

of the infirmary, but the increasing financial burden and expanding scope of the health services required increasing reliance on departmental grants (not always readily forthcoming), and their consequent disadvantages. In reading of the problems encountered and overcome in the detailed management of a growing voluntary hospital the need for the integration of the hospital services on a regional scale becomes apparent, but it is also clear that the successful administration of an individual hospital, in the interests of the patients and staff, will continue to depend on the personal interest and enthusiasm of those concerned in its local management.

Dr. Mackenzie has rendered a service to all those interested in the history of medical and social development in this country, and his book may be read with advantage by all concerned with hospital management under the new conditions of the National Health Service.

E. A. CORMACK

VECTOR-CARDIOGRAPHY

Etudes Pratiques de Vectographie. By E. Donzelot, J. B. Milovanovich and H. Kaufmann. (Pp. 253; 118 figures. Paper covers 2,800 francs, cloth covers 3,000 francs.) Paris: L'Expansion Scientifique Française. 1950.

This book on practical studies in vector-cardiography (as we term it here) is well worth study by anyone who wishes to read a clear account of this new method of recording the electrical changes in the heart. Written with the precision and clarity that the French language affords, it is a welcome change from the confused jargon which still further obscures the thoughts of some who write on cardiological matters in our own tongue.

The first chapter gives some geometrical ideas and explains and defines the terms used. There is a clear exposition of how the special vector-cardiogram is obtained from unipolar leads V_2 , V_6 , and V_F . By these contacts the vectors are studied in the frontal, sagittal, and horizontal planes. It seems odd to find no reference to Lewis in the discussion of the "intrinsic deflection," nor to Wilson in connexion with the "solid angle." In the choice of the polarity of the vectors, the authors regret the lack of agreement between those who use "negative" and "positive" loops. They favour the electronegative, running "north-westerly," rather than the positive (running south-east). They claim that the transition from the ordinary leads is easier so.

There follows a short discussion of the significance of the vector-cardiogram; the conclusion is that the "doublet" theory is untenable. Next comes an analysis of the three loops, P, QRS, and T. Two chapters follow on technical and instrumental details. Then comes a discussion, following Wilson's ideas, of the position of the heart. The authors point out that the loop is the most direct indication of this, and also of rotation round the other axes. Space is too small to say more. There are many pages of clear illustration; on the whole the loops are easy to see, especially when "rolled out." Examples are given—of hypertrophy, infarcts, bundle block, and so forth. It is a new language, but not too hard, and worth looking into. But whether the vector-cardiogram can say in one loop what it takes 12 leads (perhaps) of the cardiogram to express is rather doubtful, yet one feels it says something that cannot be expressed in any other way, and it remains to exploit its clinical application.

TERENCE EAST.

WIDE APPEAL

How I Cured My Duodenal Ulcer. By John Parr. (Pp. 160. 8s. 6d.) London: Michael Joseph. 1951. The title of this book will appeal to half a million readers, including a great many of the medical profession. The contents consist of the detailed case history of a man with duodenal ulcer who underwent the standard forms of medical treatment and had a laparotomy performed. He continued to have relapses of increasing severity until he was referred to Dr. J.-J. Spira and was recommended a low fat diet. This was five years ago; since then he has had no further symptoms. In addition to the case history, which is entirely classical, the book includes a commentary on the modern view of the pathogenesis of peptic ulcer from the point of view of a layman who has spent many hours in a medical library. Dr. Spira's hypothesis that chronic ulcers are attributable to the local effects of an admixture of bile and hydrochloric acid and that the flow of bile can be kept within safe limits by a low fat diet is, as is natural, given pride of place; the recommended diet is expounded in considerable detail.

The whole book is written in an attractive and readable style and, in the main, is balanced and restrained. The exposition of the bile and acid hypothesis is, however, unconvincing, and Dr. Spira himself will probably be among the first to express dissatisfaction at its publication. There can be no experienced physicians who have not records of patients who could write similar accounts of how they were cured by histidine, by the special formula of a chemist, or even by standard treatment. The test of a treatment for most conditions, particularly for non-fatal relapsing conditions like peptic ulcer, is a controlled trial run on scientific lines, and it is unfortunate that the author is unable to refer to the results of any such trial published by Dr. Spira. If the book stimulates the undertaking of a controlled trial it will have served a useful purpose: no physician can be so satisfied with his present method of treatment that he will not welcome a new suggestion. There is, however, one overwhelming objection to the report of a method of treatment in the form here made—namely, that if the treatment should prove ineffective it will cause bitter disappointment to the many thousands whose hopes are unavailingly aroused.

R. DOLL.

BOOKS RECEIVED

Review is not precluded by notice here of books recently received

Royal Northern Operative Surgery. By the Surgical Staff of the Royal Northern Hospital. Edited by Sir L. Barrington-Ward, K.C.V.O., M.B., F.R.C.S. 2nd ed. (Pp. 638 90s.) London: H. K. Lewis. 1951.

First Aid in Coal Mines. By the St. John Ambulance Association. (Pp. 108. 1s. 5½d., post free.) London: St. John Ambulance Association. 1951.

An Introduction to Health Education. Edited by R. Sutherland, M.D., D.P.H. (Pp. 51. 7s. 6d.) London: Central Council for Health Education. 1951.

Poisons: Their Isolation and Identification. By F. Bamford, B.Sc. 3rd ed. (Pp. 316. 25s.) London: J. and A. Churchill. 1951.

Theory of Mental Tests. By Professor H. Gulliksen. (Pp. 486. 48s.) London: Chapman and Hall. 1950.

The Kidney: Medical and Surgical Diseases. By A. C. Allen, M.D. (Pp. 583. \$15.) New York: Grune and Stratton. 1951.

mean he could not if he wanted to. Dr. Bradlaw had given him presents from time to time, including a very good watch, but these were not in consideration of the trouble given as a patient.

Evidence was given by Dr. Bouchier Hayes, Mr. Frederick Gill, Past President of the Royal College of Surgeons, and Dr. Joseph Patrick Brennan, president of the Guild of Catholic Doctors. It was the practice and the recognized etiquette of the profession that a doctor never charged a doctor, or the widow or children of a deceased doctor, or a nurse before marriage, for medical attendance. If, however, the money with which the fees if charged would be paid was clearly not made by the practice of medicine, there was usually an arrangement between the patient doctor and the treating doctor that fees should be paid. Where presents were given by the patient doctor they were usually commensurate with the services rendered.

In his judgment Mr. Justice Haugh said that *prima facie* where a doctor attended a doctor patient there was a contract that no charge should be made, and he had to be satisfied that Dr. Bradlaw knew that every time he paid a visit to Dr. Robinson he would be paying a fee about which there would be no legal dispute. It was unlikely that a doctor who had an express contract to pay another doctor two guineas a visit would give him presents or put his car at his disposal, as Dr. Bradlaw had. There was no cheque or letter from Dr. Bradlaw to support Dr. Robinson's case of an agreement to pay, and he was not satisfied that there had been such an agreement. He accordingly dismissed the action with costs.

Universities and Colleges

UNIVERSITY OF DURHAM

Professor F. H. Bentley, professor of surgery in the University of Durham, has left for the United States to give the Sommer Memorial Lectures in the University of Oregon, Portland, and to fulfil engagements in the departments of surgery in the University of Michigan, Ann Arbor, and the University of Illinois, Chicago.

UNIVERSITY OF LONDON

The title of Professor of Veterinary Anatomy in the University has been conferred on James McCunn, M.R.C.V.S., M.R.C.S., L.R.C.P., in respect of the post held by him at the Royal Veterinary College. The following have been appointed, or nominated for appointment or reappointment, as representatives of the University on the governing bodies indicated in parentheses: Sir Archibald Gray, Dr. C. F. Harris, and Dr. Andrew Topping (British Post-graduate Medical Federation); Mr. P. H. Mitchiner and Sir James Paterson Ross (Guy's Hospital Medical School); Dr. C. F. Harris (Committee of Management, Institute of Basic Medical Sciences); Mr. P. H. Mitchiner and Mr. M. F. Nicholls (Royal Dental Hospital of London School of Dental Surgery); Professor G. R. Cameron, F.R.S. (Royal Veterinary College); Mr. E. G. Slesinger (St. George's Hospital Medical School); Professor W. C. W. Nixon (St. Mary's Hospital Medical School); Mr. J. P. Hedley and Professor E. T. C. Spooner (St. Thomas's Hospital Medical School); Sir Archibald Gray and Dr. Andrew Topping (University College Hospital Medical School); Dr. A. J. W. Beard (King's College School, Wimbledon).

The following have been recognized as teachers of the University in the subjects indicated in parentheses: *St. Thomas's Hospital Medical School*: Dr. J. E. M. Whitehead and Dr. J. L. Pinniger (Pathology). *St. Mary's Hospital Medical School*: Dr. R. R. Willcox (Venereal Diseases); Dr. J. F. Ackroyd (Medicine). *St. George's Hospital Medical School*: Dr. E. Levy (Pathology); Dr. J. R. Nassim (Medicine). *St. Bartholomew's Hospital Medical College*: Dr. D. A. MacDonald (Physiology). *Institute of Psychiatry*: Dr. T. McLardy (Pathology). *Postgraduate Medical School of London*: Dr. D. A. Mitchison, Dr. J. C. White, Dr. W. Hayes, and Dr. B. Lennox (Pathology). *Institute of Obstetrics and Gynaecology*: Mr. J. D. Murdoch and Mr. C. D. Read (Obstetrics and Gynaecology); Dr. J. Murray (Pathology). *Middlesex Hospital Medical School*: Dr. E. Neil (Physiology). *London Hospital Medical College*: Dr. A. A. d'A. Bellairs

(Anatomy); Dr. G. W. Boden (Radiology); Dr. A. I.-P. Brown (Anaesthetics). *King's College Hospital Medical School*: Mr. W. P. Cleland (Surgery). *University College Hospital Medical School*: Mr. C. S. Halpike (Oto-rhino-laryngology). *Royal Free Hospital School of Medicine*: Mr. H. E. Hobbs (Ophthalmology).

The October examination for Part I of the Academic Post-graduate Diploma in Psychological Medicine will begin on the fourth Monday in October, and the closing date for the receipt of entries is October 1. The April examination for Part II of the diploma will begin on the fourth Thursday in April, and the closing date for the receipt of entries is April 1.

UNIVERSITY OF BIRMINGHAM

Professor E. D. Churchill, professor of surgery in the University of Harvard and chief of the general surgical services, Massachusetts General Hospital, Boston, has accepted the invitation of the department of surgery of the University of Birmingham and the board of governors of the United Birmingham Teaching Hospitals to spend next month at the Queen Elizabeth Hospital as visiting professor. The University has conferred upon him the title of "Honorary Professor of Surgery." Professor Churchill is well known to British surgeons, and is an Honorary Fellow of the Royal College of Surgeons of England.

SOCIETY OF APOTHECARIES OF LONDON

At a meeting of the Court of Assistants held on August 21, with Dr. Frank D. Howitt in the chair, Dr. G. Roche Lynch was elected Master of the Society for the ensuing year: Sir Wilson Jameson and Brigadier E. M. Townsend were elected Wardens; and Dr. R. R. Trail was elected to a seat on the Court of Assistants, *vice* the late Dr. C. R. Box.

A portrait of Mr. Duncan C. L. Fitzwilliams, Immediate Past Master, by Maurice Codner, was accepted with gratitude. The resignation of Dr. Archibald Gilpin as Archivist to the Society was received with regret.

The following candidates were granted the diploma of L.M.S.S.A. upon examination: J. S. Green, M. H. Norman, G. H. Fisch, M. K. Panikkar, C. H. Wilkinson, J. C. Munro, J. P. Hewson, D. B. Evans, S. L. Soni, A. C. D. Abdool Raman, K. M. Dempsey, C. S. Osen, K. F. Thompson.

The Diploma in Industrial Health was awarded, by examination, to the following successful candidates: K. M. Basu, M. George, U. S. Gill, F. C. Myatt, R. H. Standbridge.

The Services

Surgeon Captain G. McCoull, O.B.E., V.R.D., R.N.V.R., has been appointed an Honorary Physician to the King, in succession to Surgeon Captain G. F. Abercrombie, V.R.D., R.N.V.R.

Surgeon Captain T. N. D'Arcy, C.B.E., R.N., has been appointed an Honorary Surgeon to the King.

Surgeon Commander M. J. L. Stening, R.A.N.R., has been awarded the Royal Naval Reserve decoration.

Surgeon Lieutenant-Commanders J. F. Foulkes, P. C. Barkla, and C. W. Levitt, R.N.V.R., has been awarded the R.N.V.R. decoration.

Brigadier J. C. Collins, C.B.E., late R.A.M.C., has been appointed a Deputy Director, Medical Services, and has been granted the temporary rank of Major-General.

A *Supplement* to the *London Gazette* has announced the following awards:

Four Clasps to the Territorial Efficiency Decoration.—Major H. Shield, M.C., T.D., R.A.M.C.

Three Clasps to the Territorial Efficiency Decoration.—Lieutenant-Colonel R. J. W. A. Cushing, T.D., R.A.M.C., retired.

First Clasp to the Territorial Efficiency Decoration.—Major (Honorary Lieutenant-Colonel) J. L. Orr, T.D., and Majors C. H. Johnson, T.D., W. F. de C. Veale, T.D., and A. Young, T.D., R.A.M.C.

Territorial Efficiency Decoration and First Clasp.—Major (Acting Colonel) A. G. Fleming, O.B.E., and Majors F. J. Fowler and J. E. Morrish, R.A.M.C.

Territorial Efficiency Decoration.—Major (Honorary Lieutenant-Colonel) W. R. P. Templeton, Captains (Honorary Majors) G. A. Hodgson, M.B.E., and A. C. McLaren, and Captain O. H. Belam, R.A.M.C.

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.

Wednesday

HEBERDEN SOCIETY.—At B.M.A. House, Tavistock Square, London, W.C., September 19, 5 p.m., "The Adrenal Cortex and Rheumatoid Arthritis." Heberden Oration by Professor E. C. Kendall (Mayo Clinic).

LONDON COUNTY MEDICAL SOCIETY.—At Lambeth Hospital, Brook Drive, S.E., September 19, 3 p.m. Clinical meeting.

ROYAL INSTITUTE OF PUBLIC HEALTH AND HYGIENE, 28, Portland Place, London, W.—September 19, 3 p.m., "Influenza Virus Research and its Biological Implications," Bengué Memorial Lecture by Professor Wilson Smith, F.R.S.

Saturday

BIOCHEMICAL SOCIETY.—At Rowett Research Institute, Bucksburn, Aberdeenshire, September 22, 11 a.m. Scientific papers.

APPOINTMENTS

CORMAC, C. D., B.M., B.Ch., D.P.H., Deputy County Medical Officer of Health and Deputy School Medical Officer, County of Bucks.

CRAWSHAW, DONALD GEORGE, M.B., Ch.B., D.P.H., D.C.H., Medical Officer of Health, Borough of Crewe, Divisional Medical Officer, Cheshire County Council.

CROWLEY, MATTHEW, M.B., B.Ch., D.P.H., Medical Officer of Health, Fareham, and Assistant County Medical Officer, Hampshire.

GUILDFORD, A. A., M.B., Ch.B., M.R.C.P., Consultant Physician and Physician Superintendent, Lambeth Hospital, London, S.E.

JONES, D. M. MARTYN, M.B., Ch.B., D.P.H., Medical Officer of Health, Isle of Man.

SOUTH-WESTERN REGIONAL HOSPITAL BOARD.—*Consultant Ophthalmologist, South Somerset Clinical Area, A. E. Wilson, M.R.C.S., L.R.C.P., D.O.M.S. Senior Surgical Registrar, Bristol Clinical Area, P. C. Watson, M.B., B.S., F.R.C.S. Senior Registrar in Obstetrics and Gynaecology, South Somerset Clinical Area, Helen M. Russell, M.B., B.Chir., D.Obst.R.C.O.G., M.R.C.O.G. Consultant Thoracic Surgeon, Bristol Clinical Area, D. Mearns Milne, M.B., Ch.B., F.R.C.S.Ed. Consultant Radiologist, Bristol Clinical Area, K. H. Gaskell, M.R.C.S., L.R.C.P., D.M.R.D. Psychiatrist Registrar to South-west Region, Brian Edgar, M.B., B.Ch., Anne French, M.B., Ch.B., and Merton Sandler, M.B., Ch.B. Consultant Surgeon, Bristol Clinical Area, T. J. Butler, M.B., Ch.B., F.R.C.S. Anaesthetic Registrar to Frenchay Hospital, Bristol, Aileen K. Adams, M.B., Ch.B., D.A. Assistant Anaesthetist, Bristol Clinical Area, Evelyn M. Lafferty, L.R.C.P.&S.Ed., D.A. Assistant Anaesthetist, West Cornwall Clinical Area, Jean Dutton, B.M., B.Ch., D.A. Assistant Anaesthetist, Bath Clinical Area, W. J. Lewis, M.R.C.S., L.R.C.P., D.A. Anaesthetic Registrar, Frenchay Hospital, Bristol, J. K. Trotter, M.R.C.S., L.R.C.P. Senior Hospital Medical Officer, Roundway Hospital, Devizes, R. H. Armin, M.B., B.Chir., D.P.M. Consultant Paediatrician, Bath Clinical Area, H. R. E. Wallis, M.D., M.R.C.P., D.C.H. Consultant Pathologist, Bristol Clinical Area, N. J. Brown, M.B., Ch.B., M.R.C.P. Consultant Orthopaedic Surgeon, South Somerset, A. E. Jowett, M.B., Ch.B., F.R.C.S.Ed. Consultant Pathologist, Exeter Clinical Area (North Devon), R. B. H. Tierney, M.D. Consultant Paediatrician, Plymouth Clinical Area, H. R. Jolly, M.D., M.R.C.P., D.C.H. Consultant Chest Physician, West Cornwall, B. A. Gwynne Jenkins, M.D., M.R.C.P. Consultant Anaesthetist, Bristol Clinical Area, Pamela Westhead, M.B., Ch.B., D.A.*

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Oddie.—On September 7, 1951, at The Limes, Bourn, Cambridge, to Romola, wife of J. A. Oddie, M.B., B.S., a son—Hugh Edward Toby.

DEATHS

Archibald.—On September 2, 1951, Thomas Dickson Archibald, M.D., of 90, Park Road, Toronto, Canada, aged 74.

Bain.—On August 28, 1951, at 12, Darnaway Street, Edinburgh, John Haldane Bain, L.R.C.P.&S.Ed., L.R.F.P.S., L.D.S.

Black'ev.—On August 31, 1951, William John Blackley, M.B., Ch.B., of Killerton, Hyndford Road, Lanark.

Bumsted.—On August 30, 1951, at "Elmfield," 84, Leigham Court Road, Streatham, London, S.W., Henry James Bumsted, M.B., B.Ch.

Davidson.—On August 30, 1951, at a nursing-home, Glasgow, Norman Grenville Walshe Davidson, O.B.E., F.R.C.S.Ed., of 6, Lynedoch Place, Glasgow.

Debenham.—On September 8, 1951, Horace Allan Debenham, M.R.C.S., L.R.C.P., of Warden, Whitelake, Princes Risborough, Bucks, formerly of Presteigne, Radnorshire, aged 87.

Edge.—On August 25, 1951, at Cornerways, The Park, Cheltenham, Arthur James Broughton Edge, M.B., aged 87.

Ellis.—On August 26, 1951, at Carshalton, Surrey, Mary Ellis (formerly Gardner), M.B., Ch.B., aged 79.

Johnston.—On August 29, 1951, at a nursing home, Taunton, William Johnston, M.D., of Corfe, near Taunton, Somerset, aged 65.

Leslie.—On August 28, 1951, at Collards, Haslemere, Surrey, William Murray Leslie, M.D., F.R.C.S.Ed., aged 92.

MacInnes.—On August 30, 1951, at Stoer, Sutherland, Ian Lamont MacInnes, M.B., Ch.B.

Nimis.—On September 6, 1951, Roger Paul Nimis, M.B., B.S., Surgeon Captain, R.N., retired, aged 60.

Penhale.—On September 1, 1951, at Pendaw, Great Barr, Birmingham, William Percival Penhale, M.R.C.S., L.R.C.P., aged 60.

Septon.—On September 1, 1951, at 17, Woodland Avenue, Bournemouth, Robert Poole Septon, M.R.C.S., L.R.C.P., husband of Nancy Septon, M.B., Ch.B.

Slaughter.—On August 25, 1951, Ernest Augustus Slaughter, M.D., of "The Grendons," Teignmouth, Devon, aged 87.

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.

Preservation of a Corpse

Q.—I should be glad to have information about the cause of delayed putrefaction. The body of a man was found in good condition after four days, without discolouration of any of the organs or any smell. The atmosphere was dry and the average temperature 70° F. (21° C.). Could this be due to a process such as mummification? If so, what conditions could produce it, and what would be the findings on the fourth day? Is there any known poison which could cause sudden death and then delay putrefaction?

A.—The only common reasons for striking preservation of the body are intense cold or dry heat, and a continuous dry atmosphere at 70° F. could very well account for delay—even indefinite delay—in putrefaction. Mummification would ultimately develop, but it would be hardly appreciable in as little as four days, except perhaps as some crinkling in the finger pads. Mummification requires: (a) relative scarcity (or complete absence) of the putrefying clostridial organisms normally present in the bowel—this condition is commonly satisfied in the newborn infant, whose bowel is still sterile; (b) dry heat, preferably moving currents of dry air; and (c) time. Weeks may elapse whilst the body almost imperceptibly becomes drier: moulds may grow on the skin and the larvae of insects may gain a hold on or worm their way into the tissues, but putrefaction does not develop, the body just drying. Of the preservative poisons, arsenic and antimony salts absorbed over a long period are the only really effective agents. Sudden death from any form of either of these should be obvious upon examination of the stomach and intestines, which would be highly irritated by the dose required to kill. Poisoning is therefore only a remote possibility.

Mixed Injection of A.T.S. and Penicillin

Q.—Is it possible to give a mixture of anti-tetanus serum and penicillin in the same syringe without adverse effect? It would be very useful to do so in young children in out-patient departments.

A.—There is no reason why penicillin and tetanus anti-toxin should not be mixed in the same syringe prior to injection. It has been objected that procaine penicillin should not be mixed with watery solutions, but the most up-to-date procaine penicillin is prepared now in an aqueous suspension, and in any case the substance is transferred to an aqueous medium as soon as it is injected into the tissues.

Medical Treatment of Cholecystitis

Q.—What is the best medical treatment of chronic cholecystitis? No gallstones are visible either on the plain x-ray film or after cholecystography. The patient is a man of 40 who has had enteric fever and repeated attacks of malaria; he resides in Rhodesia.

A.—The medical treatment of chronic cholecystitis resolves itself into an attempt to control any infection that may be present, to drain the bile passages as freely as possible, and to give dietetic advice designed to throw as little strain as possible on the process of digestion and absorption of fat.

It is unfortunate that the antibiotics at present in use are not particularly effective in combating chronic gall-bladder infection, but chloramphenicol in 0.5 g. doses, six-hourly, in courses of five to seven days, or penicillin, may be used with the first objective in mind. The second is best