

to do. Dr. Mace sets out in clear and simple language all that an inquirer seeks to know.

The backbone of marriage guidance is the group of counsellors at the centres throughout the country, who work for the most part on a voluntary basis. These counsellors correspond to general practitioners in medicine, and their function is to sort out the cases, arrive at a diagnosis, and where necessary refer them to specialists (who may be medical, psychological, social, spiritual, or legal). Reference to medical specialists should be through the patients' own doctors. The success of marriage guidance depends on team work, since the causes of unsuccessful marriage are manifold; each case presents an individual problem, and no one counsellor can expect to be able to cope with all.

The work should comprise education for marriage, suitable for all young people over 16, preparation for marriage for engaged couples, and guidance and remedial treatment for those already married. In the past too much of the work has been with desperate cases where the situation has almost or quite passed beyond control. Even so, some measure of success has been achieved, though accurate statistical evidence cannot be obtained. It is hoped that in the future more preventive work may be possible as the public gains confidence in the efficacy of the centres. The help given must be competent, sympathetic, and confidential, and the counsellors must be most carefully selected. The methods used for selection are described. On the whole, married middle-aged people are the best, as they are most acceptable to both husband and wife, who must almost invariably be interviewed separately. The counsellors work for sessions of three hours not more than once a day, often only once a week. The general aims are emotional catharsis, elucidation and explanation, and mediation. With increasing experience less and less recourse to specialists is necessary.

While trying to keep an open and uncritical mind on all problems, there are certain ethical principles which are maintained. Extra-marital intercourse is condemned; contraceptives are permitted and in some cases encouraged. No decision about artificial insemination has yet been reached. Although every effort is made to seek a solution other than divorce, in some cases it is regretfully admitted to be unavoidable. No attempt is made to quote individual cases, but there is a general survey of the causes of marital disharmony.

There is no doubt that marriage guidance has come to stay; it now has Government support as a constructive effort to allay the social menace of the broken home with all its attendant evils, and this book should have a wide circulation in order that the public, who ought to be interested, may learn what it is all about.

R. G. GORDON.

Percival Bailey's *Intracranial Tumours* (second edition; pp. 478, 155 figures, 16 plates; \$10.50 or £2 15s.; Springfield, Illinois: Charles C. Thomas; Oxford: Blackwell Scientific Publications, 1948) has been out of print too long, for it is a useful book of an unusual kind. It is written in an authoritative fashion by a man who knows very clearly what he thinks about the brain, its structure, its functions, and the nature and effect of the tumours that grow in it. It is essentially an American book showing little, except inferentially, of British influence on neurology and neurosurgery. The basic plan of the work is pathology, a good starting place and one that befits the author, whose part in the identification and classification of brain tumours is well known. The clinical effects of tumours in various situations are demonstrated by graphic descriptions, often transcripts of what patient and doctor said to one another. The only disadvantage of this is that tumours in the same situation do not produce stereotyped results, so that the inexperienced clinician who expects his patients to make the interesting replies that Dr. Bailey records may fail to recognize the site of the lesion in someone else. This is particularly true of frontal tumours, the typical effects of which are not only frequently absent but may be mimicked by tumours elsewhere. The book is well and plentifully illustrated; the diagrams are good, though some of the more ambitious pictures are not. But, even though it has faults, Dr. Bailey's book retains its place as highly important. It is a statement of his own views, an account of his thoughts on a subject to which he has made many contributions of the greatest interest and importance.

BOOKS RECEIVED

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

Operative Technic in General Surgery. Edited by W. H. Cole, M.D., F.A.C.S. (Pp. 951. No price.) New York: Appleton-Century-Crofts. 1949.

Tumors of Bone. By C. F. Geschickter, M.D., and M. M. Copeland, M.D. 3rd ed. (Pp. 810. 105s.) London: J. B. Lippincott. 1949.

Cunningham's Manual of Practical Anatomy. Edited by J. C. Brash, M.D., F.R.C.S. Ed. 11th ed. (Pp. 488. 21s.) London: Geoffrey Cumberlege. 1948.

A Textbook of Practical Nursing. By K. O. Brownell, R.N., B.S. 3rd ed. (Pp. 465. 19s.) London: W. B. Saunders. 1949.

Trends in Nursing History. By E. M. Jamieson, B.A., R.N., and M. F. Sewall, B.S., R.N. 3rd ed. (Pp. 632. 22s. 6d.) London: W. B. Saunders. 1949.

Training for Childbirth. By M. Randell, S.R.N., S.C.M., T.M.M.G., F.C.S.P. (Hon.). 4th ed. (Pp. 142. 10s. 6d.) London: J. and A. Churchill. 1949.

Cardiac Catheterization in Congenital Heart Disease. By A. Cournand, M.D., and others. (Pp. 108. 22s.) London: Geoffrey Cumberlege; New York: The Commonwealth Fund. 1949.

Atlas of Roentgenographic Positions. By V. Merrill. Vols. 1 and 2. (Pp. 663. 150s.) London: Henry Kimpton. 1949.

Outline of the Amino Acids and Proteins. Edited by M. Sahyun, M.A., Ph.D. 2nd ed. (Pp. 286. 30s.) London: Chapman and Hall. 1948.

Progress in Allergy. Edited by P. Kallos. Vol. 2. (Pp. 356. 36 Swiss francs.) New York and Basle: S. Karger. 1949.

Cancer of the Uterine Cervix. By F. Trueisen. (Pp. 440. No price.) London: H. K. Lewis. 1949.

Studies on Hookworm Disease in Szechwan Province, West China. By K. Chang. (Pp. 152. \$3.) Baltimore: The Johns Hopkins Press. 1949.

Die Tuberkulose des Kindes. By H. Brügger and others. (Pp. 340. M. 16.) Stuttgart: Georg Thieme. 1948.

Medizinische Klinik. By F. Hoff. (Pp. 467. M. 29.60.) Stuttgart: Georg Thieme. 1948.

Semiología y Patología de la Articulación de la Rodilla. By J. A. Pique and C. Khoury. (Pp. 185. No price.) Buenos Aires: Lopez and Etchegoyen. 1948.

Lehrbuch der Inneren Medizin. By T. Brugsch. Vol. 2. (Pp. 818. M. 30.) Berlin: Urban and Schwarzenberg. 1948.

Physiologie du Système Nerveux Central. By G. Morin. (Pp. 267. 950 francs.) Paris: Masson. 1948.

Medizin in Bewegung. By R. Siebeck. (Pp. 520. M. 27.) Stuttgart: Georg Thieme. 1949.

Tos Ferina. By J. P. Diaz. (Pp. 294. No price.) Saragossa: Revista Española de Pediatría. 1949.

I Reticolociti. By M. Ninni. (Pp. 296. No price.) Pavia: Tipografia del Libro. 1949.

Streptomycin und die Behandlung Haematogener Tuberkuloseformen. By O. Ruziczka. (Pp. 179. 24s.) Vienna: Springer. 1949.

L'Ultra-Violet, la Lumière Solaire et Artificielle, l'Infra-Rouge. By J. Aimard and H. Dausset. 7th ed. (Pp. 231. 800 francs.) France: L'Expansion Scientifique Française. 1949.

Lehrbuch der Massage und Manuellen Gymnastik. By W. Thomsen. 2nd ed. (Pp. 237. M. 16.50.) Stuttgart: Georg Thieme. 1949.

became even more marked. She then examined the gas cylinders and found that both contained nitrous oxide. An oxygen cylinder was then put in and artificial respiration started. For two hours everything possible was done to revive the patient. She agreed that, though the cylinders were the same size, nitrous oxide cylinders had a black distinguishing mark and oxygen cylinders black with a white ring round the top. With continued usage the distinguishing white paint did tend to become worn.

A nurse described how she had brought into the theatre what she thought was a cylinder of oxygen. She did not examine the label on the cylinder to see whether it contained oxygen or not. The labels on the cylinders of nitrous oxide and oxygen were similar in size and she had no reason to believe that this cylinder did not contain oxygen. Later one of the medical students noticed that both cylinders in the anaesthetic machine contained nitrous oxide. She agreed that though the labels on the cylinders were of the same size they were of different colours. She had not seen gas cylinders being changed before in the course of her training and she had never been told of the distinguishing marks.

A fourth-year medical student said that he had been in the theatre for about five minutes, helping to apply artificial respiration, before he noticed that both cylinders in the anaesthetic machine contained nitrous oxide. He identified the cylinders by the labels. He did not look particularly at the tops of the cylinders.

The senior anaesthetist at the Adelaide Hospital described the methods of resuscitation employed and said that in her opinion death was due to anoxaemia and cardiac failure. Doctors were taught the importance of distinguishing between the colours of cylinders, but she thought that it would be better if the fittings were so arranged that it would be impossible to connect them up wrongly.

The manager of the firm which supplied the cylinders said that they were painted every two years.

The jury gave a verdict in accordance with the evidence and added a rider expressing the opinion that the Adelaide Hospital was guilty of negligence and that there was contributory negligence on the part of the house-surgeon.

Universities and Colleges

UNIVERSITY OF LONDON

The recognition of the British Postgraduate Medical Federation as a school of the University has been extended in respect of its facilities (a) at the Institute of Child Health and (b) at the Institute of Ophthalmology for three years and five years respectively in the first instance, from Oct. 1, 1948.

Sir Archibald Gray and Mr. J. B. Hunter have been appointed representatives at the University on the governing body of the British Postgraduate Medical Federation and Dr. Audrey Z. Baker representative on the governing body of Nonsuch County School for Girls, Cheam, Surrey.

A further A. H. Bygott Scholarship for 1949-50 (see *Journal*, Aug. 13, p. 393) has been awarded to Wilfred Charles Turner, M.B., B.S.

The Sir William Dunn Scholarship of the value of £100 for one year, which is awarded annually on the results of the second examination for medical degrees (internal and external) held in March, has been awarded, for 1949, to Charles John Edmonds (University College), who proposes to proceed to the B.Sc. (Special) degree in physiology.

Awards of medical entrance scholarships and exhibitions have been made on the results of the London Inter-Collegiate Scholarships Board examination, as follows: *Medical Scholarship*, Miss M. A. Clark (University College). *Bucknill Scholarship*, D. B. Thomas (University College). *Medical Exhibition*, R. Radford (University College). *Sambrooke Scholarship*, R. Conroy (King's College). *Mrs. George M. Smith Scholarship*, Miss M. Y. K. Armstrong (Royal Free Hospital School of Medicine). *Mabel Sharman-Crawford Scholarship*, Miss K. M. Barber (Royal Free Hospital School of Medicine).

INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended Aug. 6.

Figures of Principal Notifiable Diseases for the week and those for the corresponding week last year, for: (a) England and Wales (London included). (b) London (administrative county). (c) Scotland. (d) Eire. (e) Northern Ireland. *Figures of Births and Deaths, and of Deaths recorded under each infectious disease, are for:* (a) The 126 great towns in England and Wales (including London). (b) London (administrative county). (c) The 16 principal towns in Scotland. (d) The 13 principal towns in Eire. (e) The 10 principal towns in Northern Ireland. A dash — denotes no cases; a blank space denotes disease not notifiable or no return available.

Disease	1948					1947 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever ..	19	—	18	3	—	40	2	20	3	—
Deaths	—	—	1	—	—	3	—	—	—	—
Diphtheria	89	7	26	2	3	107	13	28	6	—
Deaths	1	—	—	—	—	1	—	—	—	—
Dysentery	45	5	81	—	1	111	12	30	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Encephalitis lethargica, acute	—	—	—	1	—	—	—	2	—	—
Deaths	—	—	—	—	—	—	1	—	—	—
Erysipelas	—	—	11	8	6	—	—	24	4	—
Deaths	—	—	—	—	—	—	—	—	—	—
Infective enteritis or diarrhoea under 2 years	—	—	—	92	—	—	—	—	43	—
Deaths	21	4	4	5	1	23	3	8	1	1
Measles*	3,683	273	71	121	66	6,879	430	52	46	42
Deaths	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum	26	2	8	—	—	44	5	11	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever ..	37	1	(B)	2(B)	1(B)	47	3	3(B)	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Pneumonia, influenzal ..	220	15	2	2	—	363	26	1	2	1
Deaths (from influenza)† ..	4	—	1	—	—	6	2	—	—	—
Pneumonia, primary ..	—	—	103	14	—	—	—	113	21	—
Deaths	94	16	2	5	—	116	17	—	—	6
Polio-encephalitis, acute ..	22	2	—	—	—	5	1	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, acute ..	164	29	10	3	—	38	3	4	2	5
Deaths§	12	1	—	—	—	4	—	—	—	—
Puerperal fever	—	—	6	—	—	—	—	10	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Puerperal pyrexia ..	78	6	12	—	—	135	10	7	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Relapsing fever	—	—	—	—	—	—	—	—	—	—
Scarlet fever	854	45	134	41	28	848	49	134	29	21
Deaths†	—	—	—	1	—	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Typhoid fever	5	—	1	9	2	10	—	—	4	—
Deaths	—	—	—	—	—	—	—	—	—	—
Typhus fever	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Whooping-cough*	1,566	74	43	67	85	3,185	263	11	79	12
Deaths	4	—	—	—	—	6	1	—	—	—
Deaths (0-1 year)	198	31	29	11	6	247	41	40	—	9
Infant mortality rate (per 1,000 live births) ..	—	—	—	—	—	—	—	—	—	—
Deaths (excluding still-births)	3,632	563	465	135	103	3,586	584	517	—	84
Annual death rate (per 1,000 persons living) ..	—	—	9.3	8.4	—	—	—	10.4	—	—
Live births	7,121	1161	868	356	219	7,586	1242	939	—	242
Annual rate per 1,000 persons living ..	—	—	17.4	22.1	—	—	—	19.0	—	—
Stillbirths	169	24	20	—	—	161	19	31	—	—
Rate per 1,000 total births (including stillborn) ..	—	—	23	—	—	—	—	32	—	—

* Measles and whooping-cough are not notifiable in Scotland, and the returns are therefore an approximation only.

† Deaths from measles and scarlet fever for England and Wales, London (administrative county), will no longer be published.

‡ Includes primary form for England and Wales, London (administrative county), and Northern Ireland.

§ The number of deaths from poliomyelitis and polio-encephalitis for England and Wales, London (administrative county), are combined.

|| Includes puerperal fever for England and Wales and Eire.

French Dental Congress

The annual congress of the Confédération Nationale des Syndicats Dentaires will be held on Oct. 3-9 in Paris. Visitors from abroad are invited, and further information may be obtained from the secretary of the congress at 31, Rue Tronchet, Paris, 8^e.

International Society of Medical Hydrology

The annual meeting of the International Society of Medical Hydrology will be held at Dax, Landes, France, from Oct. 9 to 15. Further particulars may be obtained on application to the honorary secretary, Dr. Donald Wilson, "Cranbourne," Southdown Road, Bognor Regis, Sussex.

SOCIETIES AND LECTURES**Monday**

EDINBURGH POSTGRADUATE BOARD FOR MEDICINE.—At Anatomy Lecture Theatre, Edinburgh University, Aug. 29, 4.30 p.m., "Influenza in Perspective," by Dr. C. H. Andrewes, F.R.S.

APPOINTMENTS

MACDOUGALL, IVOR ANDERSON, M.B.E., M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health and School Medical Officer to the County Borough of Bournemouth. (From Feb. 26, 1950.)

PRIESTMAN, AUSTIN, M.B., Ch.B., D.P.H., Temporary Medical Officer of Health, Borough of Richmond and Rural Districts of Richmond, Croft, and Startforth, Yorkshire.

BIRTHS, MARRIAGES, AND DEATHS**BIRTHS**

Galewski.—On August 11, 1949, at Queen Charlotte Maternity Hospital, London, to Anna (née Galin), wife of Dr. Galewski, a daughter.

Rosenvinge.—On August 5, 1949, at Carlton Lodge, Harrogate, to Margaret (née Ogden), wife of Dr. Gerald O. Rosenvinge, of 35, Hookstone Drive, Harrogate, a brother for Louise and Stephen—Henry Paul.

MARRIAGE

Marciniec—Macfarlane.—On August 13, 1949, in London, Antoni Marciniec, Captain P.R.C., to Laura Helen Macfarlane, M.D., D.O.M.S.

DEATHS

Blampied.—On August 15, 1949, at Seymour Cottage, La Rocque, Jersey, Harold John Blampied, M.B., B.S., aged 56.

Chissell.—On August 15, 1949, at Middlesex Hospital, Gordon Frank Chissell, M.R.C.S., L.R.C.P., aged 53.

Gater.—On August 10, 1949, at Brighton, Horace James Gater, L.M.S.S.A., of Santos, Little Crescent, Rottingdean, Sussex, formerly of Peckham.

Green.—On August 19, 1949, Philip Withers Green M.R.C.S., L.R.C.P., of 5, Cheyne Gardens, Chelsea, London, S.W.

Hollings.—On August 13, 1949, Guy Bertram Hollings, M.D., F.R.C.S.Ed., of Torrington House, Berkhamsted, Herts.

Jackson-Taylor.—On August 18, 1949, Basil John Francis Jackson-Taylor, M.R.C.S., L.R.C.P.

Jameson.—On August 20, 1949, at 95, Bouverie Road, Folkestone, Archibald Douglas Jameson, M.R.C.S., L.R.C.P., Lieutenant-Colonel, R.A.M.C., Ret., aged 71.

Laidlaw.—On August 9, 1949, at 109, Grantchester Meadows, Cambridge, Janet Young Laidlaw, M.B., B.S., aged 66.

Leggat.—On August 8, 1949, at Wellington, New Zealand, Alexander Gordon Leggat, D.S.O., T.D., M.B., Ch.B., D.P.H., of Monkwood, Newbury.

Littlewood.—On August 1, 1949, at "Highfields," Woodhouse Road, Mansfield, Samuel Littlewood, M.B., B.S., aged 64.

Lyle.—On August 2, 1949, at "Moyle," Belmont, Road, Belfast, William Lyle, M.B., B.Ch., B.A.O., M.P., aged 78.

Newfield.—On August 13, 1949, at Buck's House, Great Bardfield, Essex, Maurice Newfield, M.R.C.S., L.R.C.P., aged 55.

Owen.—On August 19, 1949, at Royal White Hart Hotel, Beaconsfield, Daniel Stanley Owen, L.S.A., late of Langford House, Higham Hill, Walthamstow, London, E.

Paterson.—On August 2, 1949, George William Murray Paterson, F.R.C.S.Ed., of 84, Oswald Road, Scunthorpe, Lincs.

Ramsay.—On July 26, 1949, at Edinburgh, James McAlister Ramsay, L.R.C.P.&S.Ed., L.R.F.P.S.Glas., of 11, Brucehaven Crescent, Limekilns, Fife.

Scott.—On August 16, 1949, at Hill Crest, Sileby, Leics, Alexander Scott, M.B., Ch.B.

Steven.—On August 9, 1949, at "Ardglass," Lochgoilhead, George Henry Steven, M.B., Ch.B.

Stone.—On August 17, 1949, at Sedgewood, Vittoria Walk, Cheltenham, Charles Ainslie Stone, M.B., B.Ch., aged 70.

Symons.—On August 18, 1949, at 17, Boscombe Spa Road, Bournemouth, Annie Dorothea Symons, M.R.C.S., L.R.C.P.

Warwick.—On August 21, 1949, at the Middlesex Hospital, London, W., William Turner Warwick, F.R.C.S., of Fitzroy Farm Cottage, Highgate, London, N.

White.—On August 4, 1949, in Guernsey, Digby Cooke White, M.D., aged 81.

Whitelaw.—On August 14, 1949, at Osborne House, Bathampton, Bath, James Charles Graham Whitelaw, M.B., B.Chir., aged 43.

Willoughby.—On August 13, 1949, at St. Bartholomew's Hospital, London, William George Willoughby, M.D., of 17, Hartfield Square, Eastbourne, aged 83.

Wills.—On July 30, 1949, at Bath, James Tremlett Wills, M.B., B.Ch., aged 78.

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.

Hypertension and Pregnancy

Q.—*A married woman aged 26 is anxious to have another child if it is not likely to damage her health. During her first pregnancy, which ended in a live birth, she suffered from high blood pressure. In the 32nd week of her second pregnancy her blood pressure was 145/95 mm. Hg; there was oedema of the ankles but no albuminuria. At the 36th week she went into labour and was delivered of a stillborn child weighing 3 lb. (1,360 g.) and an unhealthy, small, infarcted placenta. There were no foetal abnormalities. Her blood pressure is now 135/85 mm., and there is no albuminuria. What advice should I give her about another pregnancy?*

A.—The history suggests a diagnosis of essential hypertension rather than a recurrent pre-eclamptic state, and this despite the fact that the blood pressure is not much raised at present. Is there any family history of vascular disease? If this diagnosis is correct, it seems likely that another pregnancy will also be complicated by an exacerbation of the hypertension and possibly by albuminuria in the later weeks. In such event there is also an appreciable chance that the woman might be left with a persistently raised blood pressure. Although it is not inevitable, the next foetus is likely to be poorly developed, and its live birth could not be guaranteed. These points should be put to the patient, but it is doubtful whether the risks are grave enough to justify advising her not to embark on another pregnancy. It would, however, be wise for her not to try to conceive until two years after the last confinement, and at that time estimations of blood pressure and renal function should be made. During the next pregnancy she should rest for regular periods each day and should be kept under the closest observation. A rise in blood pressure or the appearance of albumin in the urine would call for her admission to a well-equipped maternity hospital, and in the interest of both mother and child premature termination of pregnancy might be necessary. The method of termination could be decided according to the circumstances present at the time, but caesarean section under local analgesia has its place in some of these cases.

Blood Circulation Time

Q.—*The fact that sodium dehydrocholate, when injected intravenously, gives rise to a bitter taste on the tongue has been utilized to determine the arm-tongue circulation time of the blood. The interval between the injection into a vein of the arm and the moment a bitter taste is experienced is generally reckoned to be from eleven to nineteen seconds. Over a similar distance—from a vein in the antecubital fossa to the olfactory nerve—by using a solution of sodium penicillin I have lately demonstrated a circulation time of eight seconds or less. Perhaps this is because the olfactory sense organ is more quickly stimulated. I should like to know wherein lies the flaw, as the figure arrived at by this method is only about half that generally accepted.*

A.—Determination of the circulation time, usually measured from the arm to the tongue, is a very complex affair. A high concentration of sodium dehydrocholate is produced in the veins of the arm into which the injection is made. This concentration, however, is considerably diluted in the great veins and in the right heart. Furthermore, rates of blood-flow through the different parts of the lung vary somewhat, and by the time the systemic arteries are reached the injected substance has been considerably diluted. The concentration in arterial blood begins to rise about the 9th to 12th second after injection, reaches a peak in 14 seconds, and thereafter