

discontinuous nature of the environment generally leads to the breaking up of the species into smaller interbreeding units of varying size, permanence, and isolation, which are termed "demes." This idea is of great importance, because, as he so clearly shows, the demes are the units which undergo evolutionary change. If they are small enough (as apparently they often can be) they may show non-adaptive evolution. "The earliest stages of differentiation take place in these partially isolated local populations, and from these beginnings the whole of micro-evolution is built up."

He turns from micro-evolution to the larger evolutionary changes, and after discussing allometry and arithogenesis, pre-adaptation, evolutionary trends, recapitulation, and finally the rate of evolution, he draws the conclusion that macro- and mega-evolution can be interpreted, largely at least, as due to the operation, for long periods of palaeontological time, of the same processes which work in micro-evolution. The time factor allows new aspects of the evolutionary process to become evident. He concludes by re-examining some of the classical objections to the Darwinian theory in the light of recent advances in knowledge.

G. P. WELLS.

THE TWO CATS

Wisdom, Madness, and Folly. The Philosophy of a Lunatic. By John Custance. Foreword by Canon L. W. Grensted. (Pp. 254. 16s.) London: Victor Gollancz. 1951.

The author does himself a serious injustice in giving his book the subtitle, "The Philosophy of a Lunatic." In fact he is not a lunatic, although he has had periods of lunacy—that is, typical and severe attacks of both mania and depression. He describes these episodes with clarity and feeling, so that they rank highly among the self-descriptions of psychotic patients. For that reason alone the book is interesting to the psychiatrist, and should be interesting to others too. In his case not only were the depressive phases a kind of Hell, but the manic phases, as is much less common, seemed very near to Heaven. Mr. Custance is naturally a deeply religious man, and the psychological necessity arose to try to relate his abnormal experiences with his religion and philosophy. He feels that they have enriched his mental and spiritual life, and would not now be without them, despite the distress they caused. The philosophy to which he is led emphasizes the objective reality of his experiences, and is indeed a form of idealism. Suppose he were to see, he says, in a hallucination a cat sitting next to him, he would be unable to distinguish the hallucinatory cat from a real one, and for his psychophysical system the two would be the same. In his "Theory of Actuality" no difference is made.

Mr. Custance's philosophical system, which is quite sane, will make a strong appeal to those who are attracted to idealist philosophies, but it will not do as the basis for a scientific approach. The reconciliation which he has found it to give between religion and science would be a shaky one. The trouble is that, if others were to deal with Mr. Custance's two hypothetical experiences, normal visual perception and hallucination, as equivalent, they would make practical errors of considerable consequence. A very successful method of helping the chronically hallucinated patient to get by in ordinary life consists in teaching him to distinguish, perhaps by adventitious circumstances, the hallucinated from the real, and to react differently to them.

In one mental hospital Mr. Custance experienced, as he credibly claims, a degree of brutality from the male nurses which would be a disgrace to any decently run institution; and, it is said, the doctor to whom he complained turned a blind eye. This distressing history is confined to an appendix, which, however, should be carefully read by psychiatrists. Such affairs are increasingly less likely to occur as a therapeutic rather than a custodial attitude develops in mental institutions. What Mr. Custance has to say about the way in which sympathy or antipathy may be aroused in the psychotic patient by the attitude of his doctors is of real value. He has, in fact, many practical suggestions to offer, such as the provision of incentives in occupational therapy, which could well be considered by hospital psychiatrists.

ELIOT SLATER.

BOOKS RECEIVED

Review is not precluded by notice here of books recently received

The English Herbal of Physical Plants. By J. Peckey. (Pp. 96. 3s. 6d.) London: Hutchinson. 1951.

Antibiotics. By Sir Howard Florey, F.R.S., M.A., Ph.D. (Pp. 35. 6s.) Oxford: Blackwell Scientific Publications. 1951.

We of Nagasaki. By T. Nagai. (Pp. 207. 10s. 6d.) London: Victor Gollancz. 1951.

Parasitic Infections in Man. Edited by H. Most, M.D. (Pp. 229. 30s.) London: Geoffrey Cumberlege. 1951.

Metabolic Methods. By C. F. Consolazio and others. (Pp. 471. 48s.) London: Henry Kimpton. 1951.

Instruments and Apparatus in Orthopaedic Surgery. By E. J. Nangle, M.B., Ch.B., F.R.C.S. (Pp. 231. 42s.) Oxford: Blackwell Scientific Publications. 1951.

Eosinophilic Lung. By T. J. Danaraj, M.D. (Pp. 57. No price.) Singapore: Papineau Studios, 304-U, Orchard Road. 1951.

Twenty-fourth Meeting of the Northern Surgical Association. Edited by E. Dahl-Iversen, M.D. (Pp. 365. No price.) Copenhagen: Ejnar Munksgaard. 1950.

La Philosophie de la Chirurgie. By Professor R. Leriche. (Pp. 251. 400 francs.) Paris: Flammarion. 1951.

The literature on nuclear physics has changed from a steady stream to a river in spate since the fission of the atom. Some of the work has been concerned with the application of radioactive isotopes to medical diagnosis and treatment, and with the biological and medical effects of high-energy radiations. As a key to this vast literature the United Nations Atomic Energy Commission published in 1949 Vol. 1 of its *International Bibliography on Atomic Energy*. It dealt with the political, economic, and social aspects of the subject. The Commission has now published a second volume (*An International Bibliography on Atomic Energy. Vol. 2. Scientific Aspects*. Atomic Energy Commission Group, United Nations, New York, 1951), which lists over 24,000 articles, books, and booklets published in all parts of the world between 1925 and 1949 on the scientific aspects of research in the field of atomic energy. The volume is divided into five chapters, of which Chapter 3 (on biological and medical effects of high-energy radiations) and Chapter 4 (on isotopes in biology and medicine) contain a total of 6,454 references. The book includes an author index and a list of abbreviations of journals cited. It is obtainable from H.M. Stationery Office, P.O. Box 569, London, S.E.1, price 75s. or \$10.

Housing Priority

Mr. H. MACMILLAN said in reply to a question on November 13 that local authorities had a statutory duty to give a reasonable preference to those living under unsatisfactory housing conditions. They had been requested to give due weight to claims made on the grounds of ill-health, including pulmonary tuberculosis.

D.D.T. Supplies

Mr. R. W. SORESENSEN asked the Secretary of State for Foreign Affairs on November 14 what was being done by the United Nations Organization and W.H.O. to ensure a better supply and a more equitable distribution of D.D.T. In reply Mr. H. A. NUTTING told him that the Economic and Social Council of the United Nations was setting up a working party to examine the position and that the party was due to meet in February, 1952.

Alien in the Health Service

Mr. E. H. KEELING on November 15 asked the Minister of Health if he would make a statement about the employment as a clerk in the National Health Executive Council for Middlesex of a man who, having been a secret agent of the Czechoslovak Government, had been deprived of his British citizenship earlier in the year at the instance of the Attorney-General. Mr. H. F. C. CROOKSHANK replied that he was employed for a short time as a temporary clerk by the Middlesex Executive Council.

Cancer Cure Claim

Mr. PETER FREEMAN on November 15 asked the Minister of Health whether inquiries into the claims of Mr. Rees Evans for curing cancer had been concluded, and when a report could be expected. Mr. H. F. C. CROOKSHANK said in reply that the committee had not quite completed its investigations and was unable to say how soon it would be able to report.

Leeds Regional Hospital Board

On November 15 Colonel H. STODDART-SCOTT asked how many of the 191 rooms in the Queen's Hotel, Harrogate, were being used by the Leeds Regional Hospital Board on November 1, how many were occupied as a nurses' home, and how many were in use as a preliminary nurses' training school. Mr. H. F. C. CROOKSHANK replied that the board used 73 rooms. The principal sister tutor was using two rooms earmarked for the preliminary nurses' training school. No other rooms were at present used for the purposes of the school or the nurses' home, but 99 were earmarked for these purposes. The remainder were not considered suitable for use as living accommodation and would serve as stores.

Pneumoconiosis and Byssinosis

Mr. OSBERT PEAKE, on November 16, moving the second reading of the Pneumoconiosis and Byssinosis Bill, said the main object was to provide benefits out of the Industrial Injuries Insurance Fund for those totally disabled or for dependants of those dying from these diseases whose compensation claims had been barred by the time limits imposed in the past. The Bill would also improve the position of those who came within the two benefit schemes. Inclusion of partial disablement cases, most of which were at present in regular employment, would involve difficulty in ascertaining what loss of earning capacity had been suffered and the medical panels would have thrown on them a burden which they could not discharge. After the war, when these panels became overloaded with applications, they had to be diluted with doctors who were not fully expert in this subject.

Dr. EDITH SUMMERSKILL said the diagnosis of these diseases in the early stages had baffled the medical profession. Unfortunately x-ray examination did not reveal the condition in its early stages. If the partially disabled were

included, provision would have to be made for examination of every miner and ex-miner, but the medical boards were very busy and the number of chest specialists available was limited.

Mr. EDWIN LEATHER welcomed the Bill, but told of a miner who went down with pneumonia, was radiographed, and was then told he must have had pneumoconiosis for at least 15 years. He could do only light work. He asked how much he would be allowed to earn and still come within the conditions of the Bill. Pneumonia was one of the most common causes of the discovery of the disease. He had been assured by the former Minister of Fuel and Power that a scheme for the compulsory x-ray examination of miners was in the pilot stage. It would take six months or a year to get it working. It might be practicable for an initial screening to be made by the doctors in each coalfield.

Dr. SUMMERSKILL intervened to say that the ordinary doctor could not interpret an x-ray plate. She added that a doctor employed by a Government department was a doctor first. He was not a dishonest man just because he was a Civil Servant.

Mr. LEATHER said that, if there were insufficient doctors to deal with the patients, an effort must be made to find more doctors. Had anyone suggested looking to Germany for medical men? The Pneumoconiosis Research Unit had as sound a medical knowledge of this subject as anyone in the world, but he was not satisfied that Britain had explored the methods of mass diagnosis and radiography used in the United States.

Mr. JAMES GRIFFITHS said that before 1948 men who claimed compensation and went to court were harried by doctors specially employed for the purpose. The whole thing was poisonous. He was glad that examination was revealing a case for the extension of the definition of pneumoconiosis to include emphysema. When he recently visited the silicosis clinic in the copper belt of Northern Rhodesia he felt ashamed when he saw the magnificent facilities for Africans and Europeans.

The Bill was read a second time without a division.

Switzerland.—Inquiries have been made of the Swiss Government, but so far without success, to secure reciprocal medical facilities for British subjects while in Switzerland.

Opticians.—The committee appointed to examine the need for the registration of opticians has finished taking evidence and hopes to present its report early next year.

The Services

The *London Gazette* has announced the award of the George Medal to Flight Lieutenant FRANCIS JOHN ENSELL, M.B., Ch.B., R.A.F., Royal Air Force Station, Biggin Hill. The citation reads as follows:

On August 23, 1951, a Harvard aircraft crashed into some dispersal pens on the edge of the aerodrome at Biggin Hill, and immediately burst into flames. The pilot, who was seriously injured, was trapped in the cockpit. Flight-Lieutenant ENSELL, Station Medical Officer, arrived with the ambulance and, despite the extreme danger to himself, went to the rescue of the trapped pilot. It was obvious that in his excited, half-conscious state the pilot would be difficult to extricate. Acting calmly and without hesitation, Flight-Lieutenant ENSELL administered morphine to the pilot and, as soon as this had quietened him, dragged him out of the cockpit, thereby saving his life. The whole of the interior of the aircraft was blazing furiously, the cockpit was full of smoke and flames, and there was an immediate danger of the petrol tank exploding. Flight-Lieutenant ENSELL stood beside the cockpit with the flames all round him and worked with completely calm efficiency at his rescue task. His shoes were badly scorched and his uniform ruined. Flight-Lieutenant ENSELL acted with great bravery and with no thought for his personal safety, and set an example of courage and devotion to duty of the highest order in risking his life to save that of a comrade.

Major-General Frederick Harris, C.B., C.B.E., M.C., K.H.S., late R.A.M.C., has been appointed Director-General, Army Medical Services, with the rank of Lieutenant-General, and with effect from April 1, 1952, in succession to Lieutenant-General Sir Neil Cantlie, K.B.E., C.B., M.C., K.H.S., late R.A.M.C.

CASUALTIES IN THE MEDICAL SERVICES

Previously reported missing, now known to be a prisoner of war.—Captain A. M. Ferrie, R.A.M.C.

- POSTGRADUATE MEDICAL SCHOOL OF LONDON, Hammersmith Hospital, Ducane Road, W.—November 30, 11.15 a.m., Surgical Clinical-pathological Conference; 2 p.m., "The Evaluation of Modern Methods in the Treatment of Prostatic Obstruction," by Mr. A. Clifford Morson; 4 p.m., "Iron and Anaemia," by Dr. Sheila Callender.
- ROYAL COLLEGE OF PHYSICIANS OF LONDON, Pall Mall East, London, S.W.—November 30, 5 p.m., "Advances in the Treatment of Tuberculosis," Dr. F. P. Lee Lander.
- ROYAL EYE HOSPITAL, St. George's Circus, Southwark, London, S.E.—November 30, 5.30 p.m., "The Endocrines and the Eye," by Dr. C. A. Keele.
- ROYAL MEDICAL SOCIETY, 7, Melbourn Place, Edinburgh.—November 30, 8 p.m., "Old Age: A Medical Problem," by Mr. G. A. G. Crease.

APPOINTMENTS

EAST ANGLIAN REGIONAL HOSPITAL BOARD.—Consultant Psychiatrist St. Andrew's Mental Hospital, Norwich, J. M. Rosie, M.D., D.P.M. Registrar in Psychiatry, Little Plumstead Mental Deficiency Colony, J. Mukerjee, M.B. Medical Officer, Regional Blood Transfusion Unit, E. M. Sewell, M.B., Ch.B. D.P.H. Senior Registrar in Psychiatry, Little Plumstead Mental Deficiency Colony, R. C. MacGillivray, M.B., Ch.B., F.R.F.P.S. Anaesthetic Registrar, United Norwich Hospitals, C. J. Coghlan, M.B., B.Ch. Ear, Nose and Throat Registrar, Norfolk and Norwich Hospital, D. G. Jones, M.R.C.S., L.R.C.P. HAGEDORN, E. O., L.R.C.P.&S.Ed., Deputy Medical Superintendent, Littlemore Hospital, Oxford.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, London, W.C.—Part-time Consultant Paediatric Surgeon, with a special interest in Thoracic Surgery, D. J. Waterston, M.B., Ch.B., F.R.C.S. Assistant Radiologist, G. N. Weber, M.R.C.S., L.R.C.P., D.M.R.D. House-surgeon to Orthopaedic and Plastic Departments (Senior House Officer Grade), F. E. Weale, M.B., B.S. Junior Resident Anaesthetist (Senior House Officer Grade), Colette L. Raulin, M.B., B.S.

LIVERPOOL REGIONAL HOSPITAL BOARD.—Consultant Pathologist, Newsham General and Mill Road Maternity Hospitals, R. Y. Dawbarn, M.D. Consultant Paediatrician to Hospitals in Central Wirral Area, K. R. Llewellyn, M.R.C.P., D.C.H. Whole-time Assistant Psychiatrist, Upton Mental Hospital, L. Couper, M.B., Ch.B. D.P.M. Whole-time Assistant Radiologist, East Liverpool Area, E. G. Donovan, M.B., Ch.B., M.R.C.P., D.M.R.D., D.C.H., C.P.H. Whole-time Assistant Anaesthetist for duties at Hospitals mainly in South Liverpool and St. Helens Area, H. J. Weldon, M.B., B.Ch., D.A. MONRO, ALAN BENTLEY, M.D., D.P.M., Physician-superintendent and Consultant Psychiatrist, Long Grove Hospital, Epsom, Surrey.

NORTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD.—Part-time, Anaesthetist, St. Mary's Hospital, Plaistow, G. Herington, M.B., B.S., D.A. Full-time Psychiatrist, Runwell Mental Hospital, D. W. Liddell, M.B., B.S., M.R.C.P., D.P.M. Part-time Physician in Physical Medicine, Enfield Group of Hospitals, R. M. Mason, B.M., B.Ch., M.R.C.P. Part-time Anaesthetist, Invalid and Crippled Children's Hospital, J. W. Monro, M.B., B.Chir., D.A. Part-time Anaesthetist, Prince of Wales's Hospital, P. H. Moore, M.R.C.S., L.R.C.P., D.A. Part-time Paediatrician, Poplar Hospital, D. Morris, M.R.C.S., M.R.C.P., D.C.H. Part-time Obstetrician and Gynaecologist, Wanstead Hospital, F. L. E. H. Musgrave, M.D., D.A., M.R.C.O.G. Part-time Gynaecologist, Forest Hospital, R. C. Percival, F.R.C.S., M.R.C.O.G. Part-time Physician in Physical Medicine, Hertford County, Haymeads, and Bishop's Stortford Hospitals, M. E. Wigfield, M.B., B.S., D.Phys.Med. Part-time Anaesthetist, Queen Elizabeth Hospital for Children, Gertrude A. Willis, M.B., Ch.B., D.A.

NORTHERN IRELAND HOSPITALS AUTHORITY.—Assistant Administrative Medical Officer, C. W. Kidd, M.D. Physician, Armagh and Banbridge Area, T. T. Fulton, M.D., M.R.C.P. Second Surgeon, Tyrone and Fermanagh Areas, W. F. Smyth, M.B., B.Ch., F.R.C.S.Ed. Relief Surgeon, based on Belfast City Hospital, W. H. Ekin, M.B., B.Chir., F.R.C.S.Ed., D.P.H. RUSSELL, A. WILSON, M.D., D.P.H., Consultant Chest Physician, Walsall Group of Hospitals and Walsall County Borough.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Brookis.—On November 11, 1951, to Muriel (formerly Maney), wife of J. Gwynne Brookis, F.R.C.S., 14, Rokeby Drive, Newcastle-upon-Tyne, a son—Andrew John.

Oldham.—On October 31, 1951, at the Carmarthen Maternity Unit, to Valerie (formerly Williams), wife of Dr. William Oldham, a son.

MARRIAGES

Armstrong-Poutiainen.—On November 17, 1951, at Helsinki, Finland, Dr. James Grant Armstrong, of Basingstoke, Hants, to Leena-Maija Poutiainen, of Helsinki.

DEATHS

Allen.—On November 11, 1951, at "Riversdale," Bridge Street, Belper, Derbyshire, Richard Clayton Allen, M.R.C.S., L.R.C.P., D.P.H., J.P., aged 69.

Carmichael.—On November 16, 1951, Norman Scott Carmichael, M.B., F.R.C.P.Ed., of 43, Moray Place, Edinburgh.

Dixon.—On November 13, 1951, at 20, Queens Gardens, Herne Bay, Kent, William John Dixon, M.B., C.M., late of Malaya.

Fulham-Turner.—On November 16, 1951, at Hastings, Sussex, Harry Fulham-Turner, M.R.C.S., L.R.C.P., late of Muswell Hill, London, N.

Gardner.—On November 14, 1951, Eric Gardner, M.B., B.Ch., of Portmore House, Weybridge, Surrey.

Gordon.—On November 11, 1951, at his home, Beau Désert, St. Saviour's, Jersey, Colin Gordon, M.B., C.M.

McCall.—On November 10, 1951, at Donnington House Nursing Home, Camberley, Surrey, Eva McCall, M.D., D.P.H.

Risdon.—On November 18, 1951, at "Merivale," St. Alban's Avenue, Bournemouth, William Elliot Risdon, M.D., aged 87.

Smallwood.—On November 13, 1951, at Wheathampstead, Herts, Matthew Edmund Smallwood, M.R.C.S., L.R.C.P.

Walmsley.—On November 12, 1951, at his home, Ardmore, Armagh, Northern Ireland, Thomas Walmsley, M.D., aged 62.

Any Questions?

Book of "Any Questions?"

Q.—When will the book "Any Questions?" be ready, and how can I get a copy?

A.—The first collection of *Any Questions?* will be published in book form early in December. The book consists of a selection of the best questions and answers which have appeared in this section of the *Journal* since the feature was started in February, 1943. The book costs 7s. 6d. (postage 6d.), it is fully indexed, and contains 268 pages. Orders may be placed now with the Publishing Manager, B.M.A. House, Tavistock Square, W.C.1.

Dysmenorrhoea at the Wedding

Q.—A girl who suffers from severe dysmenorrhoea (to the extent of occasionally fainting) finds that her wedding day is going to clash with the expected date of her period. For social reasons she cannot defer the wedding. (1) Can her period be delayed or accelerated, and is this advisable? (2) If not, what drug treatment is advised to tide her over the wedding?

A.—The difficulty with this sort of problem is that no woman has a cycle which is so regular that the onset of the next period can be accurately predicted to a day. Moreover, the various emotional changes associated with marriage and the preparations for it not infrequently disturb menstruation, making it late or early. The chance that the dates will not clash is so high that it is doubtful whether it is worth while attempting to postpone the expected period, but rather one should hope they will not and be prepared to treat the dysmenorrhoea if they do. In this case amphetamine sulphate might be effective. A suitable dose is 10 mg. given orally at the onset of the period, and repeated in four hours if necessary. It would be wise, however, to give a test dose of 2.5 mg. at any earlier date to exclude any idiosyncrasy to the drug.

If it is decided to try to postpone the period, then an oestrogen such as ethyl oestradiol 0.05 mg. t.d.s. could be given every day for the month preceding marriage—i.e., starting at the conclusion of the previous period. Once the marriage is over, treatment should be stopped, and menstruation is then likely to begin 2 to 10 days later. The disadvantage of this is that the postponed period may be unduly prolonged and heavy, but on the other hand it will almost certainly be painless, because the oestrogen is likely to have suppressed ovulation during the cycle of its administration. If it is already too near the wedding day to give this full course of treatment, then progesterone 20 mg. intramuscularly daily could be given, starting seven days before the expected period and continuing up to and including the day of the wedding. Menstruation is likely to begin two to four days after stopping this treatment and will probably be as painful as usual.

Citrated Blood

Q.—(a) What is known of the metabolism of exogenous sodium citrate? (b) Have toxic symptoms ever resulted from its use as an anticoagulant in intravenous therapy?

A.—(a) It is probable that sodium citrate can enter the cells and undergo breakdown to pyruvate, hence to "active acetate," which could then be oxidized by way of the citric cycle mechanism. Intravenous injection of citrate leads to the formation of calcium citrate, which, since it does not ionize, would cause a fall in ionic calcium in the blood. This is normally countered by withdrawal of calcium from bones and teeth, but, if large doses of citrate are administered, might lead temporarily to tetany.

(b) The administration of large amounts of citrate to human beings very seldom produces toxic effects. It has