

ophthalmologists would care to agree with this reasoning; and in his discussion of the changes in the fundus characteristic of myopia the author illustrates similar adhesions, describing them as atrophic in origin. Incidentally, while pointing out that these are not due to inflammation, he suggests that they are "caused by tension on the tissue due to expansion"—a view also with which few would agree. On the whole the book shows little evidence of critical evaluation.

STEWART DUKE-ELDER.

### THE MENTALLY DEFECTIVE CHILD

*The Child Who Never Grew Up.* By Pearl S. Buck. (Pp. 60. 2s. 6d. or 5s., according to binding.) London: Methuen and Co. 1951.

This American novelist relates the story of herself and her child, who suffered from a primary mental defect. As one might expect, the tale is told well and not without emotion. Here is displayed the slow recognition of the failure of mental growth, the search for diagnostic certainty and therapeutic hope, the painful acceptance, and the eventual decisions which bring resignation if not contentment—all of which is familiar enough to those doctors who meet these problems. To be reminded, however, of the pathetic and peculiar difficulties inherent in this human situation is a valuable deterrent to the development of that crustacean exterior which the hospital doctor so easily acquires.

We may hope that in this country mothers are told the facts concerning the nature of the mental defect and the hopelessness of treatment more plainly than was Pearl Buck in numerous American clinics. This lack of candour may not be due to what a German technician in the Mayo Clinic described to the author as the "softness" of Americans, but to the inability of Americans to believe that there is any scientific problem which has no solution.

This is a book for doctors; it is also a book for the parents of mentally defective children—but only if one is seeking to persuade them that the future for their child is in an institution. This mother decided that for her child this was the right answer, and one would not quarrel with her. But there are many factors to be considered before giving this advice to parents, and one of the most relevant is the lack of satisfactory institutional accommodation in Britain for these children of any social class—especially for those whose intelligence reaches educable levels. It is small satisfaction to learn from Pearl Buck that this position is no better in the United States.

D. V. HUBBLE.

### PIONEERING IN AUSTRALIA

*Pioneer Doctor.* A Biography of John Singleton. By Mary Kent Hughes. (Pp. 164; illustrated. 10s. 6d.) London: Geoffrey Cumberlege (Oxford University Press). 1950.

As a frontispiece to this book there is a portrait of a very benevolent-looking old gentleman. Let no potential reader be put off by this, for though the bump of benevolence was abnormally developed in the subject of this biography he led a very exciting and romantic life, and he was obviously very astute in dealing with the powers that be.

Dr. Singleton began his medical career as apprentice to an apothecary in County Meath. After qualifying in Dublin and several years' practice there, during which he worked through a cholera epidemic, he was induced

by the great Irish famine of the 'forties to emigrate with his family of five children to Australia. After a hazardous voyage of four months they landed in Melbourne, and remained there or near by until he died in his 84th year. The ruling passion of his life—service to others—was shown by his calling on the Governor of the Colony the first day after his arrival. From him he got permission for himself and his wife to visit prisoners in the gaol. Melbourne at that time was a crude but vital place, the centre of a gold rush, and its social and sanitary problems were acute. For some months Dr. Singleton was the only doctor there, for the others had left for the goldfield. "Fever, dysentery, and D.T. were rife."

Many stories are told of his success and ingenuity in raising money for his philanthropic ventures. In 1869 he started the first free dispensary, in which he was for many years the chief worker and the inspiration. He was also responsible for the first children's hospital. But the list of his charitable activities is too long to detail here. It can be truthfully said that he laid the foundations of much of the city's social institutions. It is not surprising to read the testimony of his wife that "all the doctor earned was put back into his dispensary and other charitable work." The author of this very readable book (a doctor and Singleton's great-granddaughter) may well be proud of her ancestor and his work for the country of his adoption.

A COX.

### BOOKS RECEIVED

*Review is not precluded by notice here of books recently received*

*No Second Spring?* By H. B. T. Holland, M.B., Ch.B. (Pp. 53. 2s.) London: Church Missionary Society. 1951.

*Emotional Factors in Cardiovascular Disease.* By E. Weiss, M.D. (Pp. 84. 16s. 6d.) Oxford: Blackwell Scientific Publications. 1951.

*Social Aspects of Illness.* By C. H. Cooley. (Pp. 305. 16s. 6d.) London: W. B. Saunders. 1951.

*Microbiology and Pathology for Nurses.* By M. E. Morse, M.D., and others. 3rd ed. (Pp. 815. 24s.) London: W. B. Saunders. 1951.

*Electroencephalography.* By R. S. Schwab, M.D. (Pp. 195. 32s. 6d.) London: W. B. Saunders. 1951.

*Psychology Applied to Nursing.* By L. A. Averill, Ph.D., and F. C. Kempf, R.N., B.S., A.M. 4th ed. (Pp. 481. 17s. 6d.) London: W. B. Saunders. 1951.

*A Textbook of Medicine.* Edited by R. L. Cecil, M.D., Sc.D., and R. F. Loeb, M.D. 8th ed. (Pp. 1,627. 60s.) London: W. B. Saunders. 1951.

*Open-Chain Ureide Sedatives.* By F. G. Hobart. Ph.C. (Pp. 27. 3s. 6d.) London: Leonard Hill. 1951.

*Diathermy.* By W. Beaumont, M.R.C.S., L.R.C.P. 2nd ed. (Pp. 230. 21s.) London: H. K. Lewis. 1951.

*Physical Diagnosis.* By R. W. Brust, A.B., M.D., F.A.C.P. (Pp. 294. \$4.50.) New York: Appleton-Century-Crofts. 1951.

*Methods of Total Psycho-Analysis.* By D. S. Nand, M.B., B.S. (Pp. 129. No price.) Old Delhi, India: Dr. D. S. Nand, c/o R. B. Sohan Lal, 11, Boulevard Road.

*The Findings of Soul-Analysis.* By D. S. Nand, M.B., B.S. (Pp. 140. No price.) Old Delhi, India: Dr. D. S. Nand, c/o R. B. Sohan Lal, 11, Boulevard Road.

*International List of Venereal-Disease Treatment Centres at Ports.* (Pp. 218. 20s.) Geneva: World Health Organization. 1951.

Salisbury General Infirmary under J. Gilbert Kempe, whom he joined in partnership at the end of his residency. He could not have had a better man from whom to learn the surgeon's craft, and the swift partnership was surely a reflection of the esteem in which he was held by Kempe. In 1927 he was appointed honorary assistant surgeon and in 1938 full surgeon. Two years later he became senior surgeon, an appointment which he held until his retirement in 1950. Salisbury General Infirmary was throughout the centre of his professional life. He was police and Post Office surgeon for many years, civilian medical officer to Southern Command, and he held many other appointments, including those of Treasury medical officer, medical officer of the Canadian and Australian Immigration Departments, and Admiralty surgeon and agent. He was secretary of the Salisbury Division of the B.M.A. from 1926-32, and chairman from 1944 to 1945. A keen golfer and motorist and an enthusiastic supporter of international rugby football, especially where Scotland was concerned, he was captain of the High Post Golf Club in 1930.

R.C.M. writes: Fernie Buttar was a man of great integrity. Bracketed together were his humane relationships with his patients and his duty to his hospital and to his colleagues. These high professional standards never failed him. He was a modest man, but could be assertive in a cause. The value of his work and his goodness of character were perhaps best known to his patients and personal hospital staff. His housemen learned from him that, though an operation might for them be one only of a long theatre list, yet for the patient and family it was often a tremendous event and it was the task of the doctor to bring fortitude and hope. Although he had been in bad health for some time, Dr. Buttar went on working with courage until a few weeks before the end. His widow and daughter, to whom we extend deep sympathy, are left a proud memory.

## Medico-Legal

### DOCTOR'S DEATH AT MOTOR RACES

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

A decision of considerable importance to medical men who may be asked to act as first-aid officials at motor race meetings was given recently by Mr. Justice McNair in the High Court. An action<sup>1</sup> had been brought by the widow of Dr. O'Dowd, who was killed by a car practising for a road race in Jersey in April, 1949. Dr. O'Dowd gave his services as first-aid official to the clubs which jointly organized the race. The course and the regulations under which the race was to be run were approved by the Royal Automobile Club. The R.A.C. handbook contained a warning against standing on the course, on the pavement, or on the road unless their duty required race officials to do so, and it was given to all the race officials, including Dr. O'Dowd.

During an organized practice run before the race the brakes of a competing car failed, and, being unable to get round a sharp corner, it mounted the pavement where Dr. O'Dowd was standing. Both he and the driver were killed. His widow sued the personal representatives of the dead driver and representatives of the organizing clubs, against whom she alleged that they had failed to take reasonable steps for the safety of officials concerned in the race.

Mr. Justice McNair, in dismissing the action, said that the cause of the accident was the failure of the braking system, which had occurred without any negligence on the part of the driver. So far as the organizers of the race were concerned, it was their duty in law to protect race officials against reasonably foreseeable dangers. The evidence was that they realized that the place where Dr. O'Dowd was standing was dangerous, but the Judge did not think there was any inadequacy in the arrangements that had been made. The

R.A.C. handbook which had been issued to all officials warned them against setting foot on the course, pavement, or road, and any intelligent reader would take that as a warning not to stand anywhere where he might be struck by a racing car. Mr. Justice McNair said that he was driven to the conclusion that with Dr. O'Dowd familiarity had bred contempt, and the defendants had not omitted any reasonable precautions for his safety.

The risk of such an accident is therefore one against which doctors would be wise to consider insurance, since the difficulties of recovering damages from anyone are well illustrated by this case.

## Universities and Colleges

### ROYAL COLLEGE OF SURGEONS OF ENGLAND

At a meeting of the Council of the College, held on December 13, 1951, with Sir Cecil Wakeley, President, in the chair, resolutions of condolence were passed on the deaths of Mr. E. B. Dowsett, past member of the Board of Examiners in Dental Surgery, and Lord Addison.

Hunterian Professorships were awarded to Mr. R. F. Phillips, of New York, for a lecture on neuroblastoma, and to Professor Naguib Makar Bey, of Cairo, for a lecture on pathogenesis of cancer in the bilharzial bladder.

Mr. P. H. Mitchiner was appointed Bradshaw Lecturer for 1952; Mr. V. Zachary Cope, Thomas Vicary Lecturer for 1952; Mr. N. St. J. D. Buxton, Robert Jones Lecturer for 1952; and Professor George Perkins, Robert Jones Lecturer for 1953.

The Council expressed its grateful thanks on receiving the further sum of £25,000 from Viscount Nuffield, thus raising to £250,000 his gift for the building of the Nuffield College of Surgical Sciences.

It was reported that the Wellcome Trustees had increased their gift for the building of Wellcome Museums from £80,000 to £100,000, and the Council expressed its deep appreciation.

The confirmation of the building licence was reported and the Council learnt with gratification that the rebuilding and extension of the College would begin on January 1, 1952.

A memorial plaque to John Hunter in St. Martin's-in-the-Fields will be dedicated and unveiled on February 14, 1952.

Diplomas of Fellowship of the College were granted as follows: I. M. Shulman, G. D. Elphick, S. G. Griffin, D. E. Macrae, D. Bartlett, H. G. Stack, A. C. Hicks, K. A. McNeill, J. R. Wilson, P. Dawson-Edwards, H. B. Jacobs, J. P. Partridge, G. H. Bancroft-Livingston, T. J. S. Patterson, G. L. Bunton, P. Weinstein, R. A. Denham, J. M. Kodicek, A. H. C. Ratliff, Grace M. Lukose, A. H. Levy, D. H. K. Soltau, G. R. Baji, L. D. Abrams, F. J. P. O'Gorman, S. Roy, C. F. Chapple, E. I. H. Mason, W. S. Smith, K. Vythilingam, P. D. Rajaratnam, E. Zwiefach, L. J. McF. Black, S. R. Taitz, D. J. du Plessis, P. L. McNeil, B. I. H. McPherson, A. Rahim, N. R. Scott-Young, R. A. Hill, R. M. Laird, C. B. Noble, N. Slade, S. Dimant, I. El-Wakil, K. V. J. Kearney, A. H. MacLean, T. McSweeney, W. E. Swaney, R. Hunter, R. G. Abo-Seif, D. E. Bolt, S. A. Cabraal, G. R. Carr, P. H. Dickinson, G. E. Flatman, E. H. Hadfield, W. F. Herlihy, J. S. Hopkirk, N. L. Kalle, N. D. Kamat, J. L. Swann, J. G. Callanan, A. P. Desai, D. M. Forrest, M. M. Hasan, M. R. Kliman, J. A. McCredie, P. P. McGarry, A. A. K. Motawi, R. Owen, J. C. Parr, D. W. Purser, J. B. Pyper, R. A. Bremner, T. Chandra, H. N. Dastur, N. Ellahee, G. Freeman, Iris Kane, J. F. Mullan, R. C. Read, D. B. Rogers, J. E. M. Smith, J. A. Snell, H. Ellis, A. D. Hodge, I. M. Maresky, S. H. Watson, A. M. Wiley.

A Diploma of Membership of the College was granted to L. D. Abrams.

The following hospitals were recognized under paragraph 23 of the Fellowship regulations: Birmingham and Midland Eye Hospital (under paragraph 23b of the regulations for six months), senior registrar, one senior house officer, and two junior house officers. West Wales General Hospital, Carmarthen, resident surgical officer for one year; house-surgeon for six months. Pembroke County War Memorial Hospital, Haverfordwest (temporary recognition for one year), resident surgical officer for one year; house-surgeon for six months. Miller General Hospital, London, first, second, and third house-surgeons for six months. St. Alfege's Hospital, London, first and second house-surgeon, each for six months. Upton Hospital, Slough, surgical registrar for six months. Hillingdon Hospital, Uxbridge, confirmation of recognition of posts of surgical registrar and senior house-surgeon.

<sup>1</sup> O'Dowd v. Frazer-Nash. 1951 W.N. 173.

October 20, 1952. Papers published before January 1, 1951, are ineligible. The prizes have been instituted in memory of Robert Roesler de Villiers, who died of acute leukaemia at the age of 16½ on October 20, 1944. The Foundation is also prepared to assist medical research in other ways. Further particulars may be obtained from the Foundation itself, from Dr. Sven Moeschlin, Kantonsspital, Zurich, Switzerland, and from Dr. S. Haberman, 3301, Junius Street, Dallas, Texas, U.S.A.

#### Emergency Bed Service: Applications and Admissions

During the seven days ending December 20 the number of applications made by doctors to the London Emergency Bed Service for admission of patients was 1,198, of whom 90.73% were admitted.

### COMING EVENTS

#### Course for Consultant Obstetricians and Gynaecologists

On January 4, commencing at 10.15 a.m., at University College Hospital, University Street, W.C.1, there will be a series of papers and discussions on clinical subjects for consultants in the area of the N.W. Metropolitan Regional Hospital Board. The chairman will be Professor W. C. W. Nixon, and further information is available from the Regional Adviser, British Postgraduate Medical Federation, 2, Gordon Square, W.C.1.

#### Contraceptive Technique

A lecture and demonstration (on living models) on contraceptive technique will be given by Marie C. Stopes at the Mothers' Clinic, 108, Whitfield Street, London, W., on Thursday, January 3, 1952. Tickets must be obtained in advance, as space is limited.

### SOCIETIES AND LECTURES

A fee is charged or a ticket is required for attending lectures marked ●. Application should be made first to the institution concerned.

#### Monday

ROYAL EYE HOSPITAL, St. George's Circus, Southwark, London, S.E.—December 31, 5 p.m., "*Factors Affecting Binocular Vision*," by Dr. T. H. Whittington.

#### Tuesday

●INSTITUTE OF DERMATOLOGY, Lisle Street, Leicester Square, London, W.C.—January 1, 5.30 p.m., "*Circulation in the Lower Limbs*," by Mr. A. K. Monro.

#### Wednesday

●INSTITUTE OF DERMATOLOGY, Lisle Street, Leicester Square, London, W.C.—January 2, 5.30 p.m., "*X-ray Technique*," by Dr. C. W. McKenny.  
ROYAL EYE HOSPITAL, St. George's Circus, Southwark, London, S.E.—January 2, 5.30 p.m., "*Ocular Complications of Arthritic Disease*," by Mr. L. H. Savin.

#### Thursday

●INSTITUTE OF DERMATOLOGY, Lisle Street, Leicester Square, London, W.C.—January 3, 5.30 p.m., "*The Blood and Bone-marrow in Diseases of the Skin*," by Dr. J. O. Oliver.

### BIRTHS, MARRIAGES, AND DEATHS

#### BIRTHS

**Benn.**—On December 5, 1951, at the Bristol Maternity Hospital, to Dr. P. M. Benn, wife of Dr. J. Benn, a son.  
**Grzybowski.**—On December 7, 1951, at St. John's Hospital, Chelmsford, to Betty (formerly Poland), M.B., M.R.C.O.G., wife of Stefan Grzybowski, M.D., M.R.C.P., a son.  
**Hughes.**—On December 10, 1951, at the Bristol Maternity Hospital, to Jane (formerly Kingan), wife of Dr. E. Brierley Hughes, a second daughter.  
**Russell.**—On December 3, 1951, at St. Mary's Hospital, Newport, Isle of Wight, to Hazel, wife of Dr. A. McC. Russell, a daughter.

#### MARRIAGES

**James—Sherlock.**—On December 15, 1951, in London, Dr. D. Geriant James, M.R.C.P., to Dr. Sheila Sherlock, M.D., F.R.C.P.

#### DEATHS

**Ballantyne.**—On December 13, 1951, at 19, Glenwood Road, Stoneleigh, Ewell, Surrey, Robert Fisher Ballantyne, M.B., Ch.B., formerly of Frizinghall, Bradford.  
**Byrd.**—On December 14, 1951, at the Manchester Royal Infirmary, John Dutton Byrd, M.R.C.S., L.R.C.P., of 7, Cecil Avenue, Sale, Cheshire.  
**Huxtable.**—On December 14, 1951, in London, Arthur Edward Huxtable, M.C., M.R.C.S., L.R.C.P., of Bexhill, Sussex.

## 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.*

#### Streptomycin and the Labyrinth

**Q.**—Following the injection of streptomycin by the cisternal route, I have repeatedly noticed that a coarse horizontal nystagmus and double vision develop on lateral movement of the eyes shortly after the injection is given, and persist for 12 to 24 hours. I understand this is owing to an acute vestibular disturbance, but how is it produced? Is there a direct communication between the cerebrospinal fluid and the endolymph of the vestibule? If so, does the subarachnoid space surrounding the vestibular nerve extend the entire length of the nerve to the vestibule, or does some other communicating channel exist?

**A.**—The exact site of the vestibular disturbance caused by streptomycin given either by intramuscular or intrathecal injection is not known for certain. Although it seems probable that the vestibular apparatus itself is involved, it is possible that the vestibular portion of the eighth nerve or the vestibular nuclei in the brain-stem may be damaged. There does not appear to be any histological evidence in man available: experiments on guinea-pigs treated with streptomycin in doses relatively much larger than those used in man have given inconclusive results. In some experiments histological changes in the vestibular nuclei have been demonstrated and in others changes in the vestibule itself. The subject is discussed by Bignall, Crofton, and Thomas (*British Medical Journal*, 1951, 1, 554).

There is no direct communication between the endolymph and the subarachnoid space, but the perilymph system communicates with the subarachnoid space of the posterior fossa by means of the narrow cochlear aqueduct.

#### Prevention and Treatment of Ataxia due to Streptomycin

**Q.**—What can be done to prevent and treat ataxia due to streptomycin?

**A.**—Bignall, Crofton, and Thomas (*British Medical Journal*, 1951, 1, 554) state that the danger of labyrinthine disturbance during streptomycin treatment is greater when a dose of 2 g. is given in 24 hours than with a 1 g. dose. There is also suggestive, but by no means conclusive, evidence that the danger may be reduced if an antihistamine drug is exhibited during the streptomycin course. The ataxia which may follow streptomycin treatment may occur without nystagmus or incoordination of the arms, and there is a tendency for gradual improvement to take place. There is no doubt that re-educational walking exercises may help these patients.

#### Premedication for Dental Anaesthesia

**Q.**—What is the best premedication for anaesthesia for dental fillings and extractions in children and adults? It is proposed to use gas, oxygen, and trilene as the anaesthetic, and the patients must if possible be fit to go home within an hour.

**A.**—If the patient is to be well enough to go home by public transport, for example, within an hour, only the mildest premedication can be envisaged. For children a very small dose of a quick-acting barbiturate, such as sodium propyl-methyl-carbinyl allyl-barbiturate ("seconal") is suitable, while in adults even, say, two or three aspirin tablets will prove a great help. For robust adults 10–15 mg. of pethidine intravenously ensures tranquil anaesthesia. Caution, however, must be exercised in the dosage of sedatives,