

SPLEEN PUNCTURE

Spleen Puncture. By Sven Moeschlin, translated by A. Piney, M.D. (Pp. 229; illustrated. £1 10s.) London: William Heinemann. 1951.

This is a translation, and at the same time a new edition, of a monograph first published in German in 1947. It is based on over 300 spleen punctures by the author, supplemented by a wide knowledge of the literature. The evidence shows that spleen puncture is free from danger if cases of haemorrhagic disease are avoided and if a careful technique is followed, of which the essentials are puncture in inspiration and to a predetermined depth.

Enthusiasm for special tests is always in danger of conceiving diagnosis in terms of a snapshot rather than a study of natural history, and, so far as haematological diagnosis is concerned, it is probably fair to say that spleen puncture, like lymph-gland puncture and hepatic puncture, merely supplements the information obtained by the blood count and sternal puncture. There are, nevertheless, conditions such as kala-azar, Gaucher's disease, and myelosclerosis in which it may be the first choice. Apart from its empirical use in diagnosis, however, spleen puncture may be of great value as a tool for research in the blood disorders, and Moeschlin has used simultaneous punctures of the spleen and the marrow, repeated at intervals, to study the effects of treatment with various agents in leukaemia.

This book, then, is not merely a description of a diagnostic method but a scholarly contribution to our understanding of the blood disorders. The translation by Dr. Piney is excellent, and the lay-out of the book, which is adequately illustrated and not too long, makes it easy to read.

L. J. WITTS.

BOOKS RECEIVED

Review is not precluded by notice here of books recently received

DeLee's Obstetrics for Nurses. By M. E. Davis, M.D., and C. E. Sheckler, R.N., M.A. 15th ed. (Pp. 673. 22s. 6d.) London: W. B. Saunders. 1951.

The Neuroses. By W. C. Alvarez, M.D. (Pp. 667. 50s.) London: W. B. Saunders. 1951.

The Medical Annual 1951. Edited by Sir Henry Tidy, K.B.E., M.A., M.D., F.R.C.P., and A. Rendle Short, M.D., B.S., B.Sc., F.R.C.S. (Pp. 420. 27s. 6d.) Bristol: John Wright. 1951.

Nervous Disorders and Religion. By J. G. McKenzie, M.A., B.D., D.D. (Pp. 183. 9s. 6d.) London: George Allen and Unwin. 1951.

The Unconscious Significance of Hair. By C. Berg, M.D., D.P.M. (Pp. 106. 15s.) London: George Allen and Unwin. 1951.

The Malthusian Controversy. By K. Smith, M.Sc., B.Com., Ph.D. (Pp. 350. 30s.) London: Routledge and Kegan Paul. 1951.

Panton and Marrack's Clinical Pathology. By H. B. May, M.A., M.D., M.R.C.P., and J. R. Marrack, M.A., M.D. 6th ed. (Pp. 512. 30s.) London: J. and A. Churchill. 1951.

Anatomy in Surgery. By P. Thorek, M.D., F.A.C.S., F.I.C.S. (Pp. 970. 180s.) London: J. B. Lippincott. 1951.

The Treatment of Varicose Veins and Their Complications. By S. Rivlin. (Pp. 56. 10s. 6d.) London: William Heinemann. 1951.

Gestalt Psychology. By D. Katz, Ph.D. (Pp. 175. 12s. 6d.) London: Methuen. 1951.

Black's Medical Dictionary. By J. D. Comrie, M.A., B.Sc., M.D., F.R.C.P.Ed., and W. A. R. Thomson, M.D. 20th ed. (Pp. 1,013. 30s.) London: Adam and Charles Black. 1951.

The Estate of Man. By M. Roberts. (Pp. 156. 15s.) London: Faber and Faber. 1951.

The Chemical Senses. By R. W. Moncrieff, B.Sc., F.R.I.C., F.T.I. (Pp. 538. 21s.) London: Leonard Hill. 1951.

Medicinal Chemistry. Edited by C. M. Suter. Vol. 1. (Pp. 473. 80s.) London: Chapman and Hall. 1951.

Post-Graduate Lectures on Orthopedic Diagnosis and Indications. By A. Steindler, M.D., F.A.C.S. Vol. 2. Section A: paralytic disabilities; Section B: static disabilities. (Pp. 198. 45s.) Oxford: Blackwell Scientific Publications. 1951.

Systemic Ophthalmology. Edited by A. Sorsby, M.D., F.R.C.S. (Pp. 712. 84s.) London: Butterworth. 1951.

Roentgen Manifestations of Pancreatic Disease. By M. H. Poppel, M.D., F.A.C.R. (Pp. 389. 77s. 6d.) Oxford: Blackwell Scientific Publications. 1951.

The Trial of Neville George Clevely Heath. Edited by M. Critchley, M.D. Notable British Trials Series, Vol. 75. (Pp. 239. 15s.) London: William Hodge. 1951.

Adding Life to Years. By Lord Amulree, M.D., F.R.C.P. (Pp. 100. 8s. 6d.) London: The National Council of Social Service. 1951.

The Quantitation of Mixtures of Hemoglobin Derivatives by Photoelectric Spectrophotometry. By F. T. Hunter, A.M., M.D. (Pp. 226. 63s.) Oxford: Blackwell Scientific Publications. 1951.

My Dear Holmes. By G. Brend. (Pp. 183. 10s. 6d.) London: George Allen and Unwin. 1951.

Speech Habilitation in Cerebral Palsy. By M. T. Cass. (Pp. 212. 20s.) London: Geoffrey Cumberlege. 1951.

Management of Celiac Disease. By S. V. Haas, M.D., and M. P. Haas, M.D. (Pp. 188. 40s.) London: J. B. Lippincott. 1951.

Baillière's Midwives' Medical Dictionary. Compiled by E. K. Worrall, S.R.N., S.C.M., M.T.D. (Pp. 296. 5s.) London: Baillière, Tindall and Cox. 1951.

Precepts and Counsels on Scientific Investigation. By S. R. y Cajal. Translated by J. Ma. Sanchez-Perez, M.D. (Pp. 180.) California: Pacific Press Publishing Association. 1951.

The Kidney. By Homer W. Smith, A.B., Sc.D., M.S. (Pp. 1,049. 100s.) New York: Oxford University Press. 1951.

Experiment in Dental Care. By J. T. Fulton, D.D.S. (Pp. 87. 5s.) Geneva: World Health Organization. 1951.

Die Psychiatrie der Hirngeschwülste. By Dr. H. Walther-Büel. (Pp. 226. 33s. 6d.) Vienna: Springer. 1951.

Über die Röntgenologischen Darstellungsmöglichkeiten des Weiblichen Genitalapparates mit Hilfe von Jodöl und Jodsol. By Dr. J. Erbslöh. (Pp. 74. M. 16.80.) Stuttgart: Georg Thieme. 1951.

Histologie und Mikroskopische Anatomie des Menschen. By Dr. W. Bargmann. Vol. 2. (Pp. 563. M. 45.) Stuttgart: Georg Thieme. 1951.

Wiederherstellungschirurgie des Gesichts. By Professor R. Perwitschky. (Pp. 228. M. 34.) Berlin: Walter de Gruyter. 1951.

Deutsch-Englisches, Englisch-Deutsches Wörterbuch für Ärzte. By Professor F. Lejeune. Vol. 1: German-English. (Pp. 1,349. M. 24.) Stuttgart: Georg Thieme. 1951.

Insects as Human Food. By Professor F. S. Bodenheimer. (Pp. 352. 10 Dutch guilders.) The Hague, Netherlands: Dr. W. Junk. 1951.

Atti del Convegno Internazionale di Medicina del Lavoro, 1950. (Pp. 369. 3,000 lire.) Milan: Clinica del Lavoro. 1951.

Medico-Legal

FATAL ANTHISAN POISONING

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

Two recent inquests on children who died after eating "anthisan" tablets show once again the importance of keeping tablets and medicines out of reach of children. Several previous cases of anthisan poisoning in children have been reported.¹⁻³ A York housewife who suffered from urticaria took some tablets of anthisan (mepyramine maleate) prescribed by her doctor. A few months later, thinking they were a tonic, she offered the box with the rest of the tablets to a neighbour who complained of ill-health. The neighbour, after taking three or four, put the box in the centre drawer of her dressing-table, where they remained for over a year. Her children were in the habit of exploring the drawer, which slid open very easily. One day she found her 15-months-old daughter on the landing with her hand to her mouth and the box with some scattered tablets on the floor. The child vomited on being lifted up, and went into convulsions; she was admitted to hospital at once and died on the same day.

The necropsy showed acute emphysema and congestion. According to the pathologist's report the child had eaten up to six tablets of 1½ gr. (0.1 g.) each, an ample lethal dose. The coroner returned a verdict of accidental death, remarking that although such accidents were not frequent the public should be aware that they happened.

The importance of this warning was shown at an inquest held at Folkestone on May 18 on a boy aged 14 months. Early this year the child's father had consulted his doctor about a body rash, and the doctor prescribed anthisan tablets, each containing 0.1 g. These the father kept in an unlocked drawer which he thought was out of the child's reach.

On the morning of May 15 the child was left to walk about while his mother got his dinner, and when his brother got home from school he told her that he had found him on the arm of a chair at the dresser drawer and showed her an empty box which he had had in his hand. He was playing quite happily and she gave him his dinner and put him down to rest. It was not till her husband came in that she learnt there had been tablets in the box.

At 2.30 p.m. the child refused his milk, and after about ten minutes he began to vomit. He was admitted to hospital at 3.30 p.m. suffering from convulsions and with signs of bronchopneumonia. In spite of treatment he died at 10.15 p.m. The pathologist concluded from the amount of anthisan found on gastric washout that he had taken only two or three tablets.

The chance of further tragedies such as these would be reduced if parents for whom anthisan tablets are prescribed could be made to appreciate how deadly they can be to young children.

¹ *British Medical Journal*, 1949, 1, 1098.

² *Ibid.*, 1950, 1, 1115.

³ *Ibid.*, 1950, 1, 1375.

Universities and Colleges

UNIVERSITY OF OXFORD

In Congregation on November 24 the degree of D.M. was conferred on C. Ounsted.

The Board of the Faculty of Medicine has co-opted Dr. A. M. Cooke for the statutory period of two years from the first day of Hilary Term, 1952.

Dr. G. N. C. Crawford has been appointed University Demonstrator in Human Anatomy from October 1, 1951, to September 30, 1956.

UNIVERSITY OF CAMBRIDGE

In Congregation on December 1 the degree of M.D. was conferred on D. A. Pond, J. R. Tasker, and F. G. J. Hayhoe.

INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending December 1 (No. 48) 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	Land.	Scot.	N. Ire.	Eire	Eng. & Wales	Land.	Scot.	N. Ire.	Eire
Diphtheria	45	4	19	0	3	45	6	13	4	4
Dysentery	327	32	41	0	1	856	24	147	4	
Encephalitis, acute	8	0	0	0		0	0	0	2	
Enteric fever: Typhoid	2	0	0	1	1	1	0	0	1	2
Paratyphoid ..	18	0	19 (B) 1(A)	2	1(B)	8	0	5(B)	0	
Food-poisoning ..	95	24		0		203	14		0	
Infective enteritis or diarrhoea under 2 years				14	21				12	31
Measles*	2,313	28	105	183	82	12,323	1210	241	126	136
Meningococcal infection	30	3	12	0	3	32	4	11	0	1
Ophthalmia neonatorum	41	2	6	0		33	4	11	0	
Pneumonia† ..	432	30	158	0	1	497	28	258	11	
Poliomyelitis, acute: Paralytic	39	0	9	0	1	128	3	7	1	2
Non-paralytic ..	17	0								
Puerperal fever‡ ..	218	22	15	1		94	7	9	0	1
Scarlet fever ..	1,585	150	335	27	47	1,434	93	233	40	108
Tuberculosis: Respiratory			167	42				136	32	
Non-respiratory ..			31	5				21	13	
Whooping-cough ..	1,852	48	263	45	68	4,458	417	637	25	53

DEATHS in Great Towns	1951					1950				
	Eng. & Wales	Land.	Scot.	N. Ire.	Eire	Eng. & Wales	Land.	Scot.	N. Ire.	Eire
Diphtheria	0	0	1	0	0	0	0	0	0	0
Dysentery		0		0			0		0	
Encephalitis, acute		0		0			0			0
Enteric fever ..	0	0	0	0		0	0	0	0	
Infective enteritis or diarrhoea under 2 years	7		0	0	1	21		2	0	5
Influenza	9	0	3	0	0	28	5	2	0	0
Measles		0	0	0	0		0	0	0	0
Meningococcal infection		1	0				1	1		
Pneumonia	175	26		6	5	198	28		13	6
Poliomyelitis, acute	1	0			1	5	0			0
Scarlet fever ..		0	0	0	0		0	0	0	1
Tuberculosis: Respiratory	127	16	23	1	6	182	31	40	9	13
Non-respiratory ..										
Whooping-cough ..	3	0	0	0	0	6	0	1	0	0
Deaths 0-1 year ..	220	21	29	6	12	210	29	26	11	21
Deaths (excluding stillbirths) ..	4,638	687	592	89	143	5,635	851	773	154	205
STILLBIRTHS ..	6,110	1059	787	182	310	6,664	1061	750	198	361
STILLBIRTHS ..	171	18	13			190	16	25		

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

† Includes primary and influenza pneumonia.

‡ Includes puerperal pyrexia.

International Congress of Comparative Pathology

The 6th international congress will be held in Madrid, Spain, from May 4 to 11, 1952, under the presidency of Professor Enriquez de Salamanca. Papers will be presented to the following sections: mycosis in comparative pathology; trace elements; factors influencing senescence; insecticides; bacterial symbiosis. In addition there will be a symposium on the aetiology and pathology of arteriosclerosis organized by the Council for the Co-ordination of International Congresses in the Medical Sciences. Full particulars can be obtained from the secretary to the Congress, Professor Carda-Aparici, 8, Calle Fernando VI, Madrid, or from the hon. secretary, British National Committee, Professor R. E. Glover, Department of Veterinary Pathology, 42/44, Bedford Street North, Liverpool, 7.

APPOINTMENTS

CLARKE, RONALD R. J., M.B., B.Ch., Resident Medical Superintendent St. Columba's Hospital, Killybegs, County Donegal, Eire.
ESSEX-CATER, A. J., M.R.C.S., L.R.C.P., D.C.H., F.R.A.I., Assistant Medical Officer of Health, and School Medical Officer, County Borough of Croydon, Surrey.

ROBINS, R. H. C., M.B., B.Chir., F.R.C.S., Registrar in Orthopaedic and Traumatic Surgery to Princess Elizabeth Orthopaedic Hospital, Exeter, South-western Regional Hospital Board.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, London, W.C.—Assistant Medical Registrar (Registrar Grade), A. W. N. Oatway, M.B., B.Chir., M.R.C.P. House-physician to Professor A. A. Moncrieff (Senior House Officer Grade), H. J. Goldsmith, M.B., B.S., M.R.C.P. House-surgeon to Mr. T. Twistington Higgins (Senior House Officer Grade), A. G. Norman, M.B., B.Chir.

SOUTH-WEST METROPOLITAN REGIONAL HOSPITAL BOARD.—Surgeon Superintendent and Whole-time Senior Consultant Surgeon, Epsom District Hospital, E. N. Callum, F.R.C.S. Ed. Part-time Consultant Surgeon, Salisbury Group of Hospitals, P. Shemilt, F.R.C.S. Whole-time Assistant Pathologist (S.H.M.O. grade), Portsmouth and Isle of Wight Area Pathological Service, P. D. Swinstead, M.B., B.S. Whole-time Assistant Pathologist (S.H.M.O. grade), Bournemouth and East Dorset Group of Hospitals, T. A. J. Wickham, M.B.E., M.B. Whole-time Consultant Pathologist, West Dorset Group of Hospitals, A. N. Blades, M.B., B.S. Part-time Consultant Orthopaedic Surgeon, Worthing and Chichester Groups of Hospitals, J. R. Addison, F.R.C.S. Part-time Consultant Paediatrician, Lambeth Group of Hospitals, B. D. R. Wilson, M.B., B.S., M.R.C.P., D.C.H. Part-time Consultant Ophthalmologist, Farnham Group of Hospitals, P. L. Allen, M.R.C.S., L.R.C.P., D.O.M.S. Psychiatric Registrar, Netherne Hospital, I. C. L. White, M.R.C.S., L.R.C.P. Senior Registrar, Pathological Department, Salisbury General Hospital, J. R. H. Pinkerton, M.B., B.Chir. Registrar (Medical Department), King George V Sanatorium, J. O. Taubman, M.B., Ch.B. Registrar (Medical Department), Fulham Hospital, L. McC. Armstrong, M.B., Ch.B. Registrar (Surgical Department), Mayday Hospital, Croydon, L. Blumberg, M.B., Ch.B. Registrar (Surgical Department), Mayday Hospital, Croydon, H. A. L. O. Latta, M.B., B.S. Registrar (Surgical Department), Fulham Hospital, M. Paneth, B.M., B.Ch., F.R.C.S. Part-time Registrar (Ophthalmological Department), St. James' Hospital, Balham, R. E. O'Neal, M.B., Ch.B., D.O.M.S. Psychiatric Senior Registrar, Springfield Hospital, J. Lomas, M.B., B.Chir., D.P.M. Psychiatric Registrar, Springfield Hospital, E. Sherrah-Davies, M.B., B.Chir. Registrar (Obstetrics and Gynaecology), Epsom District Hospital, D. T. Dodds, M.B., Ch.B. Registrar (Obstetrics and Gynaecology), Royal West Sussex and St. Richard's Hospitals, Phyllis Denman, M.R.C.S., L.R.C.P. Registrar (Obstetrics and Gynaecology), Southlands Hospital, V. Sherwood (formerly Schoengut), M.D. Medical Registrar, Southlands Hospital, J. M. W. Crowley, M.D. Medical Registrar, Bolingbroke Hospital, D. M. Davies, M.R.C.S., L.R.C.P. Anaesthetic Registrar, Mayday Hospital, C. S. Ward, M.B., B.S. Consultant Pathologist, Woking and Chertsey Group of Hospitals, R. J. Evans, M.D.

SOUTH-WESTERN REGIONAL HOSPITAL BOARD.—Registrar in General Surgery to Gloucestershire Royal Hospital, Gloucester, P. Ashman James, M.B., Ch.B., F.R.C.S. Registrar in Obstetrics and Gynaecology to Southmead Hospital, Bristol, J. B. Lawson, M.B., B.Chir., D.Obst.R.C.O.G.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Terry.—On November 16, 1951, at King's College Hospital, London, S.E., to Edith (formerly Fildes), wife of Dr. J. Terry, of King's College Hospital, a daughter—Diana Margaret.

MARRIAGES

Martin-Bolam.—On October 4, 1951, at Chester, Leonard Geoffrey Cadoux Martin, M.B., B.S., to Rosemary Janet Bolam, M.B., Ch.B.

DEATHS

Bekenn.—On December 11, 1951, Justin James Bekenn, M.R.C.S., L.R.C.P., of 277, Monument Road, Edgbaston, Birmingham, aged 72.

Falkiner.—On October 28, 1951, at a nursing-home, Dublin, Alfred Cecil Falkiner, M.B., B.Ch.

Murray.—On December 9, 1951, at Royal Victoria Hospital, Cork, Herbert Edward Murray, C.I.E., M.D., M.Ch., F.R.C.O.G., Lieutenant-Colonel, I.M.S., retired, of Shana Court, Castletownshend, Co. Cork, Eire, aged 62.

O'Brien.—On December 8, 1951, Thomas Cyril Baron O'Brien, L.R.C.P.&S.I.L.M., of 6c, Hyde Park Mansions, London, N.W., aged 53.

Ogilvie.—On December 9, 1951, at a nursing-home, William Mitchell Ogilvie, M.B., C.M., of 2, Riselaw Terrace, Edinburgh.

Pershhouse.—On December 8, 1951, at 11, Rutland Gardens, Croydon, Surrey, Frank Pershouse, M.R.C.S., L.R.C.P.

Viehoff.—On December 8, 1951, at his home, Holly Hedge, 48, Moor Lane, Crosby, Liverpool, Herman Crowther Viehoff, M.R.C.S., L.R.C.P.

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.

Smoking and Buerger's Disease

Q.—A patient with thrombo-angiitis obliterans, who underwent a lumbar sympathectomy 18 months ago and amputation of leg nine months ago, still urgently desires cigarettes. In the past, certain authorities condemned smoking in this condition, while others held the opinion that the habit was not directly harmful. What is the present view?

A.—Cigarette-smoking in certain individuals may diminish the peripheral blood flow, and, although this has been attributed to the temporary effect of occasional deep inspiration when smoke is inhaled, a direct effect is probable in some people. It is never wise to assume that a general belief based on long experience is wrong when some scientific experiment does not support it. By far the best test in a particular case is to find out what effect, if any, smoking has on the individual concerned. If it can be shown conclusively that withholding cigarettes for a month makes no difference to the symptoms, there is little point in continuing the restriction on medical grounds. As a general rule, however, withholding cigarettes has a beneficial effect in Buerger's disease.

Mirror Writing

Q.—What are the likely causes of the frequent transposition of letters and words in the writing of a normally intelligent 12-year-old boy? "Of" is written as "fo," "on" as "no," "carpet-slipper" as "slipper-carpet," for example. What is the prognosis and treatment?

A.—Mirror-transpositions of letters, syllables, and words (collectively known as "reversals") are made by normal children in the course of learning to read and write. Their persistence into the second decade may be due to the child's own efforts (many children make a game of mirror-reading and mirror-writing); or may be associated with backwardness in reading and writing, whether secondary to disease, absence from school, or emotional disturbance, or of the congenital type ("specific dyslexia"). The diagnosis must rest upon a comparison of his mental age (assessed on a reliable non-verbal test) and his reading and writing ages, together with an adequate history and neurological examination. It is worth recording here that Leonardo da Vinci wrote many of his notes in mirror writing.

If there is no scholastic retardation, the occurrence of reversals needs no treatment: if there is, this must be dealt with in a manner appropriate to its cause. It is probable that, excepting the more severe cases of specific dyslexia, most cases of backwardness in reading and writing respond to reassurance and remedial training by an experienced teacher or educational psychologist.

Antibiotics and Cultural Characteristics

Q.—What effect have antibiotics on the cultural characteristics of *Pseudomonas pyocyanea*? After treatment with streptomycin I have had difficulty in identifying organisms in a chronic infection with a previously typical pigment-producing strain. Since stopping streptomycin therapy—the organisms rapidly became resistant—pigment production has been resumed. What is the explanation of this?

A.—Exposure to sublethal concentrations not only of streptomycin but of other antibiotics, other chemotherapeutic agents, and even ordinary antiseptics may cause a