

The author quotes them as though they represented the opinions of the writers; but there is much to suggest that they contain merely the opinions which the writers thought likely to win prizes. In consequence a feeling of unreality pervades these later chapters.

F. CHARLOTTE NAISH.

DIABETES AND THE LIVER

Le Foie Diabétique. Aspects Hormonaux. By Dr. Jacques Mirouze. (Pp. 368. 1,300 francs.) Paris: L'Expansion Scientifique Française. 1951.

This book on the "diabetic liver" is difficult to review. To size up and assess detailed and specialized monographs in the French mode of production, and indeed in special supplements of the *Acta Scandinavica*, often leaves the mind of an English reviewer full of headache and confusion. He may appreciate the linguistic clarity of every sentence, but must wonder what all the details in each chapter and section want to say or prove. Even the final summary and conclusions are too often pervaded with a vagueness and verbosity at which the Anglo-Saxon mind revolts—or so has mine when I have tried to comprehend the purport of these 368 pages.

The book is primarily concerned with the liver in different forms of diabetes. In the first section the author describes—mainly from the literature—different types of experimental and human diabetes. In the second section he describes human investigations of liver function in diabetics for the study of blood, pigment, and protein, fat, and glycogen metabolism, based principally on liver biopsies. When one looks for numbers tested and precise description of techniques, a soft vagueness pervades. When we turn to the general conclusions of this book, we learn that no strict, and certainly no causal, relation is obvious between diabetes and the liver changes that may be found in diabetics.

R. D. LAWRENCE.

CANCER OF THE BLADDER

Cystektomie beim Blasenkrebs. By Professor H. Boeminghaus. (Pp. 84; 56 illustrations. M. 11.50.) Stuttgart: Georg Thieme. 1951.

Twenty years ago there were few forms of malignant disease regarded with such despair as that of the bladder. Radical operation involved a risk which was almost prohibitive, and even alleviation of the terrible distress of the patient was often impossible. To-day, with modern resources, a total cystectomy may be achieved with no more risk than that of a resection of the colon, and there is a reasonable prospect of years of normal life.

This book on cystectomy for cancer of the bladder gives an excellent account of the present position. Although the personal experience of the author is limited, he has evidently studied the literature very thoroughly. His discussion of the indications for and against total cystectomy is admirable, and he makes clear the advantages of a complete over a partial operation. The description of this considerable operation as carried out by the leading authorities is sound and is fully illustrated from their own articles, chiefly from the work of Millin and Couvelaire. A bibliography would have been welcome, but this could easily be supplied from the full lists of names which accompany the statistical tables.

To anyone with a knowledge of German this monograph gives valuable information in a convenient and

reliable form, and it will enable him to appreciate the extraordinary advance made in the surgery of malignant disease of the bladder in recent years.

HENRY SOUTTAR.

BOOKS RECEIVED

Review is not precluded by notice here of books recently received

Patterns of Marriage. By E. Slater, M.A., M.D., F.R.C.P., and M. Woodside. (Pp. 311. 17s. 6d.) London: Cassell. 1951.

Wonderfully Made. By A. R. Short, M.D., F.R.C.S. (Pp. 159. 6s.) London: The Paternoster Press. 1951.

The Midwife's Text-Book. By R. W. Johnstone, C.B.E., M.A., M.D., LL.D., F.R.C.S.Ed., M.R.C.P.Ed., F.R.C.O.G., F.R.S.Ed. 5th ed. revised in collaboration with W. I. C. Morris, M.B., F.R.C.S.Ed., F.R.C.O.G. (Pp. 400. 20s.) London: Adam and Charles Black. 1951.

Medical Care for Seamen. By Professor R. Straus. (Pp. 165. 24s.) London: Geoffrey Cumberlege. 1950.

Spleen Puncture. By S. Moeschlin; translated by A. Piney, M.D. (Pp. 229. 30s.) London: William Heinemann. 1951.

A Synopsis of Regional Anatomy. By T. B. Johnston, C.B.E., M.D. 7th ed. (Pp. 448. 22s. 6d.) London: J. and A. Churchill. 1951.

The Child Who Never Grew. By Pearl S. Buck. (Pp. 60. 2s. 6d.) London: Methuen. 1951.

Epitome of the Pharmacopeia of the United States and the National Formulary. By the Council on Pharmacy and Chemistry of the American Medical Association. 9th ed. (Pp. 255. 20s.) London: J. B. Lippincott. 1951.

Introduction to Surgery. By V. K. Frantz, M.D., and H. D. Harvey, M.D. 2nd ed. (Pp. 233. 21s.) London: Geoffrey Cumberlege. 1951.

An International Bibliography on Atomic Energy. Vol. 2: Scientific Aspects. By the Atomic Energy Commission Group. (24,282 items. 75s.) London: H.M.S.O., P.O. Box 569, S.E.1. 1951.

The Human Colon. By W. J. Grace, M.D., and others. (Pp. 239. \$7.50.) New York: Paul Hoeber. 1951.

Manual of Tumor Nomenclature and Coding. Prepared by Subcommittee of the Statistics Committee, American Cancer Society. (Pp. 119. \$2.50.) New York: American Cancer Society. 1951.

Atlas der Hals-Nasen-Ohren-Krankheiten. By Professor C. von Eicken and A. S. van Treeck. 3rd ed. (Pp. 199. M. 78.) Stuttgart: Georg Thieme. 1951.

Atonies et Dyskinésies Digestives: Colites Chroniques et Ptoses. By L. Gleize-Rambal. (Pp. 81. No price.) Paris: G. Doin. 1947.

Unsurpassed as a medical dictionary, *Dorland's* maintains its high standard in the twenty-second edition, recently published by W. B. Saunders at 50s. It includes a new introductory article by Professor Lloyd W. Daly, of Pennsylvania University, on "Fundamentals of Medical Etymology." Here Latin and Greek are anatomized to show how their vocabularies have been drawn upon in the construction of medical and scientific terminology. The dictionary has been brought up to date by the addition of many new terms, though at the same time an attempt has been made to keep as many as possible of the old ones. The book is thus something more than a dictionary of current terminology, being also a fascinating museum and including brief biographical notes of the many men whose names are commonly attached to diseases, signs, symptoms, and tests. There are also useful tables of drug doses and weights and measures. The text has been reset in a new type which makes the page easier to read.

Dr. NELSON WEST JENKIN died at his home in Hindhead on September 26, aged 69. He was educated at Giggleswick School, Christ's College, Cambridge, and St. Thomas's Hospital. After qualifying in 1908 he was appointed house-physician and later resident anaesthetist and senior resident house-physician at St. Thomas's. In 1909 he joined a partnership at Hindhead and practised there for 42 years. He built up a large practice, as a man of his character, professional knowledge, and devotion to duty was bound to do. In the first world war he served in France and later in the hospital ship *Egypt*. After demobilization he took the degrees of M.B., B.Ch. During the second world war he was senior medical officer at the Haslemere and District Hospital, and gave up the greater part of his spare time to running and organizing this hospital on a war basis. His outside interests were many, but his patients always came first. He was a good athlete, a member of his school Rugby fifteen, and the heavyweight of the fastest crew that Christ's College had ever had before his day or probably since. The crew rowed in the Grand Challenge Cup at Henley and reached the final of the Ladies Plate. In this crew he must have more than pulled his weight, and this he continued to do in everything he attempted throughout his life. He loved his garden and was a well-known expert on alpine plants. His holidays were spent in the mountains: he travelled as far afield as the Caucasus to search for rare plants. A winner of many prizes at the Royal Horticultural Society's shows, he introduced several species new to this country. He was an original member of the Alpine Society. In 1910 he married Mary Greaves, daughter of a Fellow of Christ's College. She died in May of this year. There were no children, and an adopted daughter, to whom he was most devoted, died aged 15 in 1928. Through life it seemed to fall to his lot to have to suffer more kicks and difficulties than are meted out to the average man. He bore his knocks with courage and cheerfulness and set a fine example to his patients. The last few years of his life were marred by a progressive loss of sight, and the last few months by a disease which he knew might at any time prove fatal. He had gradually to reduce his professional work, but he never allowed his physical disabilities to obtain mastery over his apparently unconquerable spirit. A large congregation at his funeral service, some of his old patients and friends coming from distant parts of England, gave proof of their affection and devotion.—R. E. G. G.

Dr. HERBERT MELVILLE CHURCHILL died at his home in North London on October 11, aged 73. He qualified at the London Hospital in 1903, and two years later went to China as a medical missionary, working first at Kienning-fu and later (after an interval of service with the British Army in Salonika) at Foochow, where he taught surgery to Chinese students at the medical school. His knowledge of Chinese was such that he translated Caird and Cathcart's *Surgical Handbook* into that language. Returning home in 1919, he became secretary of the Medical Missionary Association. He entered general practice in Stoke Newington in 1923. Besides working hard as a general practitioner he found time to serve on the Borough Council, as well as on committees of the Church Missionary Society and the Egypt General Mission. After he retired from general practice he became first the secretary and then the chairman of the London committee for the King George V Memorial Hospital for merchant seamen in Malta. In this capacity his energy and organizing ability proved useful qualities. When the hospital was destroyed by enemy action during the war he began at once to plan for its rebuilding, visiting Malta twice (as a passenger in R.A.F. bombers) before the war was finished. After the war he raised the £100,000 needed, with the generous help of the Scottish Red Cross, and in spite of difficulties with permits, materials, and equipment the King George V Hospital was the first major building in the Mediterranean area to be reconstructed. Although often ill during the last three years, he remained at his work, and he drove himself to his office on the day before his

death in order to attend a committee meeting. The Society for whom he worked and all who knew him best will long miss his experience and wisdom, coupled as they were with a rare unselfishness and personal humility.

Medico-Legal

"EXISTENCE" OF HOSPITALS UNAFFECTED BY N.H.S. ACT

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

By her will Miss Adah Phyllis Kelman, of Davenport, Cheshire, who died in 1947, left her residuary estate to be divided equally between "such of the Royal Manchester Children's Hospital, Pendlebury, the Christie Hospital and Holt Radium Institute, Withington, the National Trust, and St. Dunstan's, as shall at the time of division be in existence." On May 23, 1951, the executors of the will applied to the Chancery Division to solve the question whether the National Health Service Act had brought an end to the existence of the two hospitals.

Mr. Justice Romer¹ decided that the effect of the Act was to vest them in the appropriate bodies created by the statute, but that the change was one of management only. The charitable work of the hospitals was being carried on under the same names and in the same premises as before the Act, and he could not see why the change should determine the existence of the charity. He accordingly made a declaration that the bequest was effective, and that the two hospitals were for that purpose in existence.

¹ *Manchester Guardian*, May 24.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

Dr. John Hamill Crookston (Toronto) has been elected to an Elmore Medical Research Studentship, from October 1.

Professor James Dixon Boyd was elected into a Professorial Fellowship of Clare College on October 1.

Dr. L. B. Cole has been appointed deputy for the Regius Professor of Physic during Sir Lionel Whitby's term of office as Vice-Chancellor.

Dr. F. Howarth has been appointed deputy for the Sheld Professor of Pharmacology for the academic year 1951-2, the period during which Professor E. B. Verney, F.R.S., will be on leave of absence.

Dr. B. W. Davy has been appointed a Junior Health Service Officer with tenure from October 1 for three years.

Professor A. Leslie Banks, professor of human ecology in the University, has been elected to a Professorial Fellowship at Gonville and Caius College.

In Congregation on October 13 the following degrees were conferred:

M.B., B.CHIR.—*D. G. Dickson, *E. J. Purcell, *M. F. Downey, Barbara M. Gray.

*By proxy.

UNIVERSITY OF ST. ANDREWS

At a Graduation ceremony held on October 12, the degree of B.L. was conferred on H. J. Gibson, M.B., Ch.B., D.P.H.

UNIVERSITY OF ABERDEEN

The following appointments are announced: *Lecturer in Surgery*, William Burnett, F.R.C.S. *Lecturer in Obstetrics and Gynaecology*, R. McF. Bernard, M.B., Ch.B., M.R.C.O.G. *Lecturers in Pathology*, R. C. Nairn, M.D., and A. W. Williams, M.D., D.C.P.

UNIVERSITY OF DURHAM

Sir Reginald Watson-Jones will deliver the tenth Rutherford Morison Lecture at the Royal Victoria Infirmary, Newcastle-upon-Tyne, on Tuesday, November 20, at 5.15 p.m. His subject is "Recent Progress in the Treatment of Fractures."

Friday

BRITISH POSTGRADUATE MEDICAL FEDERATION.—At London School of Hygiene and Tropical Medicine, Keppel Street, Gower Street, W.C., November 2, 5.30 p.m., "*Metal Catalysis and Intracellular Respiration*," by Professor D. Keilin.

●INSTITUTE OF DERMATOLOGY, Lisle Street, Leicester Square, London, W.C.—November 2, 5.30 p.m., clinical demonstration by Dr. H. W. Barber.

●INSTITUTE OF UROLOGY.—At St. Paul's Hospital, Endell Street, London, W.C., November 2, 11 a.m., "*Lymphogranuloma Inguinale, Granuloma Venereum, and Condylomata Accuminata*," by Mr. A. H. Harkness.

●POSTGRADUATE MEDICAL SCHOOL OF LONDON, Hammersmith Hospital, Ducane Road, W.—November 2, 2 p.m., "*Acute Haematogenous Osteomyelitis*," by Mr. C. W. Fleming; 4 p.m., "*Antibiotics in Infectious Diseases*," by Dr. H. Stanley Banks.

●ROYAL COLLEGE OF SURGEONS OF ENGLAND: FACULTY OF ANAESTHETISTS, Lincoln's Inn Fields, London, W.C.—November 2, 5 p.m., "*Drugs Acting on Blood and Blood Formation*," by Dr. H. C. Stewart; 6.15 p.m., "*Drugs Acting on the Urinary Tract*," by Dr. H. C. Stewart.

ROYAL EYE HOSPITAL, St. George's Circus, Southwark, London, S.E.—November 2, 4.30 p.m., "*Points in the Selection, Testing, Maintenance, and Use of Ophthalmic Instruments*," by Mr. A. J. Cameron.

ROYAL MEDICAL SOCIETY, 7, Melbourne Place, Edinburgh.—November 2, 8 p.m., "*The Treatment of Pulmonary Tuberculosis*," by Mr. W. A. Mahon.

APPOINTMENTS

BRITISH RAILWAYS (LONDON MIDLAND REGION).—Assistant Medical Officers, J. T. Crean, M.R.C.S., L.R.C.P., F. L. Davies, M.R.C.S., L.R.C.P., and I. M. Ramsden, M.B., Ch.B.

COCKBURN, WILLIAM, M.B., Ch.B., D.M.R.D., Consultant Radiologist, Scottish Borders Hospital Group, Peel Hospital, near Galashiels.

EAST ANGLIAN REGIONAL HOSPITAL BOARD.—Assistant Anaesthetist (S.H.M.O. status) in Wisbech, Duddington, and Peterborough Area, J. K. Black, M.B., B.Ch., D.A. Anaesthetic Registrar, East Suffolk and Ipswich Hospital, J. P. Kwell, M.D. Medical Registrar, Newmarket General Hospital, F. Storer, L.R.C.P. & S.Ed. Gynaecology and Obstetrics Registrar, Peterborough and District Memorial Hospital, H. Rees, M.B., B.Ch., D.Obst.R.C.O.G. Psychiatric Registrar, St. Andrew's Mental Hospital, Thorpe, Norwich, Dorothy M. J. Emslie, M.B., Ch.B. Senior Orthopaedic Registrar, United Norwich Hospitals, S. W. Davidson, M.B., Ch.B., F.R.C.S.Ed. Registrar in Dermatology, Norfolk and Norwich Hospital, C. F. Bunting, M.R.C.S., L.R.C.P.

FRASER, D. J., M.B., Ch.B., D.P.H., Medical Officer, Central District, and Assistant County Medical Officer, County of Flint.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, London, W.C.—Two Medical Registrars and Pathologists (Senior Registrar Grade), J. A. Black, M.D., M.R.C.P., P. J. N. Cox, B.M., B.Ch., M.R.C.P., D.C.H. Two Part-time Registrars to the Department of Physical Medicine (Registrar Grade), J. Luder, M.D., M.R.C.P., D.C.H., G. R. Parry, M.B., B.S., Three House-physicians (Senior House Officer Grade), T. E. Oppé, M.B., B.S., M.R.C.P., D.C.H., Constance C. Forsyth, M.D., M.R.C.P., H. G. Rischbieth, M.B., B.S., M.R.A.C.P. House-surgeon (Senior House Officer Grade), Kathleen A. M. Frith, M.B., B.S.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Arnott.—On October 19, 1951, at the Queen Elizabeth Hospital, Birmingham, to Dorothy (formerly Hill), wife of W. Melville Arnott, M.D., F.R.C.P., a son.

Finigan.—On October 10, 1951, at King's College Hospital, to Mari (formerly Williams), wife of Dr. F. O'D. Finigan, a daughter.

Innes.—On October 13, 1951, at Edinburgh, to Dr. Elizabeth Marion (formerly Elma Hislop), wife of Dr. James Innes, a daughter.

Ledingham.—On October 18, 1951, in London, to Josephine (formerly Metcalf), wife of Dr. J. M. Ledingham, a son.

Levi.—On October 8, 1951, at Liverpool Maternity Hospital, to Dr. Pearl Levi (formerly Lyons), wife of Dr. H. T. Levi, a daughter—Sylvia Ruth.

Puszkiewicz.—On September 28, 1951, to Gertruda, wife of Dr. R. Puszkiewicz, a daughter—Krystyna Maria.

Rainford.—On August 20, 1951, to Janet, wife of Dr. F. A. Rainford, Blyth Lodge, 35, London Road, Bromley, Kent, a daughter.

DEATHS

Anning.—On October 11, 1951, at Johannesburg, South Africa, Charles Clifford Paul Anning, C.B.E., M.R.C.S., L.R.C.P., D.P.H.

Bingham.—On October 14, 1951, Sydney Oliphant Bingham, M.R.C.S., L.R.C.P., of The Lane House, Shirland, Derbyshire.

Donovan.—On October 15, 1951, at his home, William Terence Donovan, M.B., Ch.B., D.P.H., aged 52.

Griffiths.—On October 15, 1951, John Howell Griffiths, M.D., D.P.H., of 55, De Lisle Road, Bournemouth.

Henry.—On October 14, 1951, at Epsom County Hospital, Gordon Campbell Henry, M.B., B.S., of 90, Manor Drive, Ewell, Surrey.

Mackichan.—On October 18, 1951, at a nursing home, Francis William Mackichan, M.B., Ch.B., of Vicars Drive, Rochdale, Lancs, aged 67.

Pain.—On October 16, 1951, at a nursing home, Arthur Pain, M.R.C.S., L.R.C.P., late of Thorney, Cambs, aged 80.

Thompson.—On October 2, 1951, at 29, Rutherford Road, Liverpool, Herbert Marshall Thompson, M.B., Ch.B., aged 69.

Wav.—On October 16, 1951, at "The Warren," Compton Down, near Winchester, Hants, Arthur Orsborn Wav, M.R.C.S., L.R.C.P., aged 82.

Weir.—On October 12, 1951, at a nursing home, Jersey, Edmund George Harrison Weir, M.D., of Fernlea, St. Clement, Jersey, C.I., late of Malacca, Malaya, aged 74.

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.

"Antabuse" and Anaesthetics

Q.—When a patient is receiving antabuse for the treatment of chronic alcoholism, symptoms of some severity develop if he resorts to alcohol. Is ethyl alcohol the only intoxicant to which he is sensitized by antabuse? May a general anaesthetic be administered with safety to a patient who is undergoing antabuse treatment?

A.—When patients taking antabuse (tetraethylthiuram-disulphide) consume alcohol they experience very unpleasant sensations, such as flushing, palpitations, and nausea, due to increased oxidation of the alcohol to acetaldehyde. The symptoms can be produced in normal subjects by injecting acetaldehyde intravenously. Normally, a small amount of the latter is found in the blood after consuming alcohol; it is increased about tenfold if antabuse is given previously.

Anaesthetics can be given to a patient undergoing antabuse treatment if it is borne in mind that in some patients its use may be accompanied by a fall in blood pressure. In such cases spinal analgesia would be contraindicated. The use of cyclopropane would also appear to be unwise owing to the possible production of cardiac irregularities. Brom-ethol should not be administered, as it forms bromoacetaldehyde on oxidation and might therefore intensify the reactions from antabuse. There is no objection to the use of other anaesthetic agents.

"Salt-free Diet"

Q.—Could you advise me how to give variety to a salt-free diet and make it appetizing? Please include a sample menu in your answer. Are the proprietary sauces, such as "H.P." and "Worcester," salt-free?

A.—The success of a low-salt diet in the treatment of congestive heart failure and other oedematous states depends primarily upon adequate restriction of dietary sodium. For this reason the term "low-sodium diet" is to be preferred. Sodium restriction may be mild, moderate, or severe, and to achieve these degrees of restriction diets may be prepared which limit sodium intake in 24 hours to 1.5–3 g., 0.5–1.5 g., and less than 0.5 g., respectively.

In general practice mild or moderate low-sodium diets will usually be found adequate. They are simple to prepare, may be varied often, and can be prescribed for long periods. Diets containing less than 0.5 g. sodium are usually reserved for hospital patients with obstinate cardiac oedema which resists rest, digitalis, and mercurial diuretics. Such diets are difficult to prepare, and they are usually prescribed for short periods only. They are dull and monotonous; variation is strictly limited, and few patients will tolerate them for long periods. In addition, the patients need close supervision; for, if mercurial diuretics are given simultaneously and fluids restricted, the risk of uraemia is a real one.

Mild sodium restriction may be achieved without inconvenience to the busy housewife by observing the following points. Avoid: salt at table; salt-preserved foods—e.g., cheese, ham, bacon, salted fish, olives, sausage of any kind; highly salted foods—e.g., salted nuts and potato chips; relishes—e.g., H.P. and Worcester sauce, pickles, ketchup—all of which have a high sodium content. For moderate sodium restriction the following foods must also be avoided: salt in any kind of cooking; canned vegetables, meat, or soup; frozen peas or frozen fish fillets; fruits preserved with