

limitation to the use of hypnosis; it can to some extent influence even severe somatogenic illness. It has a special place in the treatment of pain; because of the "migration" of pain perception to the prefrontal area in the course of phylogenesis, pain can be eliminated by hypnosis. Unconditioned reflexes are continually modified by acquired conditioned reflexes. Hypnosis can create new conditioned reflexes. In "psychopassive" personalities—the great majority of the population—the emotions, affects, and instincts have to be attacked by means of effective symbols and repetitions. "Psychoactive" personalities can be influenced by reasoning.

The book is filled with speculations on the action of the central nervous system in health and disease, and contains very few observed facts. All the hypotheses on nervous function currently in vogue in Soviet neurophysiology and psychiatry are mentioned; in fact, the main interest of the book lies in numerous and lengthy quotations from Russian authors. In the bibliography, extending over almost 50 pages, Western workers are cited among their Eastern brethren; but little is said in the text about the formers' views. For instance, from the book of Andrew Salter, who developed a Pavlovian hypothesis of hypnosis and suggestion in the U.S.A. very similar to the author's, the only passage quoted is an attack on Freudian analysis.

How strictly Pavlov's teaching has to be observed by Russian workers is shown by the final resolution of the Scientific Medical Academy of the U.S.S.R. in June, 1950, quoted by the author, in which a number of outstanding research workers of the U.S.S.R. were accused of failure to follow closely enough the conceptions and methods of Pavlov.

ROBERT KLEIN.

INTRAVENOUS PROCAINE

Clinical Uses of Intravenous Procaine. By David J. Graubard, M.D., and Milton C. Peterson, M.D. British Commonwealth edition edited by William W. Mushin, M.A., F.F.A.R.C.S., D.A. (Pp. 84; illustrated. 8s. 6d.) Oxford: Blackwell Scientific Publications. 1951.

In 1904 Einhorn gave a strong stimulus to the practice of local analgesia, already growing briskly under the care of Reclus and Schleich, by introducing the relatively non-toxic drug, procaine. Five years later Bier administered procaine intravenously between tourniquets for local procedures on limbs, but his technique was a complicated one and never became popular. For almost 40 years afterwards the intravenous injection of the drug was generally regarded as a highly dangerous accident, until the suggestions made by Tovell to Gordon in 1942 prompted anaesthetists into appreciating that procaine has analgesic effects when given systemically. Since then, intravenous procaine has been used with diminishing timidity in the United States and Europe—most commonly for the relief of pruritus, the prevention and treatment of cardiac arrhythmias in thoracic surgery, and as a general analgesic for post-operative pain and operations on burns.

Drs. Graubard and Peterson go beyond these now established techniques by describing the use of procaine given intravenously for serum sickness, the spasm of anterior poliomyelitis, the relief of pain in sprains and fractures, and for chronic conditions like rheumatoid arthritis and osteoarthritis. They do not attempt seriously to estimate the value of this therapy against the more established procedures, and leave the reader sympathetic but questioning: Is a patient really more satis-

factorily brought through an operation on his burns by intravenous procaine than by a skilfully given light general anaesthetic? Is intravenous procaine in the treatment of, say, osteoarthritis more satisfactory than the usual analgesics and physical measures? He has to find the answers himself, though he may be strengthened by the knowledge that the authors have given over 40,000 intravenous procaine infusions without serious complications. They conscientiously mention all the papers on the subject, which compensates for the occasional sketchiness of their directions on the practical uses of the drug; but their enthusiasm does not excuse the bracketing of ether and ethyl chloride with chloroform as agents by which "the cardiac conducting mechanism is particularly sensitized."

GORDON OSTLERE.

BOOKS RECEIVED

Review is not precluded by notice here of books recently received

Stereoptics. By L. P. Dudley, D.F.H., A.M.I.E.E., A.I.Struct.E., A.R.Ae.S., F.R.S.A. (Pp. 112. 15s.) London: Macdonald. 1951.

Pharmacology. By M. G. Mulinos, M.D., A.B., A.M., Ph.D. (Pp. 484. 40s.) London: Geoffrey Cumberlege. 1951.

Hearing Tests and Hearing Instruments. By L. A. Watson and T. Tolan, M.D. (Pp. 597. 54s.) London: Baillière, Tindall and Cox. 1951.

The Design of Experiments. By R. A. Fisher, Sc.D., F.R.S. 6th ed. (Pp. 244. 12s. 6d.) London: Oliver and Boyd. 1951.

Newer Concepts of Inflammation. By V. Menkin, M.A., M.D. (Pp. 145. 25s. 6d.) Oxford: Blackwell Scientific Publications. 1951.

Inferiority Feelings. By O. Brachfeld. (Pp. 301. 25s.) London: Routledge and Kegan Paul. 1951.

Emotional Disorders of Children. By G. H. J. Pearson, M.D. (Pp. 368. 18s.) London: George Allen and Unwin. 1951.

The Psychoanalysis of Elation. By B. D. Lewin, M.D. (Pp. 200. 15s.) London: The Hogarth Press. 1951.

A Bio-Bibliography of Edward Jenner, 1749-1823. By W. R. LeFanu. (Pp. 176. 84s.) London: Harvey and Blythe. 1951.

The Infectious Diseases of Domestic Animals. By W. A. Hagan, D.V.M., D.Sc., and Dr. W. Bruner, D.V.M., Ph.D. 2nd ed. (Pp. 920. 63s.) London: Baillière, Tindall and Cox. 1951.

Scientific and Learned Societies of Great Britain (Allen and Unwin, for the British Council, 1951, price 30s.) is a useful guide of 228 pages to the learned world of the British Isles, excluding the Republic of Ireland. It is the first time since 1939 that a survey of this kind has become available, and it is likely to be particularly useful to foreign scientific and medical men. As always with such handbooks, one wishes there was space for more information, and certainly an allocation of more than 11 pages to the index is necessary and should be considered for the next edition. At present the Anatomical Society and the Association of Physicians, to name only two, are not indexed at all; the searcher for the Scientific Film Association is referred to p. 41 but not to the information about its medical section on p. 103; and, while the Doncaster Scientific Society is mentioned, the Doncaster Medical Society is not—yet a foreign visitor to Doncaster might like to know of all the learned activities of the town. These are a few matters picked at random. For a work of this kind the index is of prime importance, and deserves more editorial attention.

aspect of tuberculosis, he had always in mind the larger concept of its prevention, so that the advent of the National Health Service in 1948 resulted in no cleavage between curative and preventive medicine so far as Croydon was concerned. He was a member of the chest services sub-committee of the South-West Metropolitan Regional Hospital Board. While definite in his views, Dr. McMillan brought a keen sense of humour and knowledge of human nature to bear on the many problems which beset a busy chest physician. Locally he was known to be a keen and proficient golfer, and he was also a prominent Rotarian. He is survived by his widow, to whom our sympathy is extended.—S. L. W.

Dr. W. Hastings Hardy writes: As one who was a fellow student with Dr. J. C. McMillan at Queen's University, and having known him well for over 40 years, I can realize the great loss he will be to his very large circle of friends. Quietly humorous, he enlivened both his professional and private life with his ready wit. In all things he was extremely conscientious, and his tact, gentleness, and real kindness made him a well-loved physician and a trusted friend. His approach to any medical or domestic problem was always genuinely sympathetic, and he would expend a great amount of time and energy for the good of his patients. In him we mourn a valued colleague whose personal qualities, no less than his professional achievements, have won him a lasting place in our affection.

Dr. DOUGLAS REID ALEXANDER died at his home in Bromley, Kent, on October 3 at the age of 60 years. He was the son of the late Robert Reid Alexander, M.D., formerly medical superintendent of Hanwell (St. Bernard's) mental hospital, and of the late Mrs. F. G. Alexander. He was educated at Epsom College and qualified in 1915 from St. Mary's Hospital, London. He served with distinction in the first great war and was awarded the Military Cross. After the war he became a psychiatrist and took the D.P.M. in 1924. He served at Bexley, Horton, Banstead, Friern, and the Manor Hospitals, but ill-health determined his retirement in July, 1949. Dr. Alexander was a man of charm and personality with an exceptional social flair, a keen and versatile sportsman, and a gifted performer on the concert platform. His early death is a great loss to a wide circle of friends.—J. F. M.

Medico-Legal

323-DAY PREGNANCY

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

Major D. R. Bone, now serving in the Army in Germany, had his petition for divorce on the ground of adultery and cruelty dismissed by Mr. Justice Willmer in the High Court on May 23. Mrs. Bone was granted a decree nisi against her husband on the ground of desertion.¹

Major Bone's case on adultery was founded on the fact that he spent a final compassionate leave of 48 hours with his wife in April, 1946, before seeing her off to India on the boat, had not seen her thereafter, and therefore could not be the father of a child to which she gave birth in India on March 6, 1947, 323 or 324 days later.

In his judgment Mr. Justice Willmer said that on June 28, 1946, a doctor who examined Mrs. Bone diagnosed a pregnancy of two and a half months. As usual, the expert witnesses disagreed about the interpretation of an x-ray photograph taken in October, 1946, and the conflict of expert evidence on the possible delay between coitus and conception, put by one doctor at as much as 17 days, might go on for years. Despite the long period before the birth all the evidence pointed to the child being the husband's and adultery was not proved.

We recently published in these columns² a report of a decision of the House of Lords allowing the appeal of a husband who brought a divorce petition for adultery on the ground that a baby born 360 days after the last possible date of intercourse could not be his. In that case Lord Simonds said in the House of Lords that the difficulty lay in knowing where to draw the line.

Universities and Colleges

ROYAL COLLEGE OF SURGEONS OF ENGLAND

At a meeting of the Council of the College, held on October 11, with Sir Cecil Wakeley, President, in the chair, the death of Professor G. Grey Turner (past member of the Council) was reported and the Council unanimously adopted a resolution of condolence.

Sir Max Page was appointed as the next Robert Jones Lecturer, and Sir Henry Souttar Honorary Curator of the Historical Instrument Collection in succession to the late Professor Grey Turner.

The John Tomes Prize 1948-50 was awarded to Professor E. D. Manley, of Birmingham. F. J. C. Millard, of St. Bartholomew's Hospital and late of Eastbourne College, was admitted as a Macloghlin Scholar.

The Council presented a gift and an illuminated address to Mr. S. Wood in recognition of his 50 years' service in the Library of the College. Mr. E. H. Cornelius, Assistant in the Library, was appointed Assistant Librarian.

A Diploma of Membership was granted to B. R. J. Simpson.

The following diplomas were granted jointly with the Royal College of Physicians of London:

DIPLOMA IN TROPICAL MEDICINE AND HYGIENE.—M. D. B. Ahmad, M. Akram, M. G. Ali, G. Ambrosoli, M. M. Baig, R. Balakrishnan, S. L. Balse, E. J. Bowmer, A. M. Boyd, J. A. H. Brown, B. Chan, B. O. L. Duke, T. E. Field, H. McD. Forde, I.-U.-D. Hasan, R. B. Khambatta, S. J. A. Lach, T. D. Lee, B. N. Lulla, W. K. Ng Cheng Hin, T. Norman, K. S. Ooi, C. S. Pitt, M. A. Refaat, A. L. Relvich, S. S. Reza, H. N. Saran, G. M. Short, D. W. Smith, Winifred R. Smith, A. el-H. I. Soliman, K. Somasunderam, R. Stepanian-Fard, C. E. Stuart, P. Thacker, P. R. Thompson, J. Wotherspoon, G. M. Wright, E. Zia-Attallah.

DIPLOMA IN INDUSTRIAL HEALTH.—J. P. Agrawal, S. K. Das, A. G. Farr, M. George, L. Kant, W. B. Thorburn.

DIPLOMA IN PHYSICAL MEDICINE.—J. I. Wand-Tetley.

DIPLOMA IN OPHTHALMOLOGY.—A. H. Khan, P. N. Avasthy, D. S. Brown, H. Chait, J. F. Cogan, I. McI. Duguid, S. D. Gupta, Veronica T. Hughes, N. Kerkenezov, R. N. McCann, H. J. McPherson, A. K. Mitra, J. Monckton, I. A. Nazroo, K. C. Ng, A. J. Ogg, J. Pasvol, S. A. R. Peerzada, D. K. Rao, M. Singh, R. T. Singh, S. Singh, R. H. P. Sinha, R. L. N. Stewart, N. L. Stokoe, G. C. Stuckey, J. Thomas, V. P. S. Tomar, C. S. Tziros, H. P. B. Whitty.

DIPLOMA IN CHILD HEALTH.—H. Abdullah, J. D. Andrew, S. M. Aung, Margaret M. Bates, P. E. Bharucha, S. H. Birchett, Hazel C. Blomfield, H. W. Boyd, Jane F. Cambell, N. S. Chalk, M. I. Cookson, Mary T. Dardis, Beryl C. Davies, Elizabeth M. Davis, A. M. T. Dickie, Elizabeth M. C. Dyke, A. J. Essex-Cater, Bridget A. Evans, J. W. Evans, Patricia D. Fletcher, C. D. Gettliffe, W. J. Gomes, R. A. Gulmohamed, Kathleen J. Harrison, Muriel G. Hartley, Janet L. P. Hunter, Margaret I. Hunter, I. Hyde, J. A. James, Valerie Jones, Eileen P. Kane, Zoë T. Kelly, Anne W. Kilpatrick, H. Kretzmer, Tamsin M. R. Lee, Helenor F. Lochhead, Anne D. MacDonald, Lorna G. Macdougall, P. C. MacGillivray, J. S. McKim, L. Menon, E. P. G. Michell, Hannah Mushin, F. J. C. Perera, D. A. Petrie, Ruth Porter, Betty E. Powe, C. S. Rajagopal, A. Ramcharan, C. Ratnavel, Frances M. Richards, Myrtle V. Richards, J. Spears, J. G. N. Steyn, Anne D. Surtees, P. K. Sylvester, S. D. Taj-Eldin, P. A. Taylor, Anita J. Thomas, Ruth E. Trilling, D. A. H. Tryhall, C. H. M. Walker, Catherine A. Warrick, G. H. Watson, Audrey M. Wells, Helen B. Wiles, J. A. Williams, Sheila L. Wright.

DIPLOMA IN MEDICAL RADIO-DIAGNOSIS.—J. Irving.

DIPLOMA IN MEDICAL RADIOTHERAPY.—R. W. Gunderson.

DIPLOMA IN PUBLIC HEALTH.—H. D. H. Robinson.

The Faculty of Anaesthetists of the Royal College of Surgeons of England has arranged a series of ten pharmacology lectures to be held at the College (Lincoln's Inn Fields, London, W.C.) from Monday, October 29, to Friday, November 2, at 5 p.m. and 6.15 p.m. on each day. The admission fee for these lectures is £2 2s., or 5s. for each lecture. Admission cards may be obtained from the Postgraduate Education Bureau at the College.

¹ *Daily Telegraph*, May 24.

² *British Medical Journal*, 1950, 2, 1451.

LLOYD ROBERTS LECTURE, 1951.—At Physiology Theatre, Manchester University, October 26, 4.30 p.m., "The Arts of Medicine and Their Future," 22nd annual Lloyd Roberts Lecture by Dr. F. M. R. Walshe, F.R.S.

MEDICAL SOCIETY FOR THE STUDY OF VENEREAL DISEASES, 11, Chandos Street, London, W.—October 26, 7.30 p.m., general meeting, "The Interpretation of Serum Reactions in Late Syphilis," discussion to be opened by Dr. C. P. Heywood.

ROYAL EYE HOSPITAL, St. George's Circus, Southwark, London, S.E.—October 26, 4.30 p.m., "Surgery of Squint," by Mr. A. J. Cameron.

ROYAL MEDICAL SOCIETY, 7, Melbourne Place, Edinburgh.—October 26, 8 p.m., "The Unexpected in Obstetrics," by Sir William Gilliatt.

APPOINTMENTS

DAX, E. CUNNINGHAM, M.B., B.S., D.P.M., Chairman, Mental Hygiene Authority, State of Victoria, Melbourne, Australia.

DICKIE, GEORGE G., M.B., Ch.B., D.P.H., Aberdeen County Medical Officer of Health.

JONES, THOMAS SEYMOUR, M.B., Ch.B., D.P.H., Chief Assistant Medical Officer, Lancashire County Council.

MANCHESTER REGIONAL HOSPITAL BOARD.—Consultant Physician, Salford Hospitals, J. C. Herapath, M.D., M.R.C.P. Consultant Obstetrician and Gynaecologist, Boundary Park General Hospital, Oldham, P. C. Steptoe, F.R.C.S.Ed., M.R.C.O.G. Consultant General Surgeon, Oldham Hospitals, I. W. Ball, M.B., Ch.B., F.R.C.S. Consultant General Physician, Oldham Hospitals, O. Janus, M.B., Ch.B., M.R.C.P. Consultant Venereologist, St. Luke's Clinic and Ancoats Hospital, Manchester, L. Watt, M.D. Consultant Ear, Nose, and Throat Surgeon, Oldham and Ashton Hospitals, J. N. Appleton, M.B., Ch.B., D.L.O., F.R.C.S. Consultant Psychiatrist and Medical Superintendent, Prestwich Hospital, Manchester, J. P. McGuinness, L.R.C.P.&S.Ed., D.P.M. Assistant Anaesthetist, Preston and Chorley Hospitals, D. J. Lyall, M.B., Ch.B., D.A. Assistant Pathologist, Hope Hospital, Salford, J. D. Heppleston, M.B., Ch.B. Assistant Pathologist, Crumpsall Hospital, Manchester, P. W. Harvey, M.B., Ch.B. Assistant Pathologist, Lancaster Royal Infirmary, G. W. Storey, M.B., Ch.B. Assistant Pathologist, Withington Hospital, Manchester, G. Martyr, M.R.C.S., L.R.C.P., D.P.H. Assistant Radiologist, Macclesfield and South Cheshire Hospitals, Sheila Kenny, M.D., D.M.R.D. Assistant Pathologist at Bolton Group Laboratory, E. Greenwood, M.R.C.S., L.R.C.P. Assistant Pathologist at Preston Group Laboratory, A. F. Ollerenshaw, M.R.C.S., L.R.C.P. Assistant Pathologist at Group Laboratory, Withington Hospital, Manchester, C. A. K. Bird, M.R.C.S., L.R.C.P. Assistant Pathologist at Group Laboratory at Crumpsall Hospital, Manchester, R. A. Daly, L.R.C.P.&S.I. Assistant Pathologist at Oldham Group Laboratory, D. L. Boardman, M.B., Ch.B. Assistant Radiotherapist at Christie Hospital and Holt Radium Institute, R. Gibb, M.B., Ch.B., D.M.R.T. Assistant Anaesthetist in Stockport and Macclesfield Hospitals, C. S. R. Murthi, M.B., B.S., D.A. Assistant Psychiatrist at Parkside Hospital, Macclesfield, K. G. Pimley, M.B., Ch.B. Tuberculosis Physician and Medical Officer in charge Mass Miniature Radiography Unit, based on Shaw Heath Hospital, Stockport, H. B. Slater, M.B., Ch.B. Tuberculosis Physician and Medical Officer in charge Mass Miniature Radiography Unit, based on Rochdale, J. O'Regan, M.B., B.Ch., D.P.H. Venereal Diseases Medical Officer, Preston, Blackpool, Barrow, and Lancaster Areas, S. Ball, M.B., Ch.B., D.P.H.

MERRYWEATHER, R., M.B., B.S., F.R.C.S., Senior Registrar in Orthopaedic and Traumatic Surgery to Exeter Clinical Area, South-Western Regional Hospital Board.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Buckley.—On October 8, 1951, to Leila, wife of Dr. Philip Buckley, M.R.C.P., Great Baddow, Essex, a daughter.

Jones.—On September 20, 1951, at the Maternity Wing, Carmarthen, to Phyllis (formerly Ilett), wife of Dr. T. J. Jones, of Gaywood, Llandysul, Cardiganshire, a daughter—Rosemary Hetty.

Sherry.—On October 7, 1951, to Kathleen Robinson, M.D., F.R.C.S., wife of Dr. Vincent F. Sherry, a daughter.

MARRIAGES

Harman—Allison.—On September 29, 1951, at Pietermaritzburg, South Africa, Dr. Michael John Harman to Joy Allison.

DEATHS

Bowskill.—On October 11, 1951, at Tunbridge Wells Hospital, Ernest William Bowskill, M.R.C.S., L.R.C.P., of 7, Horton Gardens, Horton, Bucks.

Churchill.—On October 11, 1951, at his home, 30, Lyndale Avenue, London, N.W., Herbert Melville Churchill, M.R.C.S., L.R.C.P., late of Broxbourne, Herts.

Kilmister.—On October 9, 1951, at Shrewsbury, Claude Emile Kilmister, M.R.C.S., L.R.C.P., of Mayhill, Swansea, aged 53.

Peacock.—On October 14, 1951, at Fielden House, London Hospital, Albert Peacock, M.Sc., M.B., B.S., of 37, Chestnut Road, London, S.E., aged 46.

Radford.—On October 14, 1951, at 105, Netherby Road, Edinburgh, Douglas Llewellyn George Radford, L.R.C.P.&S.Ed., L.R.F.P.S.Glas., H.D.D.

Shirlaw.—On September 30, 1951, at his home, Corner House, Leicester Road, Hinckley, Leics, Herbert Shirlaw, M.B., Ch.B.

Shirras.—On October 11, 1951, at 7, Ladywood Road, Leeds, Alan Fraser Shirras, M.B., Ch.B.

Simpson.—On October 7, 1951, George Charles Edward Simpson, O.B.E., T.D., F.R.C.S., of 22b, Grove Park, Liverpool.

Thorne.—On October 13, 1951, at 17, York Street Chambers, London, W., Mary Thorne, O.B.E., M.D., F.R.C.S.I., aged 90.

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.

Dust to Dust

Q.—On a recent visit to St. Augustine's Abbey, Canterbury, I was informed that several sealed lead coffins of Saxon origin had been excavated. On opening these, perfectly preserved bodies had been found which very quickly crumbled to dust. I would like to know the physical and chemical nature of these changes.

A.—The process of drying of the body which, when undisturbed by putrefaction, can cause the tissues to mummify may eventually proceed a stage further—to desiccation. By the time this stage is reached—centuries after the body has been entombed—the entire body, even the skeleton, has become a dry powdery residue. Its shape may, if there has been no disturbance of the tissues, remain much as it was when laid to rest, but any jarring disturbance, as by movement of the coffin, or the touch of a hand may suddenly cause the remains to disintegrate. Of course, this has usually taken place before the body comes to view, but under the rare condition in which the tomb has remained absolutely unmoved by opening this "crumbling to dust" may be seen to happen.

The preservation of the body, as in Egyptian times, by precious waxes, resins, sandalwood oil, myrrh, and the like tends to bind the tissues more permanently, but the ultimate result is the same—dust to dust.

Allergy and Contact Lenses

Q.—Is an allergic diathesis a contraindication to the wearing of contact lenses?

A.—Allergic reactions to plastic contact lenses must be very rare, if they occur at all, and an allergic diathesis as such is not a contraindication to wearing them. Inability to wear contact lenses need not necessarily be due to the plastic material, but to a bad fit or to psychological reasons. In any case glass contact lenses are available as an alternative to plastic lenses.

Muscular Cramps in the Elderly

Q.—What are the causes and treatment of severe muscular cramps in an elderly man? They come on at the slightest provocation, such as bending down to work, and frequently without any apparent reason at all. The cramps are widespread. There may be intervals of days or weeks between attacks, and then several may occur together.

A.—The causes of widespread cramps in the elderly are very poorly understood. It is probable that in this case no adequate explanation will be found. Apart from tetany, which is readily recognized, the only well-established explanation is deficiency of sodium chloride due perhaps to excessive sweating, vomiting, or diarrhoea, or a low salt intake. If salt deficiency is suspected a daily dose of 10 g. of salt additional to that in the diet should give relief.

Widespread muscular cramps may also occur as part of a benign, though at times troublesome, syndrome associated with fasciculation and undue fatigability in the absence of other neurological signs; the mechanism is still unknown. Muscular fatigue is an important provocative factor for some cases of cramp. It is also known that cramp does not occur in a muscle at complete relaxation (though only a slight contraction may be sufficient to start it off), and