

too well and which we now find has been to a great extent solved—that of venereal disease. In this field at least State medicine has scored a triumph, for the campaign in this country has been conducted entirely under the direction of the Ministry of Health and the medical corps of the Services. We are surprised that so little attention has been called to the progress here made. On the other hand, we refuse to believe that dermatology, either as an art or as a science, is likely to flourish better in war than in peace.

FUNCTIONAL PATHOLOGY

Functional Pathology. By Leopold Lichtwitz, M.D., Chief of the Medical Division of the Montefiore Hospital, New York. (Pp. 567. 42s.) London: William Heinemann (Medical Books) Ltd. 1942.

The study of structure necessarily precedes that of function; 85 years separated the writings of Vesalius from those of Harvey. Virchow gave a great impetus to morbid anatomy, but before long this was found not to be the whole of pathology, and biochemistry made important contributions to the study of disordered function. Consequently, after thirty years' work, Prof. Lichtwitz finds it possible to write a textbook of *Functional Pathology*, and very good it is. Deliberately written from an individual point of view, the author is prepared for the reader to find it sometimes unorthodox, and hopes that it may thereby stimulate thought and discussion.

The importance of the hypothalamus as a regulating centre has been realized of recent years, but no one, we think, has emphasized this more than Prof. Lichtwitz in his account of the functions of the hypothalamic-pituitary complex as the very mainspring of vegetative life. He goes so far, for instance, as to suggest that adenoma formation, as well as functional overactivity of the Langerhans islets, may be secondary to hypothalamic damage. He quotes with approval Joslin's trenchant phrase that "diabetes mellitus is the punishment for obesity," which, frankly, we regard as an overstatement. It may apply to the glycosuria of later life, but hardly to the much severer cases occurring in youth. Indeed, as the author points out on the same page, the obese Fröhlich type shows hypoglycosuria. He makes some interesting clinical deductions from Barcroft's work on the significance of the spleen as a blood depot, describing a case of intermittent splenomegaly without anaemia, which he terms "Barcroft disease." His remarks on essential hypertension and the machine age are of topical interest, and he quotes Howkins to the effect that "the high cerebral specialization that makes possible all the developments and the extraordinary rate at which success has been attained both point to the conclusion that man is a species destined to a spectacular rise and an equally spectacular fall." Perhaps this is coloured by the author's own experience in Germany.

We do not know of another book which covers the same ground with an equally wide, yet individual, vision; it co-ordinates many apparently isolated facts into a new synthesis, and should prove very helpful to workers in varying fields. There is a quaint slip on page 291, where a reproduction of a Greek statue is labelled "Venus de Milo," which it certainly is not.

Notes on Books

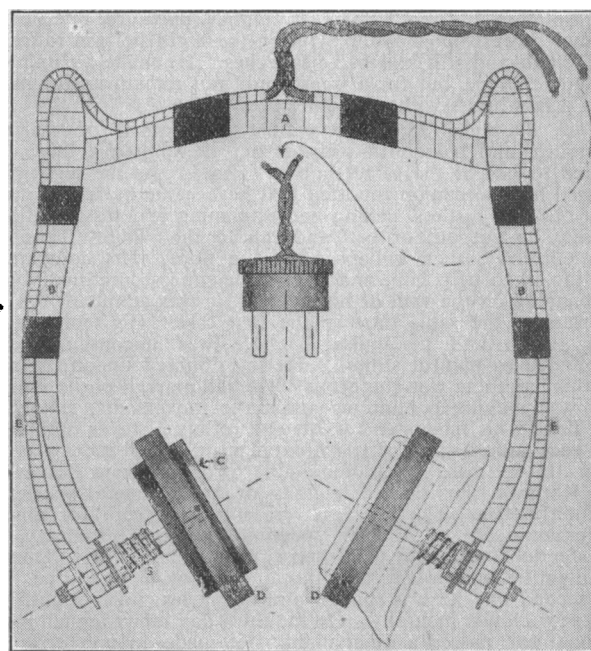
The symposium on *Surgery of Modern Warfare* by 72 contributors, under the editorship of Mr. HAMILTON BAILEY, first appeared in 1940; a second edition is now being issued in two volumes by E. and S. Livingstone of Edinburgh. Volume I is a handsome and well-illustrated book of 480 pages (price 40s.) and consists of eight sections, divided into 47 chapters. It is devoted to a consideration of the general and special features of war wounds and their treatment, with sections on wounds of the blood vessels, wounds of the head and neck, wounds and injuries of the spine, and wounds of the trunk. The Greek version of the Old Testament, known as the Septuagint because, legend says, it was made by 72 translators in 72 days on the island of Pharos, may be looked upon as the earliest and most remarkable example of literary team-work on a large scale. Their subject-matter was more static than is war surgery to-day, and scholars of 270 B.C. were perhaps more amenable to editorial discipline than surgeons are in A.D. 1942, so we cannot expect quite the same uniformity of approach and performance from Mr. Hamilton Bailey's 71 collaborators, but his book is very readable and will no doubt attract many more readers in its new form.

Preparations and Appliances

HEAD CLAMP FOR USE WITH ELECTRIC CONVULSION THERAPY APPARATUS

Dr. G. W. GREEN (Cheadle Royal, Cheshire) writes: The past year has seen a great increase in the use of the electrical method of producing therapeutic convulsions, and as a result one hears expressed many opinions of the various forms of commercial apparatus in common use. In this respect, while the instruments themselves are quite satisfactory, there is frequent adverse criticism of the head electrodes, which may be too cumbersome in some cases, too fragile in others, and so forth. For this reason it would seem worth while to describe a form of head clamp which has been in use at Cheadle Royal for more than two years. It was originally designed and made from scrap by the hospital engineer, Mr. H. Henshall, and has since been modified in detail in the light of experience, and over many months of daily use it has been found to be thoroughly reliable, quite satisfactory, and very convenient.

The drawing reproduced is more or less self-explanatory. A is a solid metal rod about 6 inches long, to each end of which is bolted a piece of spring steel, B, also about 6 inches in length. Each electrode consists of a disk of lead 2 inches in diameter, C, screwed to a piece of ebonite of similar diameter and about 1/2 inch thick, and over which gauze soaked



in saline is held in place by a loose-fitting ebonite ring, D, when in actual use. A bolt passing through the centre of this and suitably insulated passes through an ebonite bush affixed to the end of the spring arm, the hole in this bush being comparatively large in order to allow a certain amount of lateral movement of the electrode and thus ensure good contact with varying shapes and sizes of head. This arrangement is steadied by a spring, S.

Our greatest difficulty has been to devise a satisfactory method of connecting up with the lead electrode, for the attachment of ordinary flex, etc., is unsatisfactory owing to the corroding effect of the saline, which rots the wire with surprising rapidity. Finally, therefore, we have soldered the central bolt to the lead electrode plate, and to this bolt has been attached a piece of half-inch-wide copper strip, E, which is conveniently insulated and bound to the rest of the appliance. The flex can then be soldered to this at some point well away from any possibility of contact with the saline. The appliance is finished by being bound with insulating tape and given a coat of shellac.

We have found that by far the most convenient plug to use for connecting up with the shock apparatus is an ordinary 5-amp. lighting plug, and our instruments have been fitted with sockets suitable for this.