

do at present. It is not a difficult technique, and in its ordinary applications demands no great knowledge of psychiatry. The use of hypnosis in psychotherapy would require training and experience, but is a highly specialized field of application. Probably the easiest method by which acquaintance with the technique could be obtained would be by making the first trials not with adults but with children. The author has some useful guidance to give about the management of suggestion in its simplest forms, and suggestion is constantly given by any competent practitioner in his daily handling of patients.

ELIOT SLATER.

### TEXTBOOKS FOR HEALTH VISITORS

*Health Visiting.* By Margaret McEwan, M.B.E., S.R.N., S.C.M. (Pp. 383; 5 charts. 18s.) London: Faber and Faber. 1951.

*Textbook for Health Visitors.* By Llywelyn Roberts, M.D., M.R.C.P., D.P.H., Beryl Corner, M.D., M.R.C.P., and I. G. Davies, M.D., M.R.C.P., D.P.H. (Pp. 551; illustrated. 21s.) London: Baillière, Tindall and Cox. 1951.

Two textbooks on the same subject, with bindings of similar hue, "drop like the fruits of the tree" into the lap of the health visitor more or less simultaneously. One such textbook has been much needed; two represent not a surfeit but a sufficiency; both will be welcomed in particular by health-visitor tutors and their students and by public health nurses generally.

Miss McEwan has brought her wide knowledge and experience in the training of health visitors to the task of writing a book which is modestly claimed to be an introduction to the work of the health visitor. It is much more than that: it is a storehouse of reliable information and sound comment which is easy to read and will take the health visitor student a long way in her heavy course of training, and she will wish to keep it by her when she is fully fledged. The section on the history of health visiting is sound and concise, and the various types of administrative authorities are clearly described. The bibliography is most helpful and the index well selected and accurate. Social legislation is interpreted simply and skilfully.

Three members of the Royal College of Physicians have combined to produce a larger and more comprehensive textbook designed for the health visitor in training and other health workers. It is well written, and the publishers are to be congratulated on the attractiveness of the format. There are numerous plates, charts, and diagrams—all well done. The chapter on infectious diseases is as useful as it is extensive, and those on the management of the baby and infant feeding are clear and practical. Food and the principles of dietetics are also well discussed, and I know of nothing better for rapid and easy reference in these rather extensive subjects. This excellent textbook is unfortunately marred by an index which, subjected to random sampling, all too soon revealed some irritating errors. And somehow "voluntary patient" has been substituted for "temporary patient" in a section of an interpretation of mental treatment legislation—certainly confusing and probably misleading to most readers.

Neither book covers completely the syllabus for the health visitors' examination, nor could either be regarded as a complete work of reference on the subject of health visiting. But it is doubtful whether any single textbook could cover the ground completely and still remain readable and within reasonable compass. In subsequent

editions the authors of these textbooks would be well advised to consider the advantage of discussing much more extensively the principles of teaching, in order to help the health visitor to become a good health educator. Both books are to be commended, and social workers will read them with profit and keep them as worthy additions to their library.

C METCALFE BROWN.

### SIR HENRY THOMPSON

*The Versatile Victorian.* Being the Life of Sir Henry Thompson, Bt., 1820-1904. By Zachary Cope, M.D. (Pp. 179; illustrated. 12s. 6d.) London: Harvey and Blythe. 1951.

In his account of Sir Henry Thompson, Mr. Zachary Cope has produced a brilliant study of the social and medical world of the Victorian era, and of a man whose versatility resulted in a life of extraordinary interest. The author was fortunate in having at his disposal a large amount of material left by Thompson, practically constituting a detailed diary of the whole of his life, and he has made such admirable use of it that the result has all the interest of an autobiography. Born in 1820 and living in full vigour to the age of 84, Thompson covered a very remarkable period, and in the great progress of surgery in that period he had an ample share. Among his patients he numbered the King of the Belgians and Napoleon III, and he was the intimate and valued friend of successive members of our own royal family. Moreover, in a society which is now, alas, only a memory, he was an artist of some distinction and a social leader in the world of art and science.

We would congratulate the author on having found a subject so peculiarly suited to his own genius and on the production of a study fascinating from so many aspects. He has supplied a really valuable addition to our knowledge of an important period, and he has given us a story to which for variety of interest it would be difficult to find a parallel.

HENRY SOUTTAR.

### BOOKS RECEIVED

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

*A Laboratory Guide to the Anatomy of the Rabbit.* By E. H. Craigie. (Pp. 113. 21s.) London: Geoffrey Cumberlege. 1951.

*A Pathology of the Eye.* By E. Wolff, M.B., B.S., F.R.C.S. 3rd ed. (Pp. 364. 55s.) London: H. K. Lewis. 1951.

*Heart Disease.* By E. Goldberger, B.S., M.D. (Pp. 651. 70s.) London: Henry Kimpton. 1951.

*The Dentists Register, 1951.* Published by the Dental Board of the United Kingdom. (Pp. 429. 18s.) London: Constable. 1951.

*Studies in Lobotomy.* Edited by M. Greenblatt, M.D., and others. (Pp. 495. 63s.) London: William Heinemann. 1951.

*Disease in Infancy and Childhood.* By R. W. B. Ellis, O.B.E., M.A., M.D., F.R.C.P. (Pp. 695. 42s.) Edinburgh: E. and S. Livingstone. 1951.

*Collected Papers of the Middlesex Hospital Medical School, 1949-50.* London: Middlesex Hospital. 1951.

*Kurzes Lehrbuch der Enzymologie.* By Professor T. Bersin. 3rd ed. (Pp. 274. M. 19.20.) Leipzig: Geest and Portig. 1951.

*Lehrbuch der Chirurgie.* Edited by Professor Gohrbandt and others. Vols. 1 and 2. 10th ed. (Pp. 1,600. M. 98.) Jena: Gustav Fischer. 1951.

## COMING EVENTS

## European Society of Haematology

The Society, under the presidency of Dr. Paul Chevallier, will hold its third congress in Rome, October 3 to 6, at the invitation of the Italian Haematological Society. The programme of topics and speakers will include: Isotopes (John Lawrence, California, U.S.A.), Histochemistry and Modern Microscopy (W. Laves, Germany; H. Lüdin, Switzerland; B. Thorell, Sweden), Reticuloses (Ahlström, Sweden; Van der Meer, Holland; K. Rohr, Switzerland), A.C.T.H. and Cortisone (J. H. Burchenal, U.S.A.), and Coagulation (Jorpes, Sweden; T. Astrup, Denmark). Requests for accommodation and other information should be sent to Dr. H. Torrioli, 24, Via Genoa, Rome, Italy, or to the secretary-general, Dr. Sven Moeschlin, Medical University Clinic, Zurich, Switzerland.

## Pituitary and Adrenal Cortex

A symposium on the influence of the hypophysis and the adrenal cortex on biological reactions, organized by the Swiss Academy of Medical Sciences, will take place in Zurich from September 30 to October 3 immediately after the International Congress of Allergists. Information may be obtained from the president of the Swiss Academy of Medical Sciences, Professor G. Miescher, 43, Zurichbergstrasse, Zurich, 44.

## Mass Radiology Congress

The first international congress will be held in Sondalo (Sondrio) at the Sanatorium-Village, September 1 to 3. The four main sections of the congress will cover social problems of mass x-ray examination, tuberculous chest diseases, non-tuberculous chest diseases, and technical problems. The fee will be 3,000 Italian lire, and full details may be obtained from the Secretariat, Italian Federation for the Control of Tuberculosis, 200, Via Nazionale, Rome.

## 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.

## Tuesday

EDINBURGH POSTGRADUATE BOARD FOR MEDICINE.—At Edinburgh University (Anatomy Lecture Theatre), August 7, 4.30 p.m., "Principles in the Pathology of Arterial Disease," by Professor J. B. Duguid.

## Thursday

HORSE SHOE CLUB.—At Medical Society of London, 11, Chandos Street, Cavendish Square, London, W.C., August 9, 5.30 p.m., annual general meeting. Non-members welcome.

## BIRTHS, MARRIAGES, AND DEATHS

## BIRTHS

Daly.—On July 10, 1951, to Yvette, wife of Anthony Daly, M.D., M.R.C.P., of Little Newcombes, Newton St. Cyres, Devon, a son.  
Laycock.—On July 22, 1951, at Pinner, to Lina (formerly Burges), wife of Dr. J. D. Laycock, a son.

## MARRIAGES

Gray—Muir.—On July 6, 1951, at St. George's Parish Church, Edinburgh, Oliver Peter Gray, M.B., Ch.B., to Marion Findlay Muir, M.B., Ch.B.  
Palmer—Thould.—On June 23, 1951, at St. Peter's, Parkstone, Dorset, David L. Palmer, M.B., B.S., to Patricia J. Thould.  
White—Cottam.—On June 23, 1951, at St. Mary Magdalene's Church, Whiston, Rotherham, Yorkshire, Henry Maxwell White, M.B., Ch.B., to Frances Mary Cottam, M.B., Ch.B.

## DEATHS

Bishop.—On July 21, 1951, at Hob House, Trebetherick, Cornwall, Mary Frances Bishop, L.R.C.P.&S.Ed., aged 87.  
Stewart.—On July 12, 1951, at Colehill, Dorset, Thomas William Stewart, L.R.C.P.&S.Ed., L.R.F.P.S., Lieutenant-Colonel, I.M.S., retired.  
Townend.—On July 15, 1951, at his home, 18, Browning Avenue, Boscombe, Bournemouth, Roy Duncan Morrow Townend, M.R.C.S., L.R.C.P.  
Weekes.—On July 17, 1951, at Ottery St. Mary Hospital, Devon, Henry Holman Weekes, O.B.E., M.D.  
Wright.—On July 17, 1951, at Canford Cliffs, Bournemouth, Frederick Cecil Wright, M.R.C.S., L.R.C.P., D.A., Surgeon Captain, R.N., retired, aged 64.

## 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.

## Rh Incompatibility and Mental Defect

**Q.**—Is it true that children who have been successfully treated for haemolytic disease of the newborn, due to Rh incompatibility, are more likely than other children to suffer from feeble-mindedness?

**A.**—The most obvious brain damage that may follow haemolytic disease of the newborn is that known as "kernicterus." Infants who develop the syndrome of kernicterus and survive usually show not only signs of motor damage but also mental defect. However, of all infants with haemolytic disease of the newborn (if one includes all those born with a positive direct Coombs test) not more than about 5% of the survivors show these signs. Of course, if only those infants who develop moderate or deep jaundice are considered, the incidence of kernicterus is higher.

There is some evidence that infants who do not display the syndrome of kernicterus may nevertheless have very slight cerebral damage, as judged by the intelligence quotient. This evidence comes from the studies of Gerver and Day (*J. Pediat.*, 1950, **36**, 342), who tested a group of apparently normal infants, all of whom had suffered from haemolytic disease of the newborn with jaundice. They found that the intelligence quotient of these infants was about 10% lower than that of their elder siblings. Such a small difference can hardly be described as mental defect.

In summary, then, apart from the rather small risk that an infant with haemolytic disease of the newborn will survive with signs of kernicterus, he is not more likely than any other child to suffer from feeble-mindedness.

## Stellate Ganglion Block for Strokes

**Q.**—I would like to know if injection of the stellate ganglion with procaine or any other substance is practised in this country for the relief of paralysis following cerebral thrombosis or cerebral haemorrhage. If these injections are carried out, what degree of success follows and what is the rationale for this treatment?

**A.**—The treatment of cerebrovascular accidents by stellate ganglion block was introduced by Leriche and Fontaine in 1936 (*Rev. Chir., Paris*, 1936, **74**, 755), and since then it has been used sporadically in this country. It has never, however, gained as much popularity as in the United States or on the Continent.

When thrombosis or embolism occurs in a cerebral artery, there is evidence to suggest that vasospasm plays an important role in the production of local anoxia of the brain and thus of the clinical picture. Relief of this spasm would therefore be expected at least to lessen the adverse effects upon the brain. In addition, it has been suggested that, if the increased intracranial pressure due to cerebral oedema could be reduced by improving venous drainage, this would also favourably influence the outcome.

The cerebral blood vessels are supplied by sympathetic and parasympathetic nerves, the former by way of the stellate and cervical ganglia to the plexus on the internal carotid artery. It has been shown that these fibres exercise some control over the blood vessels within the brain, and if their impulses can be interrupted vasodilatation results. The most convenient method of effecting this is by infiltrating the stellate ganglion on the side of the lesion with 2% procaine solution. Thus the spasm associated with thrombosis and embolism can be relieved and venous drainage increased, and