entitled "Laboratory Notes," and gives instructions on such matters as making and examining blood films and examining and testing urine and faeces, and ends with a useful list of apparatus desirable for the clinical laboratory. There are some 26 plates figuring the malaria parasite, trypanosomes, tsetse and other harmful flies, filarial embryos, surgical instruments, and dispensary articles, as well as illustrating some diseased conditions. The labour involved in condensing such a wide field of practice for such a purpose must have been very great, and that it is not entirely a compilation, but has throughout clear evidences of the author's experience, makes it all the more valuable. The book is certainly to be recommended for the purpose intended —namely, for the guidance of all engaged in medical practice in rural dispensaries in the Tropics. It would be a useful book of reference even for the qualified practitioner.

S. R. CHRISTOPHERS.

FACT AND FALLACY

Popular Fallacies. A Book of Common Errors: Explained and Corrected, with copious References to Authorities. By A. S. E. Ackermann, B.Sc.(Eng.), Lond., F.C.G.I., M.Cons.E., Hon.F.S.E., A.M.I.C.E., M.R.S.I. Fourth edition. With introduction by Sir Richard Gregory, Bt., F.R.S. (Pp. 843. £1 10s., postage 11d.) London: Old Westminster Press. 1950.

It is a fallacy to think that there exists anywhere any person whose mind is entirely free from fallacies. Any one who has a contrary opinion should have this remarkable book brought to his notice, and he will probably reverse his opinion after looking through the 2,120 reputed fallacies described in the 830 pages of text. The first edition appeared in 1909, and the author apologizes for the ancient date of some of his references He frankly states that "single-handed there is no time to keep up to date with a 26-year advance in human knowledge," and appeals for a successor to carry on his work. The answer to such a confession is that it is better to wait until matter has been brought up to date before publishing rather than to perpetuate error Such a book really needs a panel of experts to give advice and information on the many questions raised.

Nevertheless, we found the book interesting, and in quite a number of instances were ourselves found wanting. The variety of information on so many subjects makes the book very suitable to dip into and read at random. The information on medical matters would have been more accurate if it had been submitted to a medical adviser. Thus we do not think that opinion has finally decided whether syphilis was or was not brought over from the New World by Columbus and his men. It is certainly inaccurate to say that there has not been an increase in the expectation of life by a person of middle age during the last 100 years; the Royal Commission set up in 1944 found that, even in the previous 24 years, there had been an improvement in the expectation of life for all ages up to those of 65 or over. A less understandable and more serious error is the assertion that Sir Alexander Fleming did not discover penicillin, because "penicillium from which penicillin is obtained was known at least as far back as 1881." This unfortunate confusion between the mould and the substance derived from it would never have been made if a medical man had been consulted.

It is said to be a fallacy to think that drinking hot tea cools the person who drinks it, "for if anyone during a heat wave drank hot tea in the belief that it would lower the temperature, it might be the last straw —and cause heat stroke." The reviewer lived through three hot seasons in Irak when heat-stroke was common, and he remembers well the beneficial and cooling effect of the sweating produced by drinking hot tea—an experience quite contrary to the statement in this book.

In spite of these criticisms we are sure that anyone will find much to interest them in this work, and they will find occasional flashes of humour, such as the limerick on relativity, which is worth quoting:

There was a young lady called Bright
Whose movements were faster than light;
She went out one day
In a relative way
And returned on the previous night.

V. ZACHARY COPE.

BOOKS RECEIVED

Review is not precluded by notice here of books recently received

The "Double Tenth" Trial. Edited by C. Sleeman, B.A., and S. C. Silkin, B.A. War Crimes Trials, Vol. 8. (Pp. 324. 18s.) London: William Hodge. 1951.

The British Journal Photographic Almanac. Edited by A. J. Dalladay, A.Inst.P. (Pp. 580. 7s. 6d.) London: Henry Greenwood. 1951.

Catalogue of Lewis's Medical, Scientific and Technical Lending Library. Revised to December 31, 1949. Part I: Authors and Titles. (Pp. 1,152. 35s. To Library Subscribers, 17s. 6d.) London: H. K. Lewis. 1950.

The Diagnosis of Smallpox. Issued by the Department of Preventive Medicine and Public Health, Leeds University. (Pp. 12. 2s.) Leeds: H. Grayshon Lumby. 1951

Pathology of the Central Nervous System. By C. B. Courville, M.D 3rd ed. (Pp. 473. $9.50) California: Pacific Press Publishing Association. 1950.

The Biochemistry of Inositol. By E. R. Weidlein, jun. (Pp. 53. Free of charge.) Pittsburgh: Mellon Institute of Industrial Research 1951.

Paracelsus: Magic into Science. By H. M. Pachter. (Pp. 360. $4) New York: Henry Schuman. 1951.

Ultraschall. By Dr E. Hippauf. (Pp. 55. M. 8) Vienna: Wilhelm Maudrich. 1951.

Lebenserinnerungen. By F. von Müller. (Pp. 264. M. 15.) München: J. F. Lehmanns. 1951.

A competent trainer of football and athletic clubs should be strongly endowed by nature, according to Mr. W. D. Jarvis, author of *A Medical Handbook for Athletic and Football Club Trainers* (Faber and Faber, 10s. 6d.). But education must play its part, for he should bring to the athlete a specialized knowledge of his particular sport. He should be acquainted with the structure and working of the human body He should have a knowledge of first aid, minor ailments, massage, hydrotherapy, medical electricity, chiropody, and sane views on diet, together with a fair understanding of human nature for the psychological side of his job. An admirable ideal, an education which the author has aspired to impart. The trouble is to decide how much of any and all of these should be selected. This is a matter of opinion, no doubt, but it is difficult to believe that it is necessary or desirable to confront such an aspirant with a diagram of the autonomic nervous system, with a concentrated exposition on endocrinology, with a detailed description of the alimentary canal and the physiology of digestion, with references to hydrogen ion concentration, to take some examples at random. Far too much has been attempted with inadequate discrimination.

Lord STAMP said the cost of the large secretariat added to the expense of the Health Service. Safeguards to ensure wise spending could be provided by regular inspection of hospital accounts by Ministry officials.

Lord HADEN-GUEST thought the whole debate would have been put more in perspective if Lord Reading had made reference to the general medical practitioners' service. If the hospital service was considered as the main feature of the health scheme a wrong impression was given. Lord Reading would remember that grotesque over-expenditure and bad conditions had been well known in many hospitals in the bad old days when there was no hospital centralization. Since the National Health Service came into existence remarkable results had been produced in the health conditions of the country. Whereas under the panel system 20,000,000 people were entitled to receive medical aid, under the National Health Service there were 43,000,000. Women and children were going to doctors and hospitals, and their improved health had a marked effect on the national physique and expectation of life. Lord Reading had not mentioned the consultant service. The consultants who before the National Health Service were largely concentrated in the towns were now spread over the regions. This was part of the planning carried out by the Ministry of Health and was replacing the planning of individual hospitals. Each hospital could plan a good deal more if it worked more closely with the Ministry through the hospital management committee and through the regional board. Lord Haden-Guest thought there was room for improvement in methods of administration and that some of its costs could be cut. Parliament would not be going in the right direction if it set up a committee to overhaul this very young system. The Nuffield and King Edward Trusts would do a useful service in their costing experiments. The Health Service did not exist to keep perfect accounts but to give the best service.

Lord READING then withdrew his motion.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

Sir Lionel Whitby, Master of Downing College and Regius Professor of Physic in the University, has been elected Vice-Chancellor of the University for 1951–2.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Reciprocity of Primary examinations for the Fellowship has been arranged between the Royal College of Surgeons of England, the Royal College of Surgeons of Edinburgh, the Royal College of Surgeons in Ireland, and the Royal Faculty of Physicians and Surgeons of Glasgow. Reciprocity became effective from June 1, 1951; that is to say, candidates who pass the Primary Fellowship examination of any one of the four corporations after that date will be permitted to proceed to the Final Fellowship examination of any of the four corporations, subject to complying with the regulations. A pass in the Primary Fellowship examination before June 1 does not entitle a candidate to the benefits of reciprocity.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

At an extraordinary meeting of the College held on May 29, with Mr. W. Quarry Wood, President, in the chair, Sir Gordon Gordon-Taylor and Professor George Grey Turner were admitted Honorary Fellows of the College.

UNIVERSITY OF LONDON

A Special University Lecture in Medicine on "Male Fertility" will be delivered by Dr. Edmond J. Farris, Director of the Wistar Institute of Anatomy and Biology, Philadelphia, U.S.A., at the Westminster Medical School (Meyerstein Lecture Theatre), Horseferry Road, London, S.W., on Monday, June 18, at 5.30 p.m. The lecture is addressed to students of the University and to others interested in the subject. Admission is free, without ticket.

Vital Statistics

Quarterly Report for Eire

The birth rate during the fourth quarter of 1950 was 19.3 per 1,000; this rate was 1.1 below the average for the five preceding December quarters. The infant mortality rate was 41 per 1,000 registered births compared with 58 in 1949 and 50 in 1948. The general death rate was 12.2, being 0.1 above the rate for the preceding December quarter. 400 deaths were registered from pulmonary tuberculosis and 91 from other forms of tuberculosis; these totals were 20 and 5, respectively, fewer than in the fourth quarter of 1949. Deaths from infectious diseases included 55 from gastro-enteritis (under 2 years), 36 from influenza, 11 from whooping-cough, and 10 from measles. Two deaths were attributed to diphtheria.

For the whole year the birth rate was 21.0 per 1,000, being 0.4 below the rate for 1949. The infant mortality rate was 45 per 1,000 registered births compared with 51 in 1949; the rate in 1950 was the lowest ever recorded in Eire. The general death rate was 12.6 per 1,000 and was 0.1 below the rate for 1949. 1,860 deaths were registered from respiratory tuberculosis and 493 from other forms of tuberculosis; these were, respectively, 251 and 47 fewer than in the preceding year. Deaths from the principal infectious diseases included 307 from influenza, 256 from gastro-enteritis (under 2 years), 60 from whooping-cough, 31 from measles, and 23 from acute poliomyelitis. Five deaths were recorded from diphtheria during the year.

Week Ending May 26

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 933, whooping-cough, 3,002, diphtheria 43, measles 19,189, acute pneumonia 613, acute poliomyelitis 30, dysentery 689, paratyphoid fever 15, and typhoid fever 5. Deaths from influenza in the great towns numbered 11.

Census Population in Scotland

According to provisional figures obtained by the Registrar-General for Scotland at the recent census, and given in a Parliamentary reply on May 30, the total population of Scotland is 5,095,969, of which 2,434,749 are males and 2,661,220 are females. The population has increased 5.2% since 1931. The county with the largest increase since 1931 is Kincardine, with a population increase of 18.8%. It is closely followed by Moray, with an increase of 18.1%. The county with the largest decrease since 1931 is Sutherland, whose population fell by 15.1%; next to it comes Caithness with a fall of 11.5%. Among the burghs Dunfermline shows by far the largest increase since 1931; it is 27.5%. Next to it is the burgh of Inverness, with an increase of 19.4%. In only three of the 20 burghs has the population declined, the largest decrease being 5.1% in Clydebank.

Smallpox Not Confirmed

In the *Journal* of May 12 (p. 1089) it was reported that a student from Bombay had been admitted to the isolation hospital at Marseilles from s.s. *Ranchi* as a case of modified smallpox. The original diagnosis has not been confirmed and laboratory investigations have proved negative.

Quarterly Report for Northern Ireland

The birth rate during the third quarter of 1950 was 20.7 per 1,000 and was 1.3 below the average of the five preceding September quarters. The infant mortality rate was 36 per 1,000 registered births and was 9 below the average of the five preceding third quarters. The general death rate was 9.4 per 1,000, being 0.4 below the five years' average.

Deaths from pulmonary tuberculosis numbered 108 and deaths from other forms of tuberculosis 34; these were 54 and 14, respectively, below the average for the third quarters of the five preceding years. Only 41 deaths were

ROYAL SANITARY INSTITUTE, 90, Buckingham Palace Road, London, S.W.—June 13, 2.30 p.m., discussion: *"Planning for the Care of the Aged and Chronic Sick,"* to be opened by D. A. Goldfinch, Dip.T.P.(Leeds), F.R.I.B.A.

Thursday

CHADWICK TRUST.—At Chelsea Physic Garden, Swan Walk, Chelsea, London, S.W., June 14, 4 p.m., *"The Capacity of Vegetation to Support Human Population,"* Chadwick Public Lecture by Professor T. A. Bennet-Clark, F.R.S.

DURHAM UNIVERSITY.—At Royal Victoria Infirmary, Newcastle-upon-Tyne, June 14, 5.15 p.m., *"Carcinoma of the Stomach,"* by Professor Warren H. Cole (University of Illinois).

EDINBURGH UNIVERSITY, University New Buildings (Anatomy Theatre), Teviot Place, Edinburgh.—June 14, 5 p.m., *"Retinal Changes in Hypertension,"* Honyman Gillespie Lecture by Dr. John Macaskill.

●INSTITUTE OF DERMATOLOGY, Lisle Street, Leicester Square, London, W.C.—June 14, 5 p.m., *"Systemic Lupus Erythematosus,"* by Dr. S. C. Gold.

LONDON JEWISH HOSPITAL MEDICAL SOCIETY.—At London Jewish Hospital, Stepney Green, London, E., June 14, 3 p.m., annual general meeting.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, Pall Mall East, S.W.—June 14, 5 p.m., *"Pulmonary Tuberculosis in Young Adults: Observations on Minimal Lesions Revealed by Routine Radiography,"* Mitchell Lecture by Dr. W. E. Lloyd.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, Lincoln's Inn Fields, London, W.C.—June 14, 3 p.m., *"Surgery of Orbital Tumours,"* Ophthalmology Lecture by Mr. Harvey Jackson; 5 p.m., *"Emergency Surgery of the Abdomen,"* Surgery Lecture by Dr. Henry Cave (President, American College of Surgeons).

●ROYAL SOCIETY, Burlington House, Piccadilly, London, W.—June 14, 4.30 p.m., *"Some Researches on the Physical Chemistry of Bacterial Cells,"* by Sir Cyril Hinshelwood, F.R.S.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL, Hyde Park Corner, London, S.W.—June 14, 4.30 p.m., *"Psychiatry,"* lecture-demonstration by Sir Paul Mallinson.

UNIVERSITY COLLEGE: DEPARTMENT OF BIOCHEMISTRY, Physiology Theatre, Gower Street, London, W.C.—June 14, 4.45 p.m., *"Biological Syntheses Concerning Carbohydrate Radicles,"* last of four public lectures by D. J. Bell, Ph.D., Sc.D., F.R.I.C.

Friday

EDINBURGH UNIVERSITY.—At Surgery Lecture Theatre, University New Buildings, Edinburgh, June 15, 5 p.m., *"Electrolyte Imbalance in Surgery,"* Macarthur Postgraduate Lecture by Professor Warren H. Cole (University of Illinois).

INSTITUTE OF DERMATOLOGY, Lisle Street, Leicester Square, London, W.C.—June 15, 5.30 p.m., clinical demonstration by Dr. S. Thomson.

UNIVERSITY COLLEGE, Anatomy Theatre, Gower Street, London, W.C.—June 15, 5.15 p.m., *"The Naples Zoological Station and its Work,"* public lecture by Professor R. Dohrn (Naples Zoological Station).

Saturday

BIOCHEMICAL SOCIETY.—At Department of Physiology, the Medical School, Hospital Centre, Birmingham, June 16, 1.45 p.m., 298th meeting. Scientific papers will be read.

ROYAL SANITARY INSTITUTE.—At Minor City Hall, Armagh, Northern Ireland, June 16, 10 a.m., joint meeting with Northern Ireland Branch of Society of Medical Officers of Health. Papers: *"The Housing Problem from the Medical Point of View,"* by Dr. John McLaughlin; *"Procedure Under the Planning and Housing Act (N.I.) 1931,"* by Mr. W. E. Weir; *"Rural Housing with Special Reference to Sewage Disposal,"* by Mr. K. H. Lynas. Afternoon visit.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Blair.—On May 27, 1951, at Wolverhampton, to the wife of Dr. E. J. Blair, a son.

Johnson.—On May 30, 1951, at Suffolk House Nursing Home, Stanmore, Middlesex, to Bunty, wife of Dr. F. E. Johnson, a son.

Sloan.—On June 1, 1951, to Dr. Betty J. Sloan (formerly Barrow), wife of Tom B. Sloan, 230, Higham Lane, Nuneaton, a daughter.

MARRIAGE

Shribman—Isaacs.—On April 15, 1951, in London, Irving Shribman, M.B., D.P.M., of Dublin, to Hazel Isaacs.

DEATHS

Dickson.—On May 29, 1951, at Mentone House, Aspley Guise, Beds, Arthur Norman Dickson, M.C., M.B., Lieutenant-Colonel I.M.S., retired, aged 70.

Irving.—On May 28, 1951, at his daughter's home, Privetts, Totland Bay, Isle of Wight, William Irving, M.D., M.R.C.O.G., of Crofton, Cheriton Road, Winchester, late of Christchurch, New Zealand, aged 81.

McLean.—On May 28, 1951, at the Royal Infirmary, Edinburgh, William Farquhar McLean, M.C., M.D., of Hilton Lodge, Haddington, East Lothian.

Norton.—On May 31, 1951, at Bury St. Edmunds, Edgar Lionel Robert Norton, M.B., B.S., formerly of Derby, and Winnipeg, Canada.

Smith.—On June 1, 1951, at "Willingham," Budleigh Salterton, Devon, Charles Vincent Smith, L.S.A.

Young.—On May 31, 1951, at Meadowside, Twyford, Berks, Frederic Charles Young, 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.

Death from Senility

Q.—*There are elderly patients who, for no good reason except that they are old, take to their beds, desire little or no food, and die from inanition. They may in fact be said correctly to die from "inanition due to senility." But on page 5 of the book of forms used to certify a death (Form 66) "inanition" is listed as an undesirable term, only to be used with a cause. "Nomenclature of Disease" (1948, H.M.S.O., London; 7th edition) does not give "senility" as a disease. What is the correct way of certifying the death of such patients, when in honesty one cannot incriminate heart, lungs, etc.?*

A.—Although senility is not a disease, among elderly persons it can be a cause of death. As such, it has a place in the *International Statistical Classification of Diseases, Injuries, and Causes of Death* (1948, H.M.S.O., London), and in proper circumstances it is a suitable term to state on a death certificate as the cause of death.

The correct statement of cause of death in the circumstances described in the question would be "inanition due to senility." This would be regarded by the Registrar-General as satisfactory and sufficient provided that the age of the deceased conformed to such a description; and the death would be assigned to senility. As a routine, however, it is the practice of the Registrar-General to issue a medical inquiry to the certifying practitioner in regard to all cases of death under the age of 70 about whom no more definite cause of death than senility has been mentioned. The inquiry asks whether any more definite cause was present. Usually when an elderly person dies there has been some recognizable disease or degenerative process (e.g., of heart, blood vessels, kidneys) that materially contributed towards death, and in such circumstances the certifier should always mention that particular condition rather than state senility alone.

Cullen's Sign

Q.—*A woman seen recently had signs and symptoms suggestive of acute pancreatitis, followed by extravasation of blood round the umbilicus, especially at the left side; there were all the usual colour changes of absorbing blood. One year later she developed a cyst in the abdomen—found at operation to be an ovarian cyst; the pancreas appeared to be normal at the operation. What, apart from pancreatitis, are the possible causes of Cullen's sign? Could the ovarian cyst have caused it?*

A.—The fact that the pancreas appeared normal a year after the acute abdominal symptoms would not rule out the diagnosis of pancreatitis in this case.

Colour changes around the umbilicus may occur in association with a variety of intra-abdominal conditions. Cullen[1] first described a bluish discoloration in some cases of ruptured ectopic gestation, and Grey Turner[2] described dark blue, greenish, or yellow discoloration in cases of pancreatitis. Both Cullen's and Grey Turner's signs are seen in but a small proportion of cases, and the possibility of their development is probably chiefly dependent on the presence or absence of Poirier's fascia. Poirier[3] described the peri-umbilical fascia, which is present in some 84% of subjects and which attaches the umbilicus to the rectus sheath. Where this fascia is absent or ill-developed it would seem possible for any exudate to track from the extra-peritoneal into the subcutaneous tissues. It is not surprising,