

Secondly, as a test of insulin sensitivity they use a new technique—the *intramuscular* injection of 20–30 units (0.5 unit/kg. body weight), which is said to cause a more regular depression of blood sugar than the usual intravenous test. The book would be very useful for study and reference if it had an index.

R. D. LAWRENCE.

LABORATORY METHODS

Clinica y Laboratorio. By Dr. G. Pittaluga, in collaboration with E. Gaian and A. Guernica. (Pp. 459; illustrated. Paper covers \$7.00; cloth \$9.00.) Habana: M. V. Fresneda, Neptuno 561, Cuba.

In this book on clinical practice and the laboratory the authors have critically considered laboratory techniques and methods of examination in order to demonstrate which are the most informative and accurate for clinical diagnosis. The only descriptions of laboratory methods given are of those tests devised by the authors themselves, and either little known or of which accounts have not hitherto been published, which they have found to give more accurate results or be less difficult to perform. They give references to all standard procedures, and at the end of each chapter a full and up-to-date bibliography.

Especially well written is the section on examination of the functional capacity of the kidney. The authors present a well-balanced account of the various kidney tests, including measurement of glomerular filtration rate, effective plasma flow, and maximal tubular capacity. The chapters on liver function and mycology are also excellent. The photomicrographs and illustrations are of a high standard. The book is well produced and should be of great use to the practising physician.

W. T. COOKE.

SUICIDE

Suicide and the Meaning of Life. By Margarethe von Andics. Preface by Prof. Cyril Burt. (Pp. 219. 8s. 6d.) London: William Hodge and Co. 1947.

This book is based upon a study of 43 men and 57 women, 70% being unskilled workers, who had attempted suicide and were examined by Dr. von Andics at the psychiatric and neurological clinic at Vienna, where they were sent by the police commissioner of their respective districts. The author approached the material as a psychologist, and excluded from examination all cases of attempted suicide by the mentally deranged or by inebriates in a state of intoxication. Even so she was not primarily concerned with the unconscious genesis of the act, but with the experience itself as it affected the consciousness of the individual, and she noted, like other observers, the occasional cathartic effect of the attempt.

Dr. Andics believes that for 100 persons who decide to commit suicide there are about 250 motives. This neat ratio probably means no more than the fact that the motive here, as so often elsewhere in anti-social activity, is complex. Indeed, like other workers in this field, she finds that suicide and attempted suicide occur when several of life's difficulties intersect. She states that 81% of her patients had had an unfavourable childhood and a similar proportion had made no friends. Above a certain minimum standard it was not so much the smallness of income or the insufficiency of the livelihood that impelled the attempt but uncertainty and aimlessness about the future. The subjective reaction of the women was in marked contrast to the objective outlook of the men, who were mainly concerned with material issues and principles. It was found that subjective factors may leave ineffaceable traces in the person's character and sometimes operate in a future conflict. The interesting fact emerged that an overwhelming majority in both sexes were sexually subnormal, and that this was an indirect cause of attempted suicide and acted either by isolating the person or by making the attachment to one single partner irreplaceable if death or misadventure intervened.

The number of cases is too small for the author's conclusions on these and other topics in the book to be more than interesting, but some of the excerpts from her notes are illuminating and the book is clearly written. There is no indication of the date of the investigation, a matter to be regretted in view of the disturbed state of Europe in recent years.

W. NORWOOD EAST.

BOOKS RECEIVED

[Review is not precluded by notice here of books recently received]

Social Health and Morals. By I. Fraser Mackenzie, M.D., D.P.H., D.T.M.&H. (Pp. 173. 7s. 6d.) London: Victor Gollancz. 1947.

Includes discussion of the sexual instinct in society, venereal disease, marriage and family life, trial marriage, and divorce.

Malaria. By W. K. Blackie, M.D., Ph.D., F.R.C.P.Ed., D.T.M.&H. (Pp. 101. 10s. 6d.) Capetown: The African Bookman (for the Post-Graduate Press). 1947.

A general account of malaria, with an introductory historical review and special reference to forms of the disease met with in Africa.

Abnormal Psychology. By J. D. Page. (Pp. 441. \$4 or £1.) New York and London: McGraw-Hill Book Company. 1947.

An introductory textbook of mental disorders, intended for students with some knowledge of psychology.

Paediatrics for Nurses. By A. G. Watkins, M.D., F.R.C.P. (Pp. 192. 10s.) Bristol: John Wright and Sons. London: Simpkin Marshall. 1947.

A clinical account of diseases of children, intended for nurses.

The Conduct of Life Assurance Examinations. By E. M. Brockbank, M.B.E., M.D.Vict., F.R.C.P. 2nd ed. (Pp. 176. 12s. 6d.) London: H. K. Lewis. 1947.

An account of how to examine persons for life assurance companies.

The 1947 Year Book of Radiology. Edited by C. A. Waters, M.D., and I. I. Kaplan, M.D., F.A.C.R. (Pp. 416. \$5.50 or 30s.) Chicago: The Year Book Publishers, Inc. 1947.

Recent advances in radiological diagnosis and therapeutics; with many illustrations.

Die Diagnostik und Therapie des Nebennierenausfalls und das Krankheitsbild der relativen Nebennierenrindensuffizienz (Hypoadrenie). By A. Kappert. (Pp. 102. 8 Swiss francs.) Basle: Benno Schwabe and Co. 1947.

A monograph on the diagnosis and treatment of adrenal cortical insufficiency.

Clinical Methods in Surgery. By K. Das, M.B., F.R.C.S. (Pp. 240. Rs.20 or 35s.) Calcutta: The City Book Company. 1947.

Describes the clinical examination of surgical cases.

The Story of a Scottish Voluntary Hospital. By T. C. Mackenzie, M.D., F.R.C.P.Ed. (Pp. 284. 8s. 6d.) Inverness: "Northern Chronicle" Office. 1946.

A history of the Royal Northern Infirmary, Inverness.

A Manual of Fractures and Dislocations. By B. B. Stimson, A.B., M.D., Med.Sc.D., F.A.C.S. 2nd ed. (Pp. 223. 17s.) London: Henry Kimpton. 1947.

A short guide intended for medical students.

Health Services in England. By R. C. Wofinden, M.D., B.S., D.P.H., D.P.A. (Pp. 191. 10s.) Bristol: John Wright and Sons. London: Simpkin Marshall (1941), Ltd. 1947.

A survey of public health services in England.

The Causation and Treatment of Delayed Union in Fractures of the Long Bone. By K. W. Starr, O.B.E., M.S., F.R.C.S., F.A.C.S., F.R.A.C.S. (Pp. 233. 42s.) London: Butterworth and Co., Ltd. 1947.

An essay awarded the Jacksonian Prize in 1944.

Handbook of Communicable Diseases. By F. H. Top, A.B., M.D., M.P.H., F.A.C.P., et al. 2nd ed. (Pp. 992. 42s.) London: Henry Kimpton. 1947.

An illustrated textbook of communicable diseases; with references.

The Selected Writings of Benjamin Rush. Edited by D. D. Runes. (Pp. 433. \$5.) New York: Philosophical Library, Inc. 1947.

Dr. Rush's liberal ideas were later of great influence during the American Revolution.

Physical Medicine in General Practice. Edited by A. L. Watkins, M.D. (Pp. 341. 30s.) London: J. B. Lippincott Company. 1946.

A practical account for the general practitioner.

Medical News

Canadian Red Cross Memorial Hospital

At an "At Home" for local medical practitioners held at the hospital on Dec. 6, presided over by Mr. Ralph Marnham, Director of the Department of Surgery, Sir Francis Fraser spoke on "Post-graduate Medical Education at a Hospital Centre." Sir Francis referred to the association of the hospital with a university centre and of the various forms of postgraduate education which might be developed under the new Service. Dr. E. G. L. Bywaters, Director of the Special Unit for Juvenile Rheumatism, Dr. G. D. Hadley, Director of the Department of Medicine, Dr. L. E. Glynn, Director of the Department of Pathology, and other members of the medical and surgical staff of the hospital were present, and the wards and departments of the hospital were open to visitors.

New President for Tuberculosis Association

Dr. F. R. G. Heaf has been elected President of the Tuberculosis Association. He is Honorary Consulting Medical Director of the British Legion Village at Preston Hall, near Maidstone, and Nayland Sanatorium, near Colchester, where ex-Service men and women suffering from pulmonary tuberculosis are treated.

Leprosy Research

Prof. John Lowe, of Calcutta University, has gone to Nigeria to institute research into the treatment of leprosy by sulphones.

COMING EVENTS

Conference on Remedial Gymnastics

The Ling Physical Education Association (Hamilton House, Bidborough Street, London, W.C.) has arranged a conference on remedial gymnastics at Sloane School, Hortensia Road, Chelsea, London, S.W., on Monday, Tuesday, Wednesday, Thursday and Friday, Dec. 29, 30, and 31, 1947, and Jan. 1 and 2, 1948. The programme opens at 9.30 a.m. on Dec. 29 with a lecture by Dr. Harold Balme on "The Place of the Remedial Gymnast in the National Health Scheme." Contributions by other members of the medical profession are as follows: Dec. 29, 1.45 p.m., Dr. Doris M. Baker, lecture-demonstration on "Remedial Treatment in School of Children with Postural Foot Defects." Dec. 30, 1.45 p.m., lecture by Prof. A. B. Appleton, "Feet and Posture"; 2.50 p.m., Dr. Doris M. Baker, lecture-demonstration on "The Medical Significance of Postural Valgus Deformity of the Foot." Dec. 31, 9.30 a.m., lecture-demonstration by Dr. F. S. Cooksey, "Postural Defects of the Spine in Childhood and Adolescence"; 11.20 a.m., lecture by Dr. Maud F. Forrester-Brown, "Team Work in the Prevention and Cure of Postural Defects." Jan. 1, 4.35 p.m., Dr. J. L. Dunlop, "The Place of the Educational Gymnast in a School Health Service." The fees are: whole conference (including travelling expenses to various institutions), £2 2s. (if paid in advance) or £2 5s. (if paid at conference); per day, 14s. or 15s.; single session, 3s.

APPOINTMENTS

The Minister of Health has made the following appointments to Regional Hospital Boards:

Oxford.—Mr. H. A. Goddard, Welfare Officer of Morris Motors Ltd., member of the Committee of the Radcliffe Infirmary and vice-chairman of the local hospitals contributory scheme, to fill the vacancy caused by the resignation of Prof. Seddon owing to pressure of other work.

South-western.—Mr. W. J. Carter, chemist at the Imperial Smelting Corporation and one of the workers' representatives on the board of the Bristol Royal Infirmary, to fill the vacancy caused by the resignation of Major Egbert Cadbury owing to pressure of other work.

Sheffield.—Dr. J. G. McCrie, Dean of the Faculty of Medicine of the University of Sheffield, to fill the vacancy caused by the resignation of Prof. E. J. Wayne.

BIRTHS, MARRIAGES, AND DEATHS

BIRTH

Stanbridge.—On Dec. 2, 1947, at No. 8 R.A.F. Hospital, Germany, to Inez Holland, wife of Group Captain R. H. Stanbridge, O.B.E., a son.

DEATHS

Larson.—On Nov. 30, 1947, at 621, Loughborough Road, Birstall, Leicester, John Richard Larson, M.B., Ch.B., aged 54.

Mamlock.—On Dec. 6, 1947, at Musgrove Park Hospital, Taunton, Somerset, Harold Charles Mamlock, M.D.

Stone.—On Dec. 9, 1947, at The Stone House, Rose Hill, Dorking, Surrey, William Greame Stone, M.D., F.R.C.S., aged 81.

Any Questions?

Syphilis in a Nursing Mother

Q.—When an apparently healthy full-term baby is born of a mother who in the second month of pregnancy had a positive blood Wassermann reaction, for which she received the usual antisyphilitic treatment during the remainder of her pregnancy, is it advisable to administer antisyphilitic treatment to the baby, despite a negative serological test for syphilis, or is one justified in waiting until tests become positive or the baby develops clinical evidence of the disease? Can the breast milk of a clinically healthy woman with a positive serological test be fed with impunity (a) to her own baby who is clinically healthy and sero-negative, and (b) to someone else's baby who is apparently healthy and in whom there is no reason to suspect syphilis? Is it likely to make any difference whether the woman has or has not had antisyphilitic treatment?

A.—The sero-negative baby of a sero-positive mother should not receive antisyphilitic treatment merely because the mother's Wassermann reaction was positive. The baby should be kept under careful observation and its blood should be tested once a month for six months. If at the end of this time the baby shows no clinical or serological signs of syphilis it can be considered free from infection. The treatment given to the mother may well have been sufficient to protect the child but not to reverse the Wassermann reaction of the mother. A syphilitic woman may suckle her own baby even though it appears free from syphilis, but she should not suckle someone else's healthy baby. Apart from the possible presence of spirochaetes in the breast milk, the organisms might be conveyed through a cracked nipple. Previous treatment, especially with penicillin, reduces the chance of a syphilitic woman passing her infection on to her baby or to anyone else, in proportion to the adequacy of the treatment given. It should be remembered that a positive serological test for syphilis is not necessarily equivalent to a diagnosis of syphilis.

Enuresis in Young Adults

Q.—Can anything be done to benefit chronic enuresis in young adults? In the case I have in mind full neurological and urological examinations have proved negative.

A.—This condition is almost certainly a psychological one. Drug treatment, such as the use of belladonna, may sometimes break a vicious circle in that the very suggestion of past failures makes for present and future ones, whereas a few nights of success might give greater confidence and start a new rhythm. But in the vast majority of cases the specific unconscious causes of the enuresis have to be discovered. The commonest are: (a) An unconscious desire to return to infancy, associated with a fear of going out into life, so that the patient unconsciously reverts to his infantile habit. (b) There is very commonly an infantile sensuous or sexual basis to the condition, for the infant finds pleasure in micturition, as in other excretory functions, and these, owing to repression, may be fixated and therefore arrested in development. These people often prove to be impotent or semi-impotent in adult life. (c) On the other hand, the enuresis may represent an unconscious rebellion, and the infant often uses this mode of making a nuisance of himself as a means of getting his own back on his nurse or mother; on account of the repression of their assertiveness such patients are commonly docile in character. Unfortunately, merely telling a patient the causes is not likely to help much, as they are repressed and will be denied, so that in most cases analytical treatment from a medical psychologist to discover the causes offers the only hope of cure.

Tubercle Bacilli in Cheese

Q.—Are living tubercle bacilli present in cheese—that is to say, does the process of cheese-making destroy any tubercle bacilli which may be present in the milk?

A.—The answer to this question depends on whether the cheese (a) is made from raw or heat-treated milk, and (b) is stored long enough to enable any tubercle bacilli present in it