

physical neuroses, especially of the gastro-intestinal tract, improved in spite of extremely indigestible food. The author therefore thinks it a safe generalization that the best cure for this class of nervous disorders is "authoritative and imperative suggestion therapy." The psychical injury which does not express itself in physical symptoms must, however, be incalculable. The author makes some reflections on the possible effect which their occupation may have on the minds of the youths who are specially selected and taught the technique of cruelty to defenceless men which is a necessary qualification for the S.S. guard. It is a melancholy thought that 7,000 young men are posted to Buchenwald at a time and that any tendencies to sadism they may have are given full opportunity for development. Parties of Hitler Youth are taken through the camps, and one of the functions of these institutions seems to be to brutalize the German youth of military age. The student of morbid psychology would find an ocean of material in unexpurgated accounts of these camps which for reasons of decency cannot be published. The colossal work of undoing the spiritual harm that is being wrought among victims and guards alike baffles the imagination.

Medical Treatment

Generally speaking, this writer found medical treatment perfunctory. At the worst the sick were driven to work and left to die where they dropped. Occasionally obvious complaints like a "struma" or hydrocele were treated and the patient allowed lighter work. Duodenal ulcers, weak hearts, active tuberculosis, and diabetes were disregarded. Patients in hospital were left entirely to the mercy of the orderlies or of fellow prisoners doing supervision duty. A certain amount was done on the surgical side: palmar phlegmons were cut out, and compound fractures of the hands and feet caused by accident or violence were treated by amputation. A civilian dentist gave some treatment at Dachau, but in Buchenwald not even extractions were performed; periosteal abscess and caries were extremely common. Innumerable dirt diseases, such as impetigo, furunculosis, erysipelas, eczema, and infective fungoid diseases, were rife, and, owing to the lack of vitamins and rest, wounds healed with difficulty. The sick, even those unable to walk, were dragged to roll-call twice a day by their friends. A common complaint was oedema of the backs of the hands and ankles. In Dachau large numbers suffered from tenosynovitis. In Buchenwald hundreds of prisoners caught an acute itching dermatitis of the edge of the pinna, due either to a fungus, silica dust, or allergy produced by the nettle-fibre blankets. It yielded to painting with a zinc solution. There was, of course, a wide variety of disease not attributable to the camp conditions, but a very large number of acute cases were fatal—perforated appendix, ileus, cancer, and pneumonia. In the opinion of the author 80 per cent. of the deaths could have been prevented by proper medical attention.

Moral Fortitude

A few items are recorded on the positive side. Some prisoners were able, by submission to the discipline and by developing the habit of enduring privation, to school and strengthen their characters. The White Paper mentions the *Bibelforscher*, members of a religious sect who were almost as badly treated as the Jews, but whose courage and religious faith were remarkable and who professed themselves ready to suffer to the utmost what they felt God had ordained for them.

Hunger and work appeared to agree fairly well with some of the diabetics, who although they received no insulin showed no sign of coma. Some of them had lost as much as 80 lb. and still felt fairly well. Almost all sufferers from psoriasis were strikingly benefited. Colds were rare. All prisoners dreaded the camp hospital with its appalling death rate, and the will not to be ill must have strengthened their weakened organisms.

The question that remains in the mind after reading these terrible reports is why those in power should find it necessary to expend so much trouble and ingenuity in heaping gratuitous torment on thousands of helpless people.

Local News

FRANCE

[FROM OUR CORRESPONDENT]

War-time Organization of Medical Practice

The decree-law of September 12 places all those doctors who are not already at the disposal of the Ministry of National Defence at the service of the Ministry of Public Health. In other words, all French doctors, men and women, come under the national defence scheme and are in a sense mobilizable if not actually mobilized. There are approximately 30,000 doctors in France; between 25,000 and 26,000 are in practice and the remainder are attached to certain special services or have retired from practice. Those doctors who remain civilians but who may be called on to go anywhere to fill gaps created by the calling up of their colleagues for army service may well experience difficulties in adjusting themselves to new conditions. It is indeed inevitable that this gigantic reshuffle should create much searching of heart, not least among the doctors who are serving in the army at 70 francs a day and who are naturally wondering what is happening and what will happen to the practices they have left. In these circumstances it is fortunate that there exists a mutual aid society, *Sou Médical*, to which some 9,000 doctors belong. In peace time it defends the professional and material interests of its members, and now, in war time, its staff of experts is busy solving also the war-time problems of its members.

Hospital Reform

The new law governing the public hospitals in France is a brave attempt to bring into one comprehensive scheme a tangle of public and philanthropic hospital activities dating from many generations back. For centuries gifts and legacies for the benefit of the sick poor have been administered with an independence inspired by a parochial rather than by a national outlook; hence the faults of overlapping and of lack of co-ordination. When the status of the public hospitals was legally defined in 1851 the inmates were the indigent sick, precisely those persons for whom charitable legacies were intended. Now, with hospital treatment sought by almost every class, the need for a fair distribution of hospital charges between various bodies, central and local, has become imperative. The new law introduces certain necessary reforms and codifies the rules and regulations. Principles are laid down governing the selection of patients seeking admission to hospital, and the administrative bodies responsible for the functioning of the public hospitals are reorganized, attention being paid to the representation of the medical profession and the insurance societies on the administration committees of hospitals with more than 200 beds each. Provision is made for co-operation between hospital administration and the teaching of medicine. For the better distribution throughout the country of hospital facilities, all plans for erecting new hospitals and modifying old ones must be approved by the Ministry of Public Health. Small local hospitals and certain institutions in the large towns will, however, be exempt from the paternal interference of the central authority. Facilities will be provided for the suppression of those hospitals and allied institutions whose conduct has not been found to be in conformity with modern standards of hygiene. There is also to be a tightening up and unification of the rules governing the appointment of the medical staff of the public hospitals.

Professor Leriche on Amputation Stumps

In *La Presse Médicale* for September 13 and 20 Professor René Leriche of Strasbourg comments disconcertingly on the shortcomings of the amputation stumps of the last war. About 16 per cent. of the 80,000 patients amputated in the period 1914-18 had to be re-amputated, sometimes more than once. "Retouching" was necessary in 31 per cent. of

the total, and as for the amputations of the lower limbs 50 per cent. of the patients had to be operated on afresh for the satisfactory adjustment of artificial limbs, etc. A few of the secondary operations were necessitated by the development of osteitis or painful scars, but in the opinion of Professor Leriche the chief trouble was the inability of the operating surgeon to think in terms of modern prosthetics. When the operator follows the dictates of the most orthodox textbooks, showing a brilliant mastery of technique but encountering the disapproval of the prosthetic surgeon and of the patient himself some months hence, it is the operator and not the prosthetic surgeon whom Professor Leriche blames. He reviews the various amputations of the limbs in the light of the experiences of the last war, and shows how they have robbed many a classic operation of its prestige. Chopart's disarticulation, for example, has been found to be worthless in 95 per cent. of cases; and the same may be said of many another operation sanctified by textbooks.

Reports of Societies

FAULTS OF MEDICAL LITERATURE

Sir Robert Hutchison's Lecture

The David Lloyd Roberts Lecture was delivered before the Medical Society of London on November 16 by Sir ROBERT HUTCHISON, President of the Royal College of Physicians, whose subject was "Medical Literature."

The lecturer began by glancing at the vast amount of contemporary medical literature. It had been estimated that there were over five thousand medical periodicals in the world. In this country there were about 130, and here the yearly crop of medical books was over 400. The mere question of storage was itself a problem. In the library of the Royal Society of Medicine room had to be found for 3,000 new volumes each year, taking up shelving 60 ft. in length and 8 ft. in height. More serious was the effect of all this proliferation upon the interchange of knowledge. It was increasingly difficult to find the needle in the haystack. Facts might be said to be buried rather than recorded. It was almost physically impossible for anyone to follow Bacon's aphorism: "When a man addresses himself to discover something he first seeks out and sees before him all that has been said about it by others." Science seemed likely to be suffocated in its own secretions.

After recounting the familiar jest about stacks of unopened journals in consulting rooms, Sir Robert Hutchison said that current medical literature could not be permanently ignored with impunity, and he quoted Osler as saying, "The doctor who does not use books and journals, who does not need a library, who does not read one or more of the best weeklies and monthlies, soon sinks to the level of the cross-counter prescriber, and not alone in practice but in those mercenary feelings and habits which characterize a trade." All the busy practitioner could do was to tear out from his weekly journal those articles which interested him and had a direct bearing on his work and file them. In that way, with proper indexing, he could build up a useful collection. If in addition he got every year such a publication as the *Medical Annual* it should not be difficult for him to keep reasonably up to date. The contributor to medical literature needed something more—a clue through the labyrinth—and the *Quarterly Cumulative Index* was an excellent guide.

When the required articles had been found they had still to be read and abstracted, a laborious business which nowadays required a considerable knowledge of languages. He looked with no great favour upon the preparation of bibliographies and abstracts by professional librarians, who, however skilled in the business, had no medical training and could not be expected to know the relative

value of different papers nor the points which should be picked out. The work of the literature hunter would be easier if there were more periodical publications of the type of the German *Zentralblätter* and *Jahresberichte*. The ideal would be an international clearing house in which the whole periodical literature of the world would be sifted by experts and summaries made of such papers as contained any original as opposed to merely repetitive or didactic matter.

Measures for Stemming the Flood

But the root of the difficulty—the immense bulk of raw material to be dealt with—would still remain untouched. What was it that prompted doctors to write? The motives were mixed: some reasonable and creditable, others less so. Good reasons were the necessity for putting on record new observations or results of experiments and the impulse to teach. Bad reasons were the desire for prestige and priority. He remembered at a meeting of the British Medical Association many years ago Lawson Tait holding up a copy of the *Journal* and saying that he divided it "into the intra-professional and the extra-professional advertising portions." That was grossly unfair. After all, the only way in which a young man could let it be generally known by his colleagues that he possessed special knowledge or skill in any department of work was by contributions to the professional journals. One must draw the line, however, at the publication of the same paper in more than one journal and at the equally reprehensible practice of sending out reprints wholesale.

Another motive for writing which was of doubtful validity was the desire for "self-expression"—a form of mental exhibitionism. No doctor would surely desire a better epitaph than the one recorded of a member of the surgical staff of the London Hospital in the eighteenth century, that he was "guiltless of any contribution to medical literature." Sir Robert Hutchison equally deprecated ceremonial orations, presidential addresses, and memorial lectures, such as he was then delivering. "Surely there are better ways of remembering the dead than by boring the living."

He suggested a strict birth control in regard to new journals. The amalgamation of existing journals might well be carried out in many cases. Some journals might be suppressed altogether, among them those which appealed only to a local patriotism. There were five such local journals in England alone, and others in Scotland. Superfluous journals led to superfluous writing, and editors were driven to tout for contributions, whereas it was the writer who should woo the editor. The ideal current medical literature for this country would consist of one good weekly journal catering especially for the general practitioner, which would contain articles mainly clinical in character, but also critical reviews and abstracts of the work published in the more specialized periodicals here and abroad. In addition each special branch of medicine should have a journal, but not more than one, appearing at longer intervals for the publication of original work in that sphere.

Stricter editing was also desirable, involving the refusal of many articles that at present found their way into print, and the cutting down of others. Almost everything was too long—lectures, speeches, sermons, and books. Powerful astringents might be required to check the verbal diarrhoea which afflicted so many writers, but it was the editor's business to administer them.

On the Writing of Books

The over-production of books was as great a nuisance as the multiplication of journals. The publishers were largely to blame. In their rivalry with their competitors they easily persuaded young would-be authors to write for them, and recouped themselves for their many failures at the expense of the more successful. It would be a great gain if, instead of issuing expensive and elaborate

seriously and it was always his aim to uphold its high tradition. With a wide outlook on life, he was essentially the sound, sagacious, and kindly physician and consultant, intensely concerned with his patients' interests and ever their friend as well as doctor. As an example of his devotion, the writer remembers with lifelong gratitude the many weeks of a life-and-death struggle during which his friend Frank Cunningham gave up his practice, lived in the house and watched over him night and day till all danger was past. Such was the man and such the devotion which earned him the trust and affection of many who now feel forlorn at his passing.

No review, however brief, of Cunningham's life would be complete without mention of his love of all kinds of sport. He was a keen follower of cricket and was a member of the committee of the Sussex County Cricket Club. Seldom, if ever, did he miss a rugger international at Twickenham, and many will miss his cheery presence in the band of friends who used to foregather there on these occasions. He was himself a hockey international player and "blue," a fine golfer, and an enthusiastic fisherman. Frank Cunningham's varied career and numerous interests no less than his straight and friendly character brought him the happiness of many friends, whose first thoughts and deep sympathy will go out to his widow. Him they will remember as one who lived his days generously, simply, and with modesty, as the best always do.

H. N. F.

Dr. L. A. PARRY writes: By the death of Francis William Murray Cunningham, Hove has lost a beloved and respected physician, who will be missed by a large circle of colleagues, friends, and patients. He joined the British Medical Association in 1916, and was a member of the Brighton and Sussex Medico-Chirurgical Society, being elected president two years ago, an office the duties of which he carried out with great distinction. Of late years he had, owing to ill-health, given up general practice, with the exception of some of his old patients. He to the last kept on his work at the Royal Sussex County Hospital, to which he was very devoted. A memorial service was held at All Saints, Hove, on November 13, which was attended by a very large number of his medical and other friends. Dr. Cunningham was an essentially honest and straightforward man, loyal in his friendships, hospitable and generous, always available to his colleagues. The profession in Hove know they have lost a loved and distinguished doctor—one whom they all admired and trusted.

Dr. ALEC LANDALE CLARK, who died on November 5 as the result of a road accident, had practised for some years in Gilbert Street, London, W. Son of the late John B. Clark of Broughty Ferry, he studied medicine at Edinburgh University and graduated M.B., Ch.B. in 1923, and then served as clinical assistant and house-physician at the Edinburgh Royal Infirmary. While in practice in Mayfair he worked as clinical assistant at the West London Hospital, the Hospital for Sick Children, Great Ormond Street, and the Hospital for Women, Soho Square. "E. B." writes from Edinburgh: As one who had known Landale Clark from his earliest undergraduate days I would add a few words in memory of one who will be missed by many. "Lal" Clark, as he was known to his intimates, had a host of friends both within and without the profession. His was a very happy disposition; he radiated happiness and he had a kindly thought for everyone. Brought up as a delicate child upon whom every care was lavished, it was interesting to watch the development of his personality. Gifted with a beautiful singing voice and a lover of music, one wondered whether he would take medicine seriously. But any doubts which may have existed were speedily dispelled, for as a house-physician, and indeed throughout his life, his profession and his patients were always, with him, the first consideration. He was a man with high ideals, and his sense of duty dominated his outlook. Lal Clark had a flair for doctoring, for he combined the faculty of picking out the clinical essentials with an unusual depth of understanding and a very genuine charm of manner which gained for him the confidence and the affection of his patients. His partnership with the late Jim Brunton Blaikie in one of the busiest practices in Mayfair was a singularly happy association.

The Services

NAVAL COMPASSIONATE FUND

At the quarterly meeting of the directors of the Naval Medical Compassionate Fund, with Surgeon Vice-Admiral Sir Percival Nicholls, K.C.B., K.H.P., in the chair, the sum of £149 was voted to the applicants whose cases were considered.

"INDIAN MEDICAL SERVICE: A HANDBOOK"

Major A. N. Chopra has published a handbook for the I.M.S., giving all rules and regulations for service therein, which should be most useful to all members, not only to those joining as new recruits, but also to older and more experienced officers.¹ In successive chapters it gives, with appropriate references, the rules for recruitment, conditions of service, courses of instruction, pay, leave, including study leave, travelling allowances, passages to Europe, the Funds, and pensions. Seventeen appendices complete the work, giving the actual text of various Government Orders, the most important of which are No. I, the Royal Warrant of Service, No. XI, conduct rules for all Government servants, and No. XII, dress regulations; also rules for selection for promotion, attendance at senior courses of instruction, procedure when called on to give evidence in courts of law, private practice—all things which it is necessary for an officer to know, but which it is sometimes difficult to find at short notice when reference to authority has been required. It may be said without hesitation that the work is a most useful one, which should be in the possession of every officer of the I.M.S. On page vi is given a list of abbreviations used. Many abbreviations are used in the text which are not included in this list. Fortunately, most of them are easily interpreted. What most strikes a senior whose recollections go back some sixty years is the great rise in advantages—for example, pay on entry, £650, instead of £286; grant of study leave, and of free passages; and the opportunity of retiring on a gratuity after five years' service. On the other hand, the cost of living has considerably increased, and no doubt service in India is not so pleasant as it was half a century ago.

¹ *Indian Medical Service: A Handbook*. 1939. By A. N. Chopra, Major I.M.S. (Pp. 256. Rs. 2, or 3s.) Delhi: Manager of Publications.

Universities and Colleges

UNIVERSITY OF OXFORD

Applications are invited for the Nuffield Professorship of Orthopaedic Surgery, and should reach the Registrar of the University not later than December 16. The stipend is £1,200 per annum and £600 as clinical director of the Wingfield-Morris Hospital; private practice not allowed; age limit 60. Residence is required during forty weeks in each academic year. Further particulars may be obtained from the Registrar.

UNIVERSITY OF LIVERPOOL

The Council of the University of Liverpool, on the recommendation of the Senate, has conferred the title of Professor Emeritus on Sir Robert Kelly, M.D., F.R.C.S., who occupied the chair of surgery from 1922 to September, 1939.

UNIVERSITY OF ABERDEEN

The Senatus Academicus of the University of Aberdeen has decided that students on military service will be allowed, when they return to civil life, to resume any fellowships, scholarships, or bursaries whose tenure may have been interrupted.

UNIVERSITY OF WALES

WELSH NATIONAL SCHOOL OF MEDICINE

The following candidates for the degrees of M.B., B.Ch. have satisfied the examiners at the examination indicated:

MEDICINE.—R. T. Bevan, H. R. Hudd, C. W. D. Lewis, Silvia M. D. Mehta, Enid M. Powell, Llary M. Williams.