

ASTHMA AND CATARRH

Bronchial Asthma. Its Relation to Upper Respiratory Tract Infection. By R. J. Whiteman, M.B., Ch.M.(Syd.), F.R.A.C.S. (Pp. 184. 15s.) London: H. K. Lewis and Co. 1951.

The author believes that sinus infection and associated "nasal catarrh" is of paramount importance in all cases of asthma. His views are based on experience gained over a period of twenty-five years. The treatment recommended is as follows: (1) The patient is put to bed in a constant temperature for a period of several weeks. Bilateral antrotomy is carried out and followed by antral wash-outs with normal saline. Menthol and eucalyptus must be inhaled for several hours daily, and this must be continued for four to six weeks after leaving hospital. (2) At the first sign of a "cold" he must return to bed and inhale as before. He must remain in bed until all evidence of "catarrh" has completely gone. It is claimed that if this treatment is conscientiously carried out the results are "almost invariably successful." A number of case histories are quoted in evidence. Failure is attributed to lack of full co-operation by the patient.

There is a great deal of repetition, which makes the book dull reading. The author's statements are didactic and based on insufficient evidence. For example, he states (p. 27): "There is no hesitation in saying that any kind of chronic nasal discharge is almost invariably due to sinus infection. . . ." No distinction is made between catarrh due to infection, allergy, or other causes. "The absence of proof by lavage and x-rays cannot be regarded at this stage as sufficient evidence to exclude an antral infection" (p. 27). "In cases of nasal catarrh in which gross evidence of antral infection has been absent, it has been customary to take their symptoms alone as evidence that their antra are infected" (p. 27). And, finally, "no special investigation either by lavage or x-ray was made of the antra as the object of the Clinic was to carry out this treatment for catarrh, the presence of which was taken to be indicated by the asthma attacks and other symptoms regarded as being secondary to it" (p. 59). A number of symptoms, including train sickness, bilious attacks, loss of appetite for breakfast, dizziness, mental anxiety, and a pasty complexion, are attributed to the toxæmia that accompanies catarrh.

The effective treatment of infected antra and the prevention of colds are of undoubted value in the treatment of asthma, and in the author's hands the methods he recommends appear to have achieved remarkable success. It is difficult not to believe that he has overstated his case, but if results even half as good can be obtained by others in suitably selected cases the treatment is well worth a trial.

R. S. BRUCE PEARSON

RESEARCH METHODS

Methods in Medical Research. Volume 4. Edited by M. B. Visscher. (Pp. 306. \$7.) Chicago: Year Book Publishers. 1951.

The editors of this series believe that, with the growth of specialization in medicine, it is desirable to provide a means whereby persons who have had large practical experience of research techniques can give detailed descriptions of them. The field is a large one and will provide material for an annual volume as far ahead as can be seen. This volume is more closely related to the work of the clinical scientist than were its predecessors.

The first section is on histochemical staining methods and shows how much detailed knowledge of cell constituents can be obtained in this way. The next section, on fluid and electrolyte distribution, deals with a field which has been the subject of intensive research. The third section, on gastro-intestinal investigation, raises the question why, in gastro-enterology, there have been no advances in the last 20 years comparable to those made in the study of diseases of the heart and lungs. This seems to depend on a failure to invent or apply new methods of study. "Perhaps it may reflect a paucity of inspiring research leaders; or a major cause may be reluctance to apply techniques with appeal to young investigators." The final section is about tissue culture methods which, after a period of relative quiescence, have come to the forefront again as tools of investigation. Like previous volumes in the series, this book is handy and readable. An agreeable feature is the occasional reviewers' comment interspersed in the text.

L. J. WITTS.

BOOKS RECEIVED

Review is not precluded by notice here of books recently received

A Seventeenth Century Doctor and His Patients: John Symcotts, 1592? - 1662. By F. N. L. Poynter and W. J. Bishop. (Pp. 126. 25s.) Streatley, Bedfordshire: Bedfordshire Historical Record Society. 1951.

More About Psychiatry. By C. Binger, M.D. (Pp. 201. 10s. 6d.) London: George Allen and Unwin. 1951.

The Croonian Lectures on Muscular Movements and Remarks on Paralysis of the Movements of the Trunk in Hemiplegia. By the late Dr. Charles Beevor. (Pp. 79. 5s.) London: Macmillan. 1951.

Cornell Conferences on Therapy. Edited by H. Gold, M.D., and others. Vol. 4. (Pp. 342. 26s.) London: Macmillan. 1951.

Immunology. By N. P. Sherwood, Ph.D., M.D., F.A.C.P. 3rd ed. (Pp. 731. 56s.) London: Henry Kimpton. 1951.

The Concise Book of Medicine. By A. Bose, M.B., B.S. (Pp. 370. 25s.) Calcutta: Dr. A. Bose, 35, Keshap sen Street. 1951.

Methods in Medical Research. Edited by M. B. Visscher. Vol. 4. (Pp. 306. \$7.) Chicago: Year Book Publishers. 1951.

Electron Microscopic Histology of the Heart. By B. Kisch, M.D. (Pp. 106. \$5.50.) New York: Brooklyn Medical Press. 1951.

The Catholic Doctor By Father A. Bonnar, O.F.M., D.D., M.Sc. (Pp. 179. 12s. 6d.) London: Burns, Oates and Washbourne. 1951.

Origin and Evolution of Man. Cold Spring Harbor Symposia on Quantitative Biology. Vol. 15 (Pp. 425. \$7.) Long Island, New York: The Biological Laboratory, Cold Spring Harbor. 1950.

A recent leading article in these columns (1951, 1, 931) explained the present role of ultrasonics in diagnosis and therapy. *Supersonics or Ultrasonics*, a bibliography compiled by staff of the Research Foundation, Oklahoma Agricultural and Mechanical College, Stillwater, Oklahoma, provides an exhaustive list of papers on all aspects of ultrasonic energy, and covers the years 1926 to 1950. It is classified under more than 80 subject headings, with a separate listing under authors' names. Topics of medical interest include the effect of ultrasonics on bacterial and virus structure, haematological, histological, immunological, pathological, and physiological effects, and therapeutic application. The bibliography comprises 283 pages and is available from the Foundation, price \$2, post paid.

Medico-Legal

FINE FOR LEAVING DRUGS IN CAR

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

By Article 4 of the Dangerous Drugs Regulations it is provided that every dangerous drug or preparation in the custody of an authorized person must be kept in a locked receptacle which can be opened only by him or another authorized person, except when the necessities of the practice of his profession, function, or employment otherwise require.

On May 4 a doctor pleaded guilty at Chatham Magistrates Court¹ when summoned for keeping dangerous drugs otherwise than in a locked receptacle, and was fined £10 and £2 2s. costs.

The circumstances were that on the evening of March 20 a soldier opened the door of the doctor's car, which was standing outside a hotel where the doctor was visiting a patient, and abstracted a case containing morphine, codeine, and phenobarbitone. He took it back to barracks with him and put it under his bed, but in the morning turned it over to the military authorities. The doctor meanwhile had noticed his loss when he got back to the car, and immediately reported it to the police. He had had the bag with him because on a previous visit he had had to administer morphine, and he was driving a strange car while his own was under repair, which was why the car door was not locked.

What is a Receptacle?

Even if the car doors had been locked the doctor would still have been in breach of the regulation. It was decided by the King's Bench Divisional Court in October, 1949,² that a locked motor-car is not a "receptacle" within the meaning of Article 4. In that case the doctor had left drugs in an unlocked case inside a locked car, and the whole car was stolen.

The Lord Chief Justice, Lord Goddard, in deciding that a breach of the regulations had been committed because a car was not a "receptacle," pointed out that he was deciding the case on its own particular facts, and that he was not speculating what the results would have been if the case itself had been locked, or if there had been a locker in the car in which the drugs had been kept under lock and key.

There has been no judicial guidance since 1949 on what is or is not within the regulations. It cannot be said with any confidence that a locked case lying in the car would not be a breach. It is more likely that the courts would decide that a locker which was part of the car, just as the drug cupboard is part of the house, would be a "receptacle." It is probably wise as a matter of law, as it is of common sense, not to leave dangerous drugs in a car at all.

¹ Chatham Standard, May 9.

² Dhulipala Kameswara Rao v. Wyles [1949] 2 All E.R. 685. British Medical Journal, November 12, 1949, p. 1119.

Universities and Colleges

UNIVERSITY OF OXFORD

A fund for research in leukaemia has been inaugurated by a gift of £1,000 by the Rev. Emlyn Williams, a naval chaplain whose wife died recently of acute leukaemia. Those wishing to contribute to this fund should communicate with the Registrar, University Registry, Oxford.

NATIONAL UNIVERSITY OF IRELAND

UNIVERSITY COLLEGE, DUBLIN

Dr. Denis Kenry O'Donovan has been appointed Associate Professor of Medicine in University College, Dublin. Professor O'Donovan, who is chairman of the Scientific Committee of the Irish Medical Association, has contributed a large number of papers to various scientific journals. He is on the staff of St. Vincent's Hospital, Dublin, and is a member of the Cortisone Committee of the Medical Research Council of Ireland.

INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending November 17 (No. 46) and corresponding week 1950.

Figures of cases are for the countries shown and London administrative county. Figures of deaths and births are for the 126 great towns in England and Wales (London included), London administrative county, the 16 principal towns in Scotland, the 10 principal towns in Northern Ireland, and the 13 principal towns in Eire.

A blank space denotes disease not notifiable or no return available.

The table is based on information supplied by the Registrars-General of England and Wales, Scotland, N. Ireland, and Eire, the Ministry of Health and Local Government of N. Ireland, and the Department of Health of Eire.

CASES in Countries and London	1951					1950				
	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire
Diphtheria	38	1	10	1	2	76	6	9	5	6
Dysentery	240	44	77	2	1	474	74	153	3	
Encephalitis, acute	6	1	1	0		5	0	0	0	
Enteric fever:										
Typhoid	4	0	0	1	2	5	1	0	1	1
Paratyphoid ..	14	0	0	0		1	0	0	2	1(B)
Food-poisoning ..	84	18		0		215	21		1	
Infective enteritis or diarrhoea under 2 years				17	31				22	20
Measles*	2,084	47	118	191	92	10,132	766	112	57	104
Meningococcal infection	42	3	16	2	1	33	4	12	1	1
Ophthalmia neonatorum	45	4	6	1	1	38	11	12	1	
Pneumonia†	467	31	204	7		558	40	205	11	
Poliomyelitis, acute:										
Paralytic	45	3	14	0	5	149	10	9	1	5
Non-paralytic ..	20	2								
Puerperal fever‡ ..	238	43	10	2		67	9	6	0	2
Scarlet fever	1,473	139	308	31	51	1,386	99	206	48	109
Tuberculosis:										
Respiratory			140	33			143	38		
Non-respiratory ..			22	5			17	2		
Whooping-cough ..	1,833	62	320	62	105	4,130	340	496	31	41

DEATHS in Great Towns	1951					1950				
	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire
Diphtheria	0	0	0	0	0	0	0	0	0	0
Dysentery	0			0		0			0	
Encephalitis, acute ..	0			0		0			0	
Enteric fever	1	0	0	0		0	0	0	0	
Infective enteritis or diarrhoea under 2 years	7		1	0	0	14		5	1	4
Influenza	11	1	1	0	0	16	3	4	0	0
Measles	0	0	0	0	0	0	0	0	0	0
Meningococcal infection ..		0	1				0	0		
Pneumonia	175	28		9	6	188	24		10	9
Poliomyelitis, acute	3	0			1	8	0			0
Scarlet fever		0	0	0	0		0	0	0	0
Tuberculosis:										
Respiratory	145	18	26	1	13	151	16	42	4	5
Non-respiratory ..		1	4	1	0		2	4	2	3
Whooping-cough ..	1	0	1	1	0	3	0	1	0	0
Deaths 0-1 year ..	189	31	32	8	20	250	28	32	12	17
Deaths (excluding stillbirths)	4,674	753	581	118	191	5,107	793	649	108	199
LIVE BIRTHS	6,167	1040	710	200	362	6,549	1062	789	206	374
STILLBIRTHS	187	23	23			174	20	27		

* Measles not notifiable in Scotland, whence returns are approximate.

† Includes primary and influenzal pneumonia.

‡ Includes puerperal pyrexia.

- INSTITUTE OF CHILD HEALTH, Hospital for Sick Children, Great Ormond Street, London, W.C., December 13, 5 p.m., "*Psychological Problems in Early Childhood*," by Dr. Mildred Creak.
- INSTITUTE OF DERMATOLOGY, Lisle Street, Leicester Square, London, W.C.—December 13, 5.30 p.m., "*The Pyogenic Cocci and Mycobacteria in Skin Diseases*," by Dr. J. O. Oliver.
- LIVERPOOL MEDICAL INSTITUTION, 114, Mount Pleasant, Liverpool.—December 13, 8 p.m., pathological meeting. Demonstration of specimens. "*Atypical Herpetic Infections*," by Dr. K. McCarthy.
- LONDON JEWISH HOSPITAL MEDICAL SOCIETY.—At Medical Society of London, 11, Chandos Street, W., December 13, 8.30 p.m., "*Peptic Ulcer*," film.
- ROYAL COLLEGE OF PHYSICIANS OF LONDON, Pall Mall East, London, S.W.—December 13, 5 p.m., "*Psychosomatic Reactions*," by Dr. E. B. Strauss.
- ROYAL SOCIETY, Burlington House, Piccadilly, London, W.—December 13, 4.30 p.m., "*The Place of Viruses in Nature*," Leeuwenhoek Lecture by Dr. C. H. Andrewes, F.R.S.
- ROYAL SOCIETY OF TROPICAL MEDICINE AND HYGIENE, 26, Portland Place, London, W.—December 13, 7.30 p.m., "*The African Child*," by Dr. D. B. Jelliffe.
- ST. ANDREWS UNIVERSITY.—At Lecture Theatre, Materia Medica Department, Medical School, Small's Wynd, Dundee, December 13, 5 p.m., "*Some Recent Work on the Viruses of the Psittacosis-lymphogranuloma Group and its Import*," by Professor S. P. Bedson.

Friday

- BIOCHEMICAL SOCIETY.—At Guy's Hospital Medical School, London, S.E., December 14, 2 p.m., 303rd meeting. Scientific papers will be read.
- EUGENICS SOCIETY.—At Royal Society, Burlington House, Piccadilly, London, W., December 14, 5.30 p.m., "*Eugenic Experiments Conducted by the Nazis on Human Subjects*," by Dr. C. P. Blacker.
- INSTITUTE OF DERMATOLOGY, Lisle Street, Leicester Square, London, W.C.—December 14, 5.30 p.m., "*Pyococcal Infections*," clinical demonstration by Dr. G. B. Dowling.
- KENT AND CANTERBURY HOSPITAL, Canterbury.—December 14, 8 p.m., clinical meeting.
- ROYAL COLLEGE OF PHYSICIANS OF LONDON, Pall Mall East, London, S.W.—December 14, 5 p.m., "*Macrocytic Anaemias*," by Dr. R. R. Bomford.
- WEST KENT MEDICO-CHIRURGICAL SOCIETY.—At Miller General Hospital, Greenwich High Road, London, S.E., December 14, 8.30 p.m., "*Modern Trends in Rheumatism with Special Reference to the Endocrines*," by Dr. Philip Ellman.

APPOINTMENTS

- BENNIE, THOMAS Y., M.B., Ch.B., D.P.H., Medical Officer of Health, Burgh of Paisley.
- EAST ANGLIAN REGIONAL HOSPITAL BOARD.—Assistant Radiologist, (S.H.M.O. status) in Peterborough Area, J. J. Hurley, M.B., Ch.B., D.P.H., D.M.R.E. Ear, Nose and Throat Registrar at Peterborough and District Memorial Hospital, I. Lopert, L.R.C.P.&S Ed., D.L.O.
- EDWARDS, L. R. L., M.D., D.P.H., Medical Officer of Health and School Medical Officer, Borough of Beckenham, and Assistant Medical Officer, Kent County Council.
- GALLOWAY, T. McL., M.B., Ch.B., M.R.C.P.Ed., D.P.H., Dr.P.H., Deputy County Medical Officer of Health and Deputy County School Medical Officer, Worcestershire.
- LYTTLER, GEORGE GIBSON, O.B.E., M.B., B.S., Appointed Factory Doctor for South Belfast.
- MANCHESTER REGIONAL HOSPITAL BOARD.—Consultant Psychiatrist/Medical Superintendent, Springfield Hospital, Manchester, R. A. Blair, M.B., Ch.B., F.R.F.P.S. Assistant Radiologist, Wigan and Leigh Hospitals, J. T. Furnival, M.R.C.S., L.R.C.P., D.M.R.D. Assistant Radiologist, Oldham and District Hospitals, D. A. H. Walton, M.B., D.M.R.D.
- PARKER, JEAN B., M.B., Ch.B., Senior Assistant, Care and Aftercare Service, City of Sheffield.
- SWINNEY, WILLIAM DIXON, M.B., Ch.B., D.P.H., Medical Officer of Health, City of Peterborough; Deputy County Medical Officer, County of the Soke of Peterborough; Deputy School Medical Officer, Peterborough Joint Education Board.
- THOMSON, KENNETH JAMES, M.B., Ch.B., D.P.H., Medical Officer of Health, Border Rural District, and Assistant County Medical Officer, Cumberland.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

- Smith.—On October 25, 1951, in Singapore, to Dr. M. Thorben Smith, wife of T. E. Smith, a daughter—Erica.

DEATHS

- James.—On November 13, 1951, at Nyeri, Kenya, Algernon Meyrick Alban James, M.D.Brux., M.R.C.S., L.R.C.P., aged 72.
- Meldon.—On November 27, 1951, at The Limes, Hagley Road, Stourbridge, Worcs, George James Meldon, M.D., aged 66.
- Rhind.—On November 24, 1951, his 79th birthday, at 27, Villiers Road, Woodthorpe, Nottingham, Alexander Low Rhind, M.B., Ch.B.
- Strachan.—On November 26, 1951, at Hurworth-on-Tees, Frederick James Strachan, M.C. M.B., B.S.
- Subrahmanyam.—On November 20, 1951, killed in an airplane crash between New Delhi and Calcutta, Kuppuswami Subrahmanyam, M.B., B.S.
- Wilkinson.—On November 18, 1951, George Wilkinson, M.B., B.Ch., D.T.M., of C.M.S. Fukien Mission, aged 86.

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.

Gadgets for the Armless

Q.—A man with only one arm cannot hold a telephone receiver to his ear and at the same time write down a message. Has a gadget been devised to cope with this?

A.—Several methods have been devised whereby a man with one arm amputated can use the telephone and leave



FIG. A

FIG. B

a hand free for writing. The instrument may be held in the standard artificial hand supplied with a conventional prosthesis (Fig. A). Appliances have also been devised consisting essentially of a rubber grip for the instrument, fixed to a metal arm attached to an adaptor by which the appliance can be plugged into the bayonet-fitting of the prosthesis (Fig. B). The appliance can be bent to suit the individual. Several appliances on this principle are available and a patient can select that most suited to his own requirements.

Incidence of Drug Addiction

Q.—Has there been any change in the incidence of drug addiction in Britain since the introduction of the Dangerous Drugs Acts?

A.—The question is difficult, since there are few records from before the passing of these Acts on which to base a satisfactory reply. Briefly, however, it is clear from the nature of the offences disclosed during the last 30 years in Britain, and from the state of affairs in one or two other countries, that without the operation of the Dangerous Drugs Acts and Regulations we might be in a very sorry plight. The main changes in drug addiction have been within the last few years, when a number of synthetic substitutes for the well-known drugs have appeared on the market. There has also been a considerable decrease in the smoking of opium, but an increase in the use of Indian hemp or hashish in the form of cigarettes.

Fat-free Diet after Cholecystectomy

Q.—Following a recent cholecystectomy, I have been advised to take a "fat-free" diet. To what extent should the diet live up to its name, and for how long must I stick to it? Which fatty foods are definitely forbidden, and which permitted? May I take spirits and beer in moderate amounts?

A.—If there is nothing in the history to suggest liver damage there is little reason to restrict fats at all, although