

The descriptions of the various diseases are well done and cover such matters as distribution, cause, transmission, symptoms, and prevention; while they are devoid of unnecessary detail, their accuracy and clarity have in no way been sacrificed. In other equally admirable chapters the author discusses important general matters such as housing, water supplies, and sewage and refuse disposal. In the chapter on health policies and organization he particularly emphasizes the important part played by administrative officers, who, being the experts on matters of law and tribal custom, can usually assess better than most others the effect of any suggested activities on the minds of the people, and are most likely to be able to win over any suspicious or conservative population. Furthermore, most welfare activities in the Tropics involve several departments—for example, medical, agricultural, veterinary, and educational. The success of any scheme depends on good will and co-operation, and co-operation is more likely to be obtained if all concerned have had some opportunity of acquiring the appropriate background of knowledge. So far as tropical medicine and hygiene are concerned, no book could more concisely and clearly provide such a background than does Dr. Willcocks' work. It can with profit and pleasure be read by all—including doctors, nurses, and medical assistants—who have to deal with the health and welfare problems of tropical peoples, as well as by those for whom it is specifically designed.

F. MURGATROYD.

PHYSIOTHERAPY AND CHILD-BEARING

Physiotherapy in Obstetrics and Gynaecology. (Including Education for Childbirth.) By Helen Heardman, M.C.S.P. Forewords by W. C. W. Nixon, M.D., F.R.C.S., F.R.C.O.G., and Veronica Shand, S.R.N., S.C.M., M.T.D. (Pp. 228; illustrated. 16s.) Edinburgh: E. and S. Livingstone. 1951.

Mrs. Heardman was one of the leading practitioners and teachers of physiotherapy in relation to child-bearing, and it is fortunate that she was able to complete this record of her methods and experience before her recent tragic death in a street accident. It will be welcomed, not only by her own students, but by all those who intend to take up this particular type of work.

The book is written in simple language and is intended primarily for physiotherapists, but it should also prove of great value to all who practise midwifery, no matter whether they be doctor or nurse. It gives the answers to some of the awkward questions likely to be asked by the modern expectant mother—who has usually heard tell of mental and physical preparation for childbirth. It is mostly concerned with antenatal and postnatal exercises, and these are introduced by brief accounts of the anatomy and physiology of pregnancy, with occasional diversions into psychology and allied matters. The author discusses the preparation and management of the breasts for lactation; in a smaller section she considers physiotherapy for displacements and disease of the pelvic organs, and exercises after gynaecological operations.

The real attraction of this volume for the doctor lies in its detailed descriptions and illustrations of all the various exercises appropriate to different circumstances, for these are matters not to be found in most medical books.

T. N. A. JEFFCOATE.

PSYCHOLOGY OF CHILDREN

Jealousy in Children. By Edmund Ziman, M.D. A Guide for Parents. (Pp. 236. 12s. 6d.) London: Victor Gollancz. 1951.

This book is mostly descriptive. The author writes to inform parents about their children so that they may manage them along sensible lines. Instead of talking about emotional development as a whole, he has chosen this one theme, jealousy, and has built a book around it. He has plenty of case material, given in a simple way which parents can understand and which will enlarge their experience, and he is all the time sympathetic with parents and children.

The author has derived more than theoretical formulations from psycho-analysis. He has an appreciation of dynamic psychology, and thinks of the individual in terms of the continuity of emotional development. Nevertheless this book remains descriptive and suitable for parents. It therefore contains nothing that an informed psycho-analyst does not know about jealousy, and it avoids its deeper significances. Psychiatrists will read the book only in order to form an opinion on its suitability for being recommended to parents. I think they will want to recommend it.

D. W. WINNICOTT.

BOOKS RECEIVED

Review is not precluded by notice here of books recently received

Headaches. By N. D. Fabricant, M.D. (Pp. 149. 7s. 6d.) London: Staples Press. 1951.

The Retarded Child. By H. Loewy. (Pp. 160. 10s. 6d.) London: Staples Press. 1951.

Early Embryology of the Chick. By Professor B. M. Patten. 4th ed. (Pp. 244. 27s. 6d.) London: H. K. Lewis. 1950.

St. Thomas's Reports. Vol. 6, second series. (Pp. 285. No price.) London: St. Thomas's Hospital. 1950.

Skull Fractures and Brain Injuries. By H. E. Mock, M.D. (Pp. 806. 114s.) London: Baillière, Tindall and Cox. 1950.

Handbook of Psychology. By J. H. Ewen, F.R.C.P.Ed., D.P.M. (Pp. 215. 25s.) London: Sylviro Publications. 1950.

Chambers's Dictionary of Scientists. By A. V. Howard, B.Sc. (Pp. 250. 12s. 6d.) London: W. and R. Chambers. 1951.

Biology Staining Schedules. By R. R. Fowell, M.Sc. 4th ed. (Pp. 27. 2s. 6d.) London: H. K. Lewis. 1951.

National Smoke Abatement Society Year Book 1951. (Pp. 44. 1s.) London: National Smoke Abatement Society. 1951.

Prostitution and the Law. By T. E. James, M.A., B.C.L. (Pp. 160. 21s.) London: William Heinemann. 1951.

The Chemist and Druggist Poisons Guide. Compiled by W. A. Whatmough, B.Sc., Ph.C., F.R.I.C. Vol. 1: Poisons Lists and Key. (Pp. 89. 20s.) London: The Chemist and Druggist. 1951.

My Six Convicts. By Donald Powell Wilson. (Pp. 336. 15s.) London: Hamish Hamilton. 1951.

Case Finding and Patient Management Through an Understanding of Known Syphilitic Patients. Issued by the Mississippi State Board of Health and Federal Security Agency Public Health Service. Vols. 1 and 2. (Pp. 378. No price.) Mississippi: Federal Security Agency. 1950.

Handbuch der inneren Medizin. Vol. 2. *Blut und Blutkrankheiten.* By Dr. L. Heilmeyer and Dr. H. Begemann. 4th ed. (Pp. 1,179. M. 198.) Berlin: Springer-Verlag. 1951.

COMING EVENTS

New Society for Hospital Biochemists

A meeting to which all hospital biochemists are invited will be held at Preston Royal Infirmary on September 29, at 11 a.m., to discuss the formation of an association. The morning will be devoted to demonstrations, and the proposed association will be considered in the afternoon. The primary aim is to raise the standard of hospital biochemistry. Anyone interested in attending the meeting should write to Mr. E. B. Love, at the department of biochemistry at Preston, before September 15, letting him know whether they can provide a demonstration, and, if so, how much space, etc., will be required, and also whether they wish to have lunch (free) at the infirmary.

Heberden Oration

Professor E. C. Kendall, of the Mayo Clinic, will deliver the Heberden Oration on "The Adrenal Cortex and Rheumatoid Arthritis" at B.M.A. House, Tavistock Square, London, W.C., on Wednesday, September 19, at 5 p.m. All members of the medical profession are invited to attend.

Lectures at Leeds

Dr. J. R. Rees will deliver the inaugural lecture at the Faculty of Medicine of the University of Leeds in the Riley-Smith Hall of the University Union, Leeds, on Tuesday, October 9, at 3 p.m. His subject is "The Sick Man and the Community." On Thursday, October 18, at 3 p.m., Dr. Waltman Walters will deliver the Moynihan Lecture on "Unilateral and Subtotal Adrenalectomy in the Treatment of Hyperfunctioning Lesions of the Suprarenal Cortex" in the Riley-Smith Hall of the University Union. All members of the medical profession are invited to attend the lectures.

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), September 4, 4.30 p.m., "General and Local Factors Affecting Blood Flow," by Professor E. P. Sharpey-Schafer.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

- Evans.**—On August 12, 1951, at Nuffield House, Guy's Hospital, London, S.E., to Winifred, wife of Dr. Michael L. Hudson Evans, a son.
Guthrie.—On August 10, 1951, at Parkgrove Nursing Home, Glasgow, to Olive (formerly Parson), wife of Dr. John Guthrie, a daughter.
Hollman.—On August 26, 1951, at University College Hospital, London, W.C., to Dr. Catharine Hollman (formerly Large), wife of Dr. Arthur Hollman, a daughter.
Howe.—On August 13, 1951, at Bromley, to Eva (formerly Schubert), wife of Marcus S. Howe, M.C., M.R.C.S., L.R.C.P., D.A., a son—Peter Slade.
Martin.—On August 22, 1951, at Morriston Hospital, Swansea, to Sylvia (formerly Gilbert), wife of Dr. Hugh Martin, a son.
Parker.—On August 12, 1951, at Birmingham Maternity Hospital, to Dr. Barbara Parker (formerly Owens) and Bernard Parker, M.R.C.O.G., a son.
Roche.—On August 5, 1951, at St. Teresa's Hospital, Wimbledon, to Susan (formerly Tyrrell), wife of G. K. T. Roche, M.B., B.S., D.A., a son—Stephen John.
Thomson.—On August 15, 1951, at Ashlington Nursing Home, Gosforth, to Dr. and Mrs. Donald Thomson, Stanhope, Co. Durham, a son.

MARRIAGES

- Robinson—Harrison.**—On August 21, 1951, at Cambridge, James Roper Robinson, M.B., B.Chir., of Emmanuel College, Cambridge, to Marion F. Harrison, of Wellington, New Zealand.
Sudbury—Sadler.—On June 16, 1951, at St. Paul's Presbyterian Church, South Croydon, John Roger Sudbury, M.B., B.Ch., D.Obst.R.C.O.G., to Mary Helen McMorrnan Sadler.

DEATHS

- Boylan.**—On August 14, 1951, Peter Boylan, M.B., B.Ch., of 326, Hoe Street, Walthamstow, London, E., aged 55.
Byrd.—On August 10, 1951, at his home, Croft House, Glenridding-on-Ullswater, Penrith, Colin Bostock Byrd, M.R.C.S., L.R.C.P., aged 58.
Evans.—On August 14, 1951, at Westgate, Nottage, Glamorgan, Thomas John Evans, M.B., F.R.C.S.Ed., husband of Mary Evans, M.D. (formerly Kane).
Goldie.—On August 12, 1951, at Winchester, Arthur Evelyn Goldie, M.B., Ch.B., aged 77.

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.

Tuberculous Endometritis and Pregnancy

Q.—As a result of a diagnostic curettage for menorrhagia, a patient has been diagnosed as suffering from tuberculous endometritis. There is no evidence of tuberculosis elsewhere. She wishes to have a baby. (1) What are her chances of a successful pregnancy? (2) What effect would pregnancy have on her tuberculosis? (3) Is chemotherapy indicated, and, if so, what course of treatment is suggested?

A.—(1) If the tubes are closed—and there is at least a 50% chance of this in such a case—there is practically no chance of pregnancy even if the infective process is arrested. If the tubes are not irreparably damaged there is a possibility of pregnancy, but it is extremely remote. Chemotherapy, if successful, may well improve the prospects, and at least one case of pregnancy following such treatment has been recorded within the last year. Such treatment, however, is still under trial and it is too early to assess the results.

(2) If conception occurs before the infection is completely eradicated, which is very unlikely, there is probably some risk of it causing a miliary spread of the disease. At least this complication is recorded when an ovum has become implanted in a tuberculous tube.

(3) The place and value of chemotherapy for tuberculous endometritis are at present under investigation, and the time is not ripe for a confident opinion. Chemotherapy is worth trying in such a case, and a suitable course would be streptomycin 0.5 g., twice daily intramuscularly, and para-aminosalicylic acid (P.A.S.) 3 g., six times a day by mouth, both being given for 60 to 90 days. Larger doses of P.A.S. (up to 30 g. daily) are sometimes recommended, but most patients cannot tolerate them.

Examination of the Male in a Nullity Suit

Q.—In a nullity suit I have been asked to "ascertain whether the male is capable of performing the act of generation." What examination should be made, and how should the results be presented to the Court?

A.—In nullity suits in which it is alleged that the marriage has not been consummated it is usual for two medical inspectors, appointed by a Registrar of the Divorce Division, to examine both husband and wife (if both consent) and to issue a joint report. If the case is contested other medical evidence may be brought by either party. A marriage can be annulled on the grounds of inability of either partner to consummate it, the impediment being irremediable and having been present at the time of marriage but the other partner being unaware of it at that time. Sterility is not grounds for annulment, so in ascertaining "whether the male is capable of performing the act of generation" the medical examiner is concerned with potency and not fertility. He has to decide primarily whether the man can carry out complete coitus.

The male genitalia must be examined for physical defect, and special attention paid to evidence of nervous, endocrinous, or other general diseases which might cause impotence. Impotence, however, is more often of psychological origin, associated sometimes with matters of upbringing and environment. The man has therefore to be questioned very carefully about his sex life, the practice of masturbation, his outlook on women and marriage, and the frequency of erection, etc., for any possible guide to assist in the assessment of his potency. This aspect of the case bristles with difficulties, for the examiner is largely dependent on unconfirmed statements by the man. Moreover, a man may have