

popular among alkaloid chemists. Dr. Henry has always kept close to experimental details, so that in this comprehensive work he has found space to remark that strychninolone crystallizes in "glistening prisms" and berberal in "colourless glancing leaflets." He has the delight of the craftsman in his subject; just as the carpenter caresses a fine piece of wood with his hands, so Dr. Henry's pen cannot resist a tribute to a beautifully crystalline substance.

A final word must be given about the reference lists which are distributed throughout the work. In many years' use of earlier editions I have never found a reference inaccurately quoted, and study of one or two lists in the present edition has shown no important reference to be omitted.

H. R. ING.

MONOGRAPH ON RHEUMATISM

Manuel Pratique de Rhumatologie. By Professor Gunnar Kahlmeter. (Pp. 134; illustrated. No price.) Paris: Expansion Scientifique Française (23, Rue du Cherche-Midi).

Many English readers will welcome this French translation of Kahlmeter's manual of the rheumatic diseases. They will find a simple and unpretentious little book, written with a brilliant power of clinical exposition and lucid argument. There are no references, for this is Kahlmeter's thought and experience; there is no index, for this is a book to read, not a work of reference.

The important chapters are those on acute rheumatism and rheumatoid arthritis. The author regards them as closely related conditions, and argues the matter so well as to be almost convincing. Discussing the aetiology of rheumatoid arthritis, he inclines to the hypothesis of "allergy," but by this he means a specific mode of reaction to a number of causal agents. "Lorsque, dans la théorie allergique moderne," he writes, "on fait usage du mot *allergie*, ce mot doit être pris, non dans son sens original, mais plutôt dans celui de 'mode spécifique de réaction.'" This simply will not do. It is as if a chemist should write, "Sodium chloride is to be taken as meaning anything with a salty taste." Allergy has a precise meaning, which is not "a specific mode of reaction," and it is not open to Professor Kahlmeter or anyone else to tamper with the meaning of scientific terminology.

There are concise descriptions of "infective pseudo-rheumatism" (the nomenclature throughout is that most familiar to French readers); of osteoarthritis; of spondylitis; of rheumatism of the menopause; of tendinitis and bursitis; and a less satisfactory chapter on myalgia.

The author's experience in therapeutics is of particular interest. It is refreshing to find due attention given to medicinal measures, for we in this country rely far too much on physiotherapy, but it is surprising to read that the author has found colchicine of value in rheumatoid arthritis and in rheumatism of the menopause. After reading his warm advocacy of x-ray therapy in rheumatoid arthritis, bursitis of the shoulder, and tendinitis, especially that associated with osteoarthritis of the hip and knee, English readers may feel that a more extended trial of the method should be made in this country.

KENNETH STONE.

Dr. Lowrain E. McCrea's *Clinical Urology* (second edition; pp. 503; 263 illustrations, 7 in colour; \$6.50; Philadelphia: F. A. Davis Company, 1948) is an excellent book, and the first edition, which appeared in 1946, met with great success. It is written for practitioners, and its object is to tell them what the diagnosis is likely to be, how the patient should be treated, and the best means of carrying out this treatment. Not a word is wasted, and when words can be reduced in number by the use of an illustration the illustration is provided. The plates and diagrams are of high standard, and merely by looking at them a tired general practitioner at the end of a long day's work could obtain a good knowledge of urology. A book which lays down rather than discusses methods of treatment must necessarily be dogmatic, but dogmatism here is not obtrusive; the author only states that the methods he prescribes are those that have given the best results in his own experience. It is perhaps necessary to add that the paper, the printing, and the general production are such as one would expect from a country where publishers have not been handicapped by the austerities produced by the war.

BOOKS RECEIVED

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

Varicose Veins. By R. Rowden Foote, M.R.C.S., L.R.C.P., D.Obst. R.C.O.G. (Pp. 226. 32s. 6d.) London: Butterworth. 1949.

Modern Practice in Anaesthesia. Edited by F. T. Evans, M.B., B.S., F.F.A.R.C.S., D.A. (Pp. 606. 50s.) London: Butterworth. 1949.

Collected Papers of the Mayo Clinic and the Mayo Foundation. Edited by R. M. Hewitt, B.A., M.A., M.D., and others. Vol. 40. (Pp. 918. 55s.) Philadelphia and London: Saunders. 1949.

Masochism in Modern Man. By T. Reik. (Pp. 439. 25s.) New York: Farrar, Strauss. London: George Allen and Unwin. 1949.

Understand Your Diabetes. By J. W. Caldwell, M.D. (Pp. 145. 7s. 6d.) Toronto: Oxford University Press. London: Geoffrey Cumberlege. 1949.

Les Lipides. (Pp. 399. 1,000 francs.) Paris: Éditions du Centre National de la Recherche Scientifique. 1949.

Les Méthodes Statistiques dans l'Expérimentation Biologique. By P. L'Héritier. (Pp. 93. 400 francs.) Paris: Centre National de la Recherche Scientifique. 1949.

Unités Biologiques Douées de Continuité Génétique. (Pp. 205. 1,000 francs.) Paris: Centre National de la Recherche Scientifique. 1949.

Le Trincee Cliniche della Tonsillectomia. By G. Calderoli. (Pp. 78. No price.) Bergamo: Carrara. 1948.

Sexual Freedom. By R. Guyon. (Pp. 344. 16s.) London: John Lane, The Bodley Head. 1949.

Neurology. By R. R. Grinker, M.D., and P. C. Bucy, M.D. 4th ed. (Pp. 1,138. 63s.) Oxford: Blackwell Scientific Publications. 1949.

Aids to Forensic Medicine and Toxicology. By W. G. Aitchison Robertson, M.D., F.R.C.P.Ed. Edited by J. H. Ryffel, B.Sc., F.R.I.C. 12th ed. (Pp. 170. 4s. 6d.) London: Baillière, Tindall and Cox. 1949.

Leptospirosis. By A. A. Ayala. (Pp. 201. No price.) Barcelona: Ediciones Byp. 1949.

Notes on the Theory of Dental Surgery. By N. Black, L.D.S. R.C.S. (Pp. 168. 12s. 6d.) London and New York: Staples Press. 1949.

Fractures and Dislocations in General Practice. By J. Hosford, M.S.Lond., F.R.C.S. 2nd ed. revised by W. D. Coltart, M.B., B.S.Lond., F.R.C.S. (Pp. 290. 21s.) London: H. K. Lewis. 1949.

Discoverers for Medicine. By W. H. Woglom, M.D. (Pp. 229. 18s.) Yale: University Press. London: Cumberlege. 1949.

Orthopädische Gymnastik. By G. Hohmann and L. Jegal-Stumpf. 2nd ed. (Pp. 124. M. 8.70.) Stuttgart: Georg Thieme. 1949.

Pharmaceutical Emulsions and Emulsifying Agents. By L. M. Spalton, B.Pharm.Lond., M.P.S. (Pp. 132. 5s.) London: The Chemist and Druggist. 1949.

Handbook for the Identification of British Insects. Diptera. Vol. 9. Part I. By H. Oldroyd. (Pp. 49. 7s. 6d.) London: Royal Entomological Society of London. 1949.

Die Chirurgische Abteilung des Burgerspitals Basel zur Zeit der Antiseptik. By G. Reichen. (Pp. 107. No price.) Aarau: Sauerländer. 1949.

The Trend of Scottish Intelligence. Sponsored by the Population Investigation Committee and the Scottish Council for Research in Education. (Pp. 151. 7s. 6d.) London: University of London Press. 1949.

Medical Notes in Parliament

Imported Books

During the special sittings of Parliament Mr. HAROLD WILSON made a statement on September 29 in the House of Commons about the relaxation of import restrictions. He announced the issue, as from October 5, of open general licences which would permit anyone to import the goods concerned without an import licence from any country other than those specifically excluded. He circulated a list of goods to be included on open general licences, which specified chemicals, drugs, and medicines, with various medical, surgical, and dental appliances and instruments. Books were also on the list; and from October 5 an open general licence would be issued for all imports of books from "soft currency" countries. Countries excepted from the scope of open general licences include the United States, Canada, countries in Central and South America, Belgium, Switzerland, Western Germany, the U.S.S.R., and European countries associated with it. On September 27 Mr. M. C. HOLLIS had raised the question of the licensing of the import of books. He said that as a result of this licensing the country's educational life had suffered. Frequently pupils had been told to read for examinations books which were not obtainable in this country. Scientific work had been hampered. Since by the loan agreement Britain must not discriminate against the Americans, it must exclude all works from every country so that the Americans did not have a grievance. If they could not have unlicensed import of books from the United States of America, at least they should have a free import of books from Europe, Eire, and the Dominions.

Mr. KENNETH LINDSAY said almost every country represented at the Strasbourg Assembly had similar quotas and restrictions to Great Britain. European unity should be made a reality at least in the world of books.

Mr. A. G. BOTTOMLEY, replying for the Government, said that as a result of the Anglo-American Loan Agreement they could not allow books to come into this country which they prohibited from the United States. Learned scientific and technical books were allowed in at the rate of 200% by value of pre-war imports. Import licences were issued quarterly, and the Government was arranging that for the next quarter the same ratio as before would come in. In addition, by the open general licence scheme any student who required a certain book could get it, although in some cases delay was unavoidable. The import of books from the United States must be limited. The Government could not consider taking anything further from the United States.

Medico-Legal

DRUGS LEFT IN CAR

A doctor was recently fined £10 for keeping dangerous drugs other than in a locked receptacle.¹ He had pleaded guilty. The prosecution contended² that the doctor's case had been found with some of its contents strewn on the ground. The case was taken to the police and was found to be unlocked. There was no sign of the lock having been tampered with. Among the contents missing were some tablets of pethidine and some morphine preparations.

The defence said that all the drugs were recovered immediately and no harm had been caused to anybody. The only person who could report the loss of dangerous drugs from a doctor's car was the doctor himself. If doctors were to be rewarded for reporting their loss to the police by being prosecuted, they would be discouraged from reporting it. The magistrate said that a serious case had been aggravated by the doctor leaving the unsecured drug case in his unlocked car.

¹ *Bristol Evening World*, July 12.

² *Bristol Evening Post*, July 12.

Universities and Colleges

UNIVERSITY OF ABERDEEN

At a medical graduation ceremony on September 28 the following degrees were conferred:

M.D.—*G. S. Riddell, W. F. Russell.
M.B., Ch.B.—*W. I. Cranston, †J. G. Henderson, †G. G. Mathieson, †W. W. Wilson, B. C. Abernethy, Isobel B. Alexander, J. Barron, A. A. W. Boyd, Katharine McE. Brodie (née Le Roux), Margaret McG. Chrystall, F. Clark, I. McI. Cochran, W. Cochran, I. A. Cook, F. T. Crossling, H. J. Crow, G. MacG. Davidson, Jean L. Davidson, Kathleen M. Dawson, B. W. Duthie, E. A. Fox, A. B. Fraser, D. E. Fraser, D. MacL. Fraser, Doreen M. M. Gove, R. B. Gove, A. Hird, J. D. Hunter, J. C. S. Jeffrey, Jean D. Jockel (née Troup), F. F. Kinnaird, J. Knowles, I. H. Lewis, A. Lorimer, A. McK. McGregor, J. A. McGregor, Yvonne M. H. McGregor, Mairi E. Macleod, D. K. McTaggart, W. G. C. Manson, A. T. Mennie, R. S. W. Middleton, C. Miller, Frances F. Milne, G. A. W. Milner, R. W. Milner, N. Murray, W. D. Nicholson, Helen R. Phemister, J. W. Price, P. E. Rixon, J. Rose, Catherine I. M. Ross, R. G. Ross, W. A. Ross, G. S. Selbie, R. McK. Sinclair, R. A. Smith, Eileen M. Spence, Doris L. Stephen, G. S. Stirling, Isobel R. S. Troup, R. G. Troup, Margaret F. Tweddle, D. C. Watler, G. L. Watt, Kathleen M. Watt, A. A. Will, G. A. Wood, Constance M. Yule (née Pole), R. M. Yule.

*With honours. †With commendation.

UNIVERSITY OF LONDON

A course of three lectures on "The Chemistry of the Transuramics and Other Newly Discovered Elements" will be given by Professor H. J. Emeléus, F.R.S., at the University College (Chemistry Theatre), Gower Street, London, W.C., on Mondays, October 31, November 7 and 14, at 5.15 p.m.

Mr. A. J. Wright, Director of Medical Postgraduate Studies in the University of Bristol, will deliver the Semon Lecture on "Tonsillar Function: A Review of the Evidence" at the Royal Society of Medicine, 1, Wimpole Street, London, W., on Thursday, November 3, at 5 p.m.

Professor J. Z. Young will deliver two lectures on "The Structure of Peripheral Nerve" at University College, Gower Street, London, W.C., on Mondays, October 10 and 17, at 5.15 p.m.

A course of three lectures on "Growth and Reproduction of Bacteria" will be delivered by Sir Paul Fildes, F.R.S., in the Anatomy Theatre of University College, Gower Street, W.C., on October 19, 20, and 21, at 5.30 p.m.

Sir James Learmonth, Professor of Surgery and Clinical Surgery in the University of Edinburgh, will deliver a course of four Heath Clark Lectures at the London School of Hygiene and Tropical Medicine, Keppel Street, Gower Street, W.C., on November 21, 22, 23, and 24, at 6 p.m. His subject is "The Contribution of Surgery to Preventive Medicine."

All the above lectures are addressed to students of the University and to others interested in the subjects. Admission is free, without ticket.

UNIVERSITY OF WALES

The Council of the Welsh National School of Medicine has appointed Frederick Roland George Heaf to the David Davies Professorship of Tuberculosis at the school.

Dr. Heaf qualified at St. Thomas's Hospital in 1918, taking the Cambridge degree two years later. He proceeded M.D. in 1923 and was elected F.R.C.P. in 1946, having taken the Membership in 1941. Dr. Heaf is Senior Medical Officer, London County Council, Adviser in Tuberculosis to the Ministry of Health, and president of the British Tuberculosis Association.

UNIVERSITY OF LIVERPOOL

The following candidates have been approved at the examination indicated:

FINAL M.B., Ch.B.—Part I: Hilary A. Hagan, J. A. Howe, W. R. Howell, H. G. McDonald, Angela M. M. Manning, T. W. Merrick, J. B. Newton, E. Patrick, J. W. Prout, Megan Roberts, D. Winter.

UNIVERSITY OF SHEFFIELD

The following candidates have been approved at the examinations indicated:

M.D.—Helen N. Mellanby, E. L. M. Millar.
FINAL M.B., Ch.B.—Daphne Burkinshaw, Nancy Cole, J. D. Crabtree, P. Kelly, Barbara Kilpatrick, P. O. M. McGirr, S. Mohamedi, F. L. Myers, G. H. Pagdin, Kathleen Sampson.

Tuesday

INSTITUTE OF DERMATOLOGY, 5, Lisle Street, Leicester Square, London, W.C.—October 11, 5 p.m., "*Histology of the Skin*," by Dr. I. Muende.

INSTITUTE OF OBSTETRICS AND GYNAECOLOGY.—At Postgraduate Medical School of London, Ducane Road, W., October 11, 3 p.m., "*Problems of Infertility in a County Centre*," by Dr. Margaret Jackson.

SOCIETY OF CHEMICAL INDUSTRY: FINE CHEMICALS GROUP.—At Royal Institution, Albemarle Street, London, W., October 11, 7 p.m., "*Biological Polymerization with Special Reference to Polysaccharide Synthesis*," by Professor M. Stacey, Ph.D., D.Sc.

Wednesday

GLASGOW UNIVERSITY: DEPARTMENT OF OPHTHALMOLOGY.—October 12, 8 p.m., "*Control of Clotting in Ophthalmology*," by Dr. W. O. G. Taylor.

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS, 58, Queen Anne Street, London, W.—October 12, 2.30 p.m., "*Scotland's Contribution to the Progress of Midwifery in the Eighteenth and Early Nineteenth Centuries*," William Meredith Fletcher Shaw Memorial Lecture by Professor R. W. Johnstone.

SOCIETY OF CHEMICAL INDUSTRY: FOOD GROUP.—At Medical Society of London, 11, Chandos Street, Cavendish Square, London, W., October 12, 6.15 p.m., meeting of Microbiological Panel. "*Aspects of the Mineral Metabolism of Micro-organisms*" (1) *Use of Aspergillus niger for the Determination of Mineral Nutrients in Soil*, by Dr. D. J. D. Nicholas; (2) *Effect of Ion Exchange Treatment on (a) Composition, (b) Microbiological Stability of Apple Juice*, by Drs. D. W. Challinor and A. Pollard.

YORK MEDICAL SOCIETY.—At Tempest Anderson Hall, York, October 12, 3 p.m., "*New Pathways in Medicine*," by Sir Henry Cohen.

Thursday

INSTITUTE OF DERMATOLOGY, 5, Lisle Street, Leicester Square, London, W.C.—October 13, 5 p.m., "*Skin Affections of the Hands and Feet*," by Dr. G. B. Mitchell-Heggs.

NATIONAL HOSPITAL, Queen Square, London, W.C.—October 13, 5 p.m., "*Diagnostic Errors in Neurological Practice*," by Professor G. H. Monrad-Krohn (Oslo).

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL, Hyde Park Corner, London, S.W.—October 13, 4.30 p.m., lecture-demonstration: "*Psychiatry*," by Dr. D. Curran.

WESTMINSTER HOSPITAL SCHOOL OF MEDICINE, Meyerstein Lecture Theatre, Horseferry Road, London, S.W.—October 13, 5.30 p.m., Clinico-pathological demonstration. Discussion: "*Leukaemia and its Treatment*."

Friday

ROYAL INSTITUTE OF PHILOSOPHY, 14, Gordon Square, London, W.C.—October 14, 5.15 p.m., "*Scope and Aims of 'Synoptic Philosophy'*," by Professor H. H. Price.

ROYAL SANITARY INSTITUTE.—At Tunbridge Wells Town Hall, October 14, 10 a.m., "*Newer Methods in the Tracing of Typhoid Outbreaks Including the Value of Phage Typing*," discussion to be opened by Professor J. C. Cruickshank.

Saturday

NORTH OF ENGLAND OTOLARYNGOLOGICAL SOCIETY.—At Harrogate and District General Hospital, Knaresborough Road, Harrogate, October 15, 2 p.m., Annual Meeting.

NUTRITION SOCIETY.—At Department of Pharmacology, Birmingham University, October 15, 1.15 p.m., "*Triglyceride Fats in Human Nutrition*," by Professor A. C. Frazer, Drs. J. Elkes and J. M. French (Department of Pharmacology, Birmingham University), Professor T. P. Hilditch (Department of Industrial Chemistry, Liverpool University), and Professor P. Kraut (Berlin).

YORK MEDICAL SOCIETY.—At 17, Stonegate, York, October 15, 8.30 p.m., "*Diagnosis and Prevention of Whooping-cough*," by Professor Robert Cruickshank.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Cole.—On September 17, 1949, at City and County Hospital, Londonderry, to Nancy (née Jones), S.R.N., wife of J. O. Y. Cole, M.D., D.M.R.E., a son—David Owen James.

Hargrove.—On September 23, 1949, at the Hill Nursing Home, Reading, to Elizabeth (née Corbett-Lowe), wife of Dr. Peter Hargrove, a daughter—Gillian Dingwall.

Hopwood.—On September 20, 1949, at Kampala, Uganda, to Shirley (née Newman), wife of Dr. B. E. C. Hopwood, a brother for Penelope Ann—John Burton.

Lewes.—On September 24, 1949, at The Haven, Great Chesterford, to Daphne (née Wallies) and David Lewes, M.R.C.P., a daughter—Jane Christina.

Ronchetti.—On September 18, 1949, at Winchmore Hill, to Sylvia (née Heime), wife of Dr. John Ronchetti, a sister for John Kirkland.

MARRIAGES

Brearley-Hewitt.—On September 8, 1949, at Sandiway, Cheshire, Roger Bearley, M.B., F.R.C.S., to Joyce Mary Hewitt.

Webber-Hay.—On September 28, 1949, at St. Peter's Church, March, Cambs, George Edward Francis Webber (formerly of Buenos Aires and India) to Hilda Russell Hay, M.B., Ch.B., D.P.H., County Medical Officer, Isle of E'y.

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.

Streptomycin during Pregnancy

Q.—Is there any evidence that administration of streptomycin during pregnancy is likely to result in labyrinthine damage to the foetus?

A.—The answer to this question is probably not yet known, because comparatively few women have received streptomycin during pregnancy. Moreover, streptomycin has been available for only a short time, and it will presumably be necessary to wait until children exposed to its influence *in utero* are 1½ to 2 years old before their auditory function can be assessed with any degree of certainty. Streptomycin can cross the placenta, and has been demonstrated in the foetal blood in amounts comparable to those in the maternal circulation, and also in liquor amnii in heavy concentration; toxic effects might therefore be expected. On the other hand, there is some evidence that damage to the auditory apparatus is a less common side-effect in children than in adults.

This problem would appear to be of considerable importance, and it is to be hoped that those who have experience of administering streptomycin to pregnant women will comment on the results to the foetus, if possible relating them to the period of pregnancy at which treatment was given.

Temperature and Pulse Rate in Phthisis

Q.—Above what levels of oral temperature and resting pulse rate is activity indicated in a patient with pulmonary tuberculosis (a) when resting in bed and (b) when getting up?

A.—The variations which can occur in the so-called normal temperature in health are greater than is generally realized. A diurnal variation of 3° F. (1.6° C.) is common, and the temperature range is at different levels in different individuals. Thus, one healthy subject may have a daily variation between 97.2° and 99.2° F. (36.2° and 37.3° C.), while another's may be between 95° and 98° F. (35° and 36.7° C.). These facts, which have been fully described recently by Samson Wright (*Journal*, April 9, 1949, p. 610), are of great importance when evaluating the temperature of a tuberculous patient. It is necessary first to estimate the normal range for the particular individual, since a rise to 99° F. (37.2° C.) in a patient with a high normal range may be of no significance, whereas it may indicate fever in a patient with a low normal range. In general, it may be said that a reading above 99.5° F. (37.5° C.) in a patient who is resting in bed probably indicates disease activity. The temperature must be taken at the same times each day, and these should not be after meals: the thermometer must always remain in the mouth for a full five minutes to obtain an accurate reading. Allowance must be made for the considerable variations in temperature which accompany the menstrual cycle in most women. Occasionally a patient who has been in bed for some time will have an evening temperature of about 100° F. (37.8° C.), and this will come down to a lower level when the patient starts to get up. Such a "bed temperature" is by no means uncommon. When the patient is up and about, other factors, such as variations in external temperature and muscular exercise, will alter the temperature range. A rise in temperature of 1° F. (0.55° C.) after exercise is not uncommon, but this should settle down after half an hour's rest.

The pulse rate is a less reliable guide. Usually it follows the temperature, but it is much more easily affected by nervousness. A persistent tachycardia should lead one to suspect activity of the disease; wide variations in the pulse rate are probably due to psychological causes. It must be stressed that both temperature and pulse rate are far inferior to serial radiography in assessing the progress of a case of pulmonary tuberculosis. X rays not infrequently reveal active disease in a patient who is afebrile.