demonstrations.

WHIPPS CROSS HOSPITAL MEDICAL SOCIETY, Whipps Cross Hospital, London, E.—June 1, 8.30 p.m., "The Hazards of Treatment," by Mr. D. F. Ellison Nash.

## APPOINTMENTS

BRYANT, HUGH O. M., M.B., Ch.B., D.P.H., Deputy Medical Officer of Health, County Borough of Bolton, Lancashire.

CROWLEY, ALAN F., M.B., B.Ch., Medical Officer, Wormwood Scrubs Prison, London, W.

DARKE, G. H., M.B., B.S., F.R.C.S.Ed., Consultant Surgeon to South Somerset Clinical Area (Minehead District), South-Western Regional Hospital Board. (Corrected announcement.)

## BIRTHS, MARRIAGES, AND DEATHS

## BIRTHS

Davies.—On May 6, 1951, at the Maternity Home, High Wycombe, Bucks, to Mary Angela (formerly Whiteaway), wife of Dr. Leslie W. Davies, a son.

Davies.—On May 8, 1951, at Cardiff, to Marie, wife of Dr. D. M. Davies, a daughter—Siân.

Rosenvinge.—On May 7, 1951, at Carlton Lodge, Harrogate, to Margaret (formerly Ogden), wife of Dr. Gerald Rosenvinge, a sister for Louise, Stephen, and Henry—Philippa.

Smith.—On May 5, 1951, at Lincoln, to Myfanwy, wife of Dr. H. Ellis Smith, a son.

Tyrell.—On May 13, 1951, at Hallamshire Maternity Home, to Moyra, wife of Dr. David Tyrell, M.R.C.P., a daughter—Frances Elizabeth.

Warin.—On May 14, 1951, at St. Brenda's Nursing Home, Bristol, to Anne (formerly Hollis) and Robert Warin, M.D., M.R.C.P., a son.

Watkinson.—On May 14, 1951, at Queens Park Hospital, Blackburn, to Dr. Margaret, wife of Deryck H. Watkinson, a daughter—Deborah Jane.

## MARRIAGES

Fletcher.—Kent.—On May 12, 1951, at St. John's Church, Perry Barr, Birmingham, Joseph H. Fletcher, M.B., of Birmingham, to Mary Kent, M.B., of Derby.

## DEATHS

Anderson.—On May 10, 1951, at Apsley Lodge, Cheltenham, Frederick Thomas Anderson, M.D., F.R.C.S.Ed., aged 88.

Bannerman.—On May 13, 1951, at The Butts House, Stanhope, Co. Durham, James Bannerman, M.B., C.M., aged 77.

Black.—On May 17, 1951, at 5, Hampton Terrace, Edinburgh, Alexander Black, M.B., Ch.B.

Bury.—On May 12, 1951, Frederick William Bury, M.D., of The Cottage, Winchelsea, Sussex, aged 79.

Cottu.—On May 9, 1951, at Worthing, Sussex, Thomas Edward Cottu, L.R.C.P.&S.I., formerly of Eastwood Lodge, Hunstanton, Norfolk.

Dudding.—On May 12, 1951, at Winteringham, Lincs, John Scarbrough Dudding, C.B., O.B.E., M.R.C.S., L.R.C.P., Surgeon Rear-Admiral, R.N., retired, aged 73.

Graham.—On May 8, 1951, Sophia Graham, M.B., B.S., D.P.M., of Riverscourt, Park Avenue, Worcester.

Hayes.—On May 18, 1951, at Kilberry, Claygate, Surrey, Arthur Herbert Hayes, F.R.C.P., D.P.H., Major, R.A.M.C., retired.

Johnston.—On May 17, 1951, William Ellis Johnston, M.B., Ch.B., of Westthoughton, Lincs, aged 45.

Johnstone.—On May 12, 1951, David Patrick Johnstone, C.I.E., O.B.E., L.R.C.P.&S.Ed., L.R.F.P.S., D.P.H., Major R.A.M.C., retired, late of Donera, Kilcoole, Wicklow.

Laird.—On April 8, 1951, Peter Alexander Laird, M.B., C.M., of "Dorema," Kilmacolin, Renfrewshire.

Mackay.—On May 18, 1951, at Norwood, Stonehaven, Kincardineshire, Alastair Frederick Buchanan Mackay, L.R.C.P.&S.Ed., L.R.F.P.S., aged 58.

Somerville-Large.—On May 1, 1951, William Collis Somerville-Large, M.B., F.R.C.S.I., of "St. Valerie," Bray, Co. Wicklow, and Dublin, Eire.

## 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.

## Chronic Infestation with Threadworms

Q.—A woman, aged 37, is a chronic sufferer from threadworms. She has been treated haphazardly in the past with gentian violet, "diphenan," and acetarsol without success. She is now exceedingly worried by these constant failures to cure her. What plan of treatment is advised to eradicate the infestation once and for all? (Facilities are available for colonic irrigation if required.)

A.—The patient should be instructed about the dangers and methods of auto-infection, and if possible she should be removed from her personal environment for the duration of the treatment. In addition to general measures to prevent reinfestation, such as scrubbing the hands, washing the perineum and buttocks on waking and after going to stool, and the wearing of suitable clothing and attention to its cleanliness, enemas of a saturated solution of hexyl-resorcinol may be used to kill the worms in the lower bowel. The drug may be irritating to the mucous membrane, and whether the enemas can be given daily or at less frequent intervals will have to be determined by trial. The treatment should be continued for three weeks. All other members of the family should be examined, and those found to be infected should be treated at the same time. While the patients are being treated, their rooms should be thoroughly washed and cleaned, as eggs may be found on the bedspreads, floors, and walls, and bedding and underclothes should be sterilized.

## Worms from the Dog

Q.—What intestinal parasites of the dog can infect man?

A.—The following species of helminths occur as intestinal parasites of the dog and are also parasitic in man, but not necessarily in the human intestine nor as adult parasites. Those species which infect man only when larval or immature are marked with an asterisk. Very rare or doubtful records in either host are queried.

**Roundworms:** *Toxocara canis*, *Trichinella spiralis*, *Strongyloides stercoralis*, *Gnathostoma spinigerum*,\* *Ankylostoma braziliense*, *A. caninum* (Man?), *Necator americanus* (Dog?), *Enterobius vermicularis* (Dog?).

**Flukes:** *Heterophyes heterophyes*, *Metagonimus yokogawai*, *Monorchotrema taihokui*, *Echinochasmus perfoliatus*, *Pseudamphistomum truncatum*, *Schistosoma japonicum*.

**Tapeworms:** *Dipylidium caninum*, *Taenia echinococcus*\* (hydatid cyst in man), *T. cerebralis*,\* *T. serialis*,\* *Dibothriocephalus latus*, *D. mansoni*.\*

Protozoan intestinal parasites of the dog do not infect man.

## Absence of the Appendix

Q.—A man of 35 was admitted showing a classical picture of acute appendicitis. The abdomen was opened, but a thorough search did not reveal the appendix. The caecum, however, was congested (typhlitis). The abdomen was closed, and the patient's recovery was uneventful. Might this have been a case of congenital absence of the appendix?

A.—Congenital absence of the appendix is exceptionally rare, and few authentic cases have been recorded. In the circumstances of the case described this would seem to have been an unlikely possibility. Despite the failure to find an appendix, and without any offence to the operator, one must say that this was most likely a case of acute appendicitis. It is possible for a retroperitoneal appendix, especially if