

The work is a genuine handbook on the clinical, diagnostic, and therapeutic aspects of the subject, not omitting special features of ordinary non-tropical diseases as met with in warm climates and the Tropics. Names of authors' tests, experiments, and theories are often mentioned, but no list of bibliographical references is attempted; this would probably have taken up much space and possibly have confused the general picture as the author sees it. For typical examples of the author's methods the reader may refer to the short accounts of Plaut-Vincent angina and the possible super-vention in the Tropics of noma (p. 17); to the account of typhus exanthematicus (pp. 84 *et seq.*); and to the discussion on the different kinds of pneumonia and "pneumonitis" and respiratory diseases in our own (temperate) and in tropical climates.

Among many longer or shorter accounts specially to be noted are: sleeping sickness (African trypanosomiasis) (p. 223); the discussion on lepra (p. 261); eosinophilia and tropical eosinophilia (p. 384); yellow fever (p. 111) as a type of virus disease the pathology of which has been well worked out; typhoid fever, which may have a quite different clinical aspect in hot climates; the explanation of brucellosis (Malta fever, Bang's disease) and relapsing fever (p. 153); the malarial diseases and blackwater fever (p. 219); rat-bite fever as the type of a "zoonosis" and long known in Japan under the term "sodoku." On p. 390 attention is drawn to high blood pressure being less frequent in hot climates; on p. 388 it is noted that calcium-bilirubin (intrahepatic) calculi are commoner among natives of hot climates than among Europeans. On p. 37 there is mention of dysenteric arthritis and "Reiter's syndrome," the latter as a possible result of dysentery.

In addition to its use for doctors in hot climates and—in these days of quick and easy travelling—for those liable to see exotic cases in temperate climates, this excellent work, with its wide range of information, may obviously serve as a handy reference book for the study or consulting-room of any doctor in any climate who can read German.

F. PARKES WEBER

### A SUCCESSFUL CONGRESS

*Transactions of the XIIth British Congress of Obstetrics and Gynaecology.* Editors in Chief: Alec W. Bourne, F.R.C.O.G., Professor W. C. W. Nixon. (Pp. 304; illustrated. £2 10s.) London: Published on behalf of the Congress Committee by Austral Press.

The Twelfth British Congress of Obstetrics and Gynaecology was held in London in 1949 under the presidency of Sir Eardley Holland, and for the first time in the history of these congresses the proceedings are published in book form. The joint editors, Mr. Alec Bourne and Professor W. C. W. Nixon, are to be congratulated on their work. The subjects discussed were caesarean section; hypertension in relation to pregnancy; diabetes complicating pregnancy; endometriosis; the diagnosis, prognosis, and follow-up of cervical cancer by vaginal smears and cervical biopsy; pelvic exenteration for advanced malignant disease; pregnanediol assays; the treatment of enterocoele; and maternal mortality. The variety of topics attracted a record attendance of more than 700 registered members, who heard papers of the highest standard from leading authorities from this country, from the United States of America, and from the continent of Europe.

It was the first meeting of its kind for 10 years, and was made the occasion for an impressive presentation of modern methods and results, some of the papers introducing almost a new outlook on such matters as caesarean section and radical surgery for malignant disease. Reports of the discussions clearly indicate that there was some disagreement on whether this outlook is progressive or retrogressive. The right conclusion is more likely to be reached by a leisurely and unprejudiced study of the published papers and statistics than in the heat and hurry of the conference room.

Much of the material gathered together in this volume is not obtainable from any other source, and its quality is such as to make it indispensable to those who would keep abreast of modern thought and practice in obstetrics and gynaecology. This record is a tribute to all those who contributed administratively or scientifically to what is acknowledged to have been a highly successful congress, and it is good value even for its high price.

T. N. A. JEFFCOATE

### BOOKS RECEIVED

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

*A Complete Outline of Fractures.* By J. G. Bonnin, M.B., B.S., F.R.C.S. 3rd revised ed. (Pp. 671. 42s.) London: William Heinemann. 1951.

*Wayward Youth.* By A. Aichhorn (Pp. 236. 9s.) London: Imago Publishing Company. 1951.

*Die Blutgerinnung in Theorie und Praxis.* By Dr. J. Schmid (Pp. 444. M. 50.) Vienna: Wilhelm Maudrich. 1951.

*Was ist, was kann, was nützt Hypnose?* By Dr. K. Schmitz (Pp. 211. Paper cover, M. 9.50; stiff cover, M. 12.) München: J. F. Lehmanns. 1951.

*Die Frühdiagnose des Uteruscarcinoms.* By Professor H. Limburg. (Pp. 158. M. 14.80.) Stuttgart: Georg Thieme. 1950.

*Behandlung Diabetischer Kinder.* By Dr. K. Weisse (Pp. 72. M. 4.90.) Stuttgart: Georg Thieme. 1951.

*Herzschalldiagnostik in Klinik und Praxis.* By Dr. J. Schmidt-Voigt. (Pp. 116. M. 9.60.) Stuttgart: Georg Thieme. 1951.

*Behandlung Innerer Krankheiten.* By Professor F. Hoff. 4th ed. (Pp. 41. No price.) Stuttgart: Georg Thieme. 1951.

Lewis's Library has been in existence for more than a century, and its catalogue, recently revised to the end of 1949, increases both in size and value with the years. The library is unique in the sense that a number of old medical works, difficult to find elsewhere and too scarce to be allowed out of other libraries, are available for borrowing. All modern British and American books have a place in the catalogue and reflect the wealth of medical, scientific, and technical material available in the library. The subject index included in the catalogue is not above criticism, for the subject headings are generally too broad and books are classified by title, which is not always the same as content. The publishers might consider giving in future editions the publisher and place of publication, for while the catalogue was intended only to show the books available in the library it has now become an invaluable reference work, and such additional information would bring it into line with other standard bibliographies, among which it deserves a place as one of the most useful medical book lists available. The complete catalogue (not Part I only, as stated last week) may be purchased from H. K. Lewis & Co., Ltd., 136, Gower Street, London, W.C.1, price 35s. (to library subscribers 17s. 6d.).

hospital or whether provision could be made to meet their needs where they were. There ought to be some experimental provision of intermediate accommodation for those who were partly sick and partly well. The main problem, however, still lay with the hospitals and was chiefly one of trying to make better use of existing accommodation. It was possible with a better turn-over of hospital beds to meet most of the problems of the waiting-list. The Ministry was doing what it could to encourage active work in the hospitals on geriatrics. Much more effective co-operation was required between the different authorities concerned and was more a matter of co-operation by those on the spot than of setting up committees at regional or national level. He was anxious to encourage provision of hostels for patients who were not permanent bed cases but required regular nursing and medical care and could ultimately be discharged. Funds had been provided by the King Edward VII Hospital Fund for such hostels and he hoped it would not be long before there were many more of these places.

Mr. J. ENOCH POWELL said the cost of the social services was largely governed by the rate of turnover, and any measure which promoted a more rapid turnover and thus a reduction in overheads would be the truest economy which could be carried out.

The debate then closed.

*Accommodation for Infirm.*—In Scotland 5,936 beds are available in local authority establishments for the care of aged and infirm persons, and 3,000 additional beds in voluntary and private establishments. Local authorities estimate future needs as 5,600 additional beds.

*Sulphur.*—Strains of bacteria most effective in producing sulphur have been isolated and cultures are kept at the Chemical Research Laboratory. Further quantities can be bred from these.

## Medico-Legal

### CHEMISTS' SHOP NOT A "FACTORY"

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

The Court of Appeal recently dismissed an appeal<sup>1</sup> by a Mr. H. Joyce, who was employed as a porter at the Leytonstone branch of Boots Cash Chemists (Southern) Ltd., from a judgment of Mr. Justice Slade in the company's favour. Mr. Joyce was injured while carrying a box of medicines upstairs, when he tripped at the top of the stairs because the linoleum on the top stair was raised from one-eighth to three-sixteenths of an inch above stair level. He had been employed at the branch for 21 months before his accident.

It had been contended before Mr. Justice Slade that the shop was a "factory" within the meaning of the Factories Act, 1937, and that the company was in breach of the provisions of that Act by allowing the linoleum on the top stair to be in such a condition. Alternatively, it was contended that the company was negligent at common law. Mr. Justice Slade held that the shop was not a "factory" within the meaning of the Act, and that the company had not been negligent at common law. He refused to say that the top of the stairs was dangerous because the linoleum had not been set back 4 ft.

The Lord Chief Justice, Lord Goddard, in his judgment dismissing the appeal, said that, in the five-and-a-half years that the linoleum had been in place, hundreds of people, including Mr. Joyce himself, had passed over it without accident or complaint, and Mr. Joyce had, like hundreds of people before him, tripped. But the fact that an accident might happen at that place did not necessarily mean that the place was dangerous, and he agreed with Mr. Justice Slade's conclusion that it was not.

Lord Justice Singleton and Lord Justice Denning agreed that the appeal should be dismissed.

<sup>1</sup>The Times, March 3.

## Universities and Colleges

### UNIVERSITY OF OXFORD

Dr. J. M. Walker has been elected a member of the General Board of the Faculties by the Faculties of Medicine, Physical Sciences, Biological Sciences, Anthropology and Geography, and Agriculture and Forestry.

Sir Hugh Cairns and Professor L. J. Witts have been elected official clinical members and Dr. G. S. Dawes, Dr. D. S. Parsons, Dr. H. M. Sinclair, Mr. J. A. Stallworthy, and Dr. A. G. M. Weddell ordinary members of the Board of the Faculty of Medicine.

Professor R. A. Peters, F.R.S., has been elected an official member of the Board of the Faculty of Physical Sciences.

Professor W. E. Le Gros Clark, F.R.S., and Professor R. A. Peters, F.R.S., have been elected official members and Dr. H. M. Sinclair an ordinary member of the Board of the Faculty of Biological Sciences.

All the above appointments are for two years from the first day of Michaelmas Term, 1951.

On May 30 Sir John Conybeare was elected a member of the Board of the Faculty of Medicine by the General Board electorate for two years from October 1.

### UNIVERSITY OF CAMBRIDGE

Dr. W. A. Fell has been appointed an Associate Lecturer in Physical Medicine in the Faculty of Medicine from April 1 with tenure for three years.

In Congregation on May 26 the following medical degrees were conferred:

M.D.—W. W. Brigden, M. A. Epstein, G. A. Newsholme, F. McL. McGown, A. N. Exton-Smith, J. L. Fluker, V. R. Pickles.

M.B., B.CHIR.—\*A. D. Moore, S. D. Bradley.

\*By proxy.

### UNIVERSITY OF SHEFFIELD

Applications are invited for the J. G. Graves Medical Research Fellowship. The Fellow appointed will be required to undertake full-time medical research in one of the departments of the University of Sheffield (clinical or other) or in a teaching hospital associated with the University. The value of the Fellowship is £1,300 per annum, and the normal period of tenure is three years with the possibility of extension for not more than a further two years. Applications (three copies) indicating the line of research proposed by the applicant, and including the names and addresses of three referees and, if desired, copies of not more than three testimonials, should reach the Registrar, University of Sheffield, Sheffield, 10, by July 28.

### ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At a quarterly meeting of the College held on May 1, with Sir David K. Henderson in the chair, the following were elected Fellows of the College: A. P. Agnew, T. Semple, R. W. B. Ellis.

The following were elected Members of the College: A. Kahan, K. C. Kandhari, K. Aaron, A. Mohammad, D. R. Barry, O. T. Samani, J. D. Robertson, P. W. Wishart, K. G. Lowe, A. K. Siddiqui, Muriel M. McLean, C. M. B. Field, C. D. T. MacLean, B. C. Sinclair-Smith, W. J. Bell, A. S. Douglas, J. Hingston, J. F. C. Waterston, K. B. F. Witcombe, D. Banerjee, N. P. Bector, G. Selby, H. J. Stott, H. W. Macintyre, A. S. Thambiah, M. M. Pradhan, M. F. Oliver.

### ROYAL COLLEGE OF SURGEONS OF EDINBURGH

At a meeting of the College held on May 17, with Mr. W. Quarry Wood, President, in the chair, the following candidates, who had passed the requisite examinations, were admitted Fellows: H. A. Beagley, A. El Masry, W. T. Gibbs, R. R. Gilfillan, P. D. Goatcher, J. McL. D. Hay, T. A. H. Hurrell, R. M. Jackson, W. H. McGillivray, I. N. Maciver, M. Mukherji, T. J. Noonan, G. Singh, D. B. Skewes, R. G. Townsend, L. W. van Blerck.

### SOCIETY OF APOTHECARIES OF LONDON

The sixth Joseph Strickland Goodall Memorial Lecture will be delivered by Dr. T. Jenner Hoskin at Apothecaries' Hall, Black Friars Lane, Queen Victoria Street, London, E.C., on Tuesday, June 26, at 5 p.m. His subject is "Thyroid in Heart Disease." Members of the medical profession and senior students are invited to attend the lecture.

## 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

EDINBURGH UNIVERSITY.—At Physiology Class Room, June 18, 5 p.m., "*The Social Science*," by Dr. Douglas Guthrie.  
LONDON UNIVERSITY.—At Westminster Medical School (Meyerstein Lecture Theatre), Horseferry Road, London, S.W., June 18, 5.30 p.m., "*Male Fertility*," Special University Lecture in Medicine by Dr. Edmond J. Farris (Philadelphia).

## Tuesday

●INSTITUTE OF DERMATOLOGY, Lisle Street, Leicester Square, London, W.C.—June 19, 5 p.m., "*Cutaneous Manifestations of Visceral Malignancy*," by Dr. L. Forman.  
ROYAL COLLEGE OF SURGEONS OF ENGLAND, Lincoln's Inn Fields, London, W.C.—June 19, 3.45 p.m., "*A Critique of the Present Concepts of Synovial Reactivities, with Special Reference to the So-called Synoviomata*," Arnott Demonstration by Dr. H. D. Ross. (See also June 22.)  
SOUTH-WEST LONDON MEDICAL SOCIETY.—At Bolingbroke Hospital, Wandsworth Common, London, S.W., June 19, 8.30 p.m., "*The Origin, Past History, Present Position, and Future Prospects of the General Practitioner*," Bolingbroke Lecture by Mr. V. Zachary Cope, M.S., F.R.C.S.  
WEST END HOSPITAL FOR NERVOUS DISEASES, 40, Marylebone Lane, London, W.—June 19, 2.30 p.m., "*Spinal Compression*," clinical demonstration in neurology by Mr. G. C. Knight.

## Wednesday

●INSTITUTE OF DERMATOLOGY, Lisle Street, Leicester Square, London, W.C.—June 20, 5 p.m., "*Medical Mycology—Systemic Infections*," by Dr. R. W. Riddell.

## Thursday

ROYAL SOCIETY, Burlington House, Piccadilly, London, W.—June 21, "*Reactions in Monolayers*," Bakerian Lecture by Professor E. K. Rideal, F.R.S.  
ROYAL SOCIETY OF TROPICAL MEDICINE AND HYGIENE.—At 26, Portland Place, London, W., June 21, 7.30 p.m., annual general meeting, to be followed by an ordinary meeting. "*Filariasis in Fiji*," film by Sir Philip Manson-Bahr; "*Two New Cultures of Mycobacterium Leprae Hominis (Strains Chaves and Emilia) Pathogenic for Macacus Rhesus and Man*," demonstration by Dr. H. C. de Souza-Araujo.  
ST. GEORGE'S HOSPITAL MEDICAL SCHOOL, Hyde Park Corner, London, S.W.—June 21, 4.30 p.m., "*Neurology*," lecture-demonstration by Dr. Denis Williams.

## Friday

INSTITUTE OF DERMATOLOGY, Lisle Street, Leicester Square, London, W.C.—June 22, 5.30 p.m., clinical demonstration by Dr. F. R. Bettley.  
ROYAL COLLEGE OF SURGEONS OF ENGLAND, Lincoln's Inn Fields, London, W.C.—June 22, 3.45 p.m., "*A Critique of the Present Concepts of Synovial Reactivities, with Special Reference to the So-called Synoviomata*," Arnott Demonstration by Dr. H. D. Ross. (See also June 19.)

## Saturday

LONDON ASSOCIATION OF THE MEDICAL WOMEN'S FEDERATION.—June 23, 2.30 p.m., visit to St. Helier Hospital, Wrythe Lane, Carshalton, Surrey.

## BIRTHS, MARRIAGES, AND DEATHS

## BIRTHS

Alexander.—On June 2, 1951, to Dr. June Alexander (formerly Tyson), wife of Dr. J. Gordon Alexander, Ellerburn, Nunburnholme Avenue, North Ferriby, E. Yorks, a daughter.

## MARRIAGES

Gibson—Stark.—On June 1, 1951, at Cliftonhill Parish Church, John Baird Gibson, M.B., Ch.B., D.A., Paisley, to Agnes Macfarlane Stark, M.B., Ch.B., M.R.C.O.G., Coatbridge.  
Redmond-Henderson—Redmond.—On June 1, 1951, in London, Sidney Redmond-Henderson to Winifred Helen Redmond, M.R.C.S., L.R.C.P.

## DEATHS

Douglas.—On June 3, 1951, at Longmore Hospital, Edinburgh, Andrew Richmond Douglas, M.B., Ch.B., aged 72.  
Gray.—On June 5, 1951, in hospital, Leo Patrick Gray, M.B., Ch.B., husband of Elizabeth Gray (formerly Wheatley), M.B., Ch.B., D.P.H., of Woodford Green, Essex, formerly of 97, The Ridgeway, Chingford, London, E.  
Harries-Jones.—On June 7, 1951, at the General Hospital, Northampton, Evan Harries Harries-Jones, M.D., of The Cottage, Church Brampton, aged 77.  
Longstaff.—On June 7, 1951, in South Africa, Eadbert Ralph Collison Longstaff, M.R.C.S., L.R.C.P.  
Pedersen.—On June 4, 1951, at 27, Macdowall Road, Edinburgh, Peder Nielsen Pedersen, M.B., F.R.C.S.Ed., aged 70.

## 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.

## "Three Months' Colic"

Q.—Our baby is inclined to be wakeful from the 6 p.m. feed till 8 p.m., and, as she is 3 months old, being wakeful leads to howling. I am confident there are no dietetic errors. Is it in any way harmful to put  $\frac{1}{4}$  gr. (16 mg.) phenobarbitone in the 6 p.m. feed? We have found this most effective.

A.—It sounds very much as if this is the so-called "three months' colic," which is very common in the first three months of life, usually getting better soon after the third month. The cause of this is by no means certain. Brenne-mann (*Practice of Pediatrics*, 1949: W. F. Prior Co., Inc., Hagerstown, Maryland) discusses it in detail, and thinks that it is due to colonic flatulence with temporary kinks in the intestine. It is also discussed in Spock's excellent little book *Baby and Child Care* (1947: American Pocket Book Series).

The colic appears characteristically between 6 p.m. and 10 p.m. It is difficult to relieve, though sucking at the breast does appear to help. I see no harm at all in giving phenobarbitone  $\frac{1}{4}$  gr. if it is found to give relief, but it should be dropped off as soon as possible, so that the child does not get to need it in order to sleep. Wakefulness at this time may also be due to habit in a child who was in earlier weeks necessarily picked up a great deal in the evenings as a result of colic (Spock, B., *Pediatrics*, 1949, 4, 89, and Illingworth, R. S., *British Medical Journal*, 1951, 1, 722).

## Trauma and Parkinsonism

Q.—Is trauma recognized as an occasional factor in the production of parkinsonism?

A.—References to proved cases of traumatic parkinsonism are extremely rare. On theoretical grounds it is clearly a possibility for very deep trauma to affect the basal ganglia, by either a penetrating wound or haemorrhage, but usually patients do not survive such disasters. I have personally seen two cases in which a very grave psychological disturbance without actual injury was responsible for the production of a parkinsonian disturbance within a matter of hours. In a paper by Kremer, Ritchie Russell, and Smyth (*J. Neurol. Neurosurg. Psychiat.*, 1947, 10, 49) are described a number of cases of mid-brain disturbance with parkinsonian features, dysarthria, and cranial nerve palsies.

## Abnormal Hand and Eye Dominance

Q.—What symptoms would lead one to suspect abnormal hand and eye dominance in a child, and how is dominance effectively demonstrated?

Is abnormal dominance likely to have an adverse effect on a child's behaviour or his progress at school, and what advice should be given to parents and teachers in these cases?

A.—In answering this question it is presumed that the term "abnormal dominance" is used by the questioner to describe left-handedness with left-eyedness, as well as uneven lateral dominance such as is demonstrated by a child who is left-handed but right-eyed or the reverse. Signs of this condition in an intelligent child may be backwardness in reading and writing, associated with the writing of letters in mirror-form and of words from right to left. Such signs, however, are no more than suggestive, and may indicate only a particular developmental stage, negativism or, in reading especially, some difficulty in auditory synthesis. Considerable research has been directed to the relationship