GYNAECOLOGY

It reflects great credit on Prof. Young that his textbook has been so widely read, and the seventh edition is admirable. The outstanding features are the superb photographs and photomicrographs — indeed, Fig. 119 is as good as any photograph of a wet specimen that we have seen published. The most striking characters of the book are simplicity of expression, clear classification, and sufficient reference to advanced work to whet the appetite of the intelligent student. The chapter on tuberculosis of the generative organs is exceptionally good.

We can criticize only details — for example, Figs. 31 to 35 are repeated as Figs. 96 to 100. The legends are not all satisfactory; Dierk's layer, though striking, is repeated. Producers have been so widely made public — indeed, he can be praised by all gynaecologists on this edition, and we can confidently recommend it to both students and general practitioners.

WILFRED SHAW.

HEALTH SERVICES

This small book of 178 pages is the third volume in "The New Town and County Hall Series." The author's aim is to discuss what are often called personal health services, and in Part I he describes the usual practice of local authorities with regard to maternity and child welfare, the health of the school child, tuberculosis and its treatment, the control of communicable diseases, the care of the mentally afflicted, general hospitals, poor law, and other services. A section of the book is devoted to the "Administrative Machine," and he gives an account of the powers and duties of the Ministries of Health and of Education and of the various types of local authorities.

Part III is entitled "A National Health Service" and is most disappointing. In the foreword the author states that the Government's proposals for a national health service had not been made public when the book was going to press, but he quotes the Government's White Paper on the subject on p. 165, though giving no guidance to the new scheme. Although Part III begins with a section on "National Health Insurance" the author does not refer to the very important White Papers on social insurance (1944) or to the National Insurance Act, 1946, which make such radical changes that discussion of them should not be omitted from a book of this kind. Most of the information contained in this book has been recorded previously, and it is a pity that a volume in such a series is not more up to date.

J. M. MACKINTOSH.

BOOKS RECEIVED

[Brief review of books recently received]


Includes articles on various aspects of chest disease.


A monograph on tuberculosis in Zurich.


An account of the metabolism of a number of organic substances used in medicine or industry.


An account of the mental changes that may occur in pellagra.


Discusses structural vertebral defects causing backache, their diagnosis and treatment.


An analysis of pedigrees of cases of dysraphia myotonica and allied disorders.


A novel.


This textbook for students and practitioners has been brought up to date and includes new material on BAL, folliculid, anticoagulants, and antibiotics.


This edition includes new material on vitamin deficiencies, chemotherapy, and antibiotics.


A monograph based on uterine contractions in 1,200 pregnant women.


A textbook for student and practitioner.

Selected Papers from the Royal Cancer Hospital (Free) and the Chester Beatty Research Institute. Vol. IV. (Pp. 381. 16s.) London: 1943-4.


Biographical and bibliographical details, with a translation of Pol's tract on guaiac.


A biography, with many extracts from Banting's letters.


A guide to the spa for medical men. In German.


A monograph on treatment by intra-arterial injection of drugs.
in a volume entitled The Sterilization of Uterine Instruments. The aim of his teaching was self-catheterization by patients sufficiently educated to comprehend the meaning of asepsis and the way to avoid cystitis. At that time the day was just dawning when a vast reduction in the number of catether cases was to take place, so that the usefulness of the technique was diminished. His long career of public service in connexion with the Cremation Society was recognized in 1920 by the award of the O.B.E.

Dr. ARDESHIR HORMASHI MASINA died suddenly after a short illness on Dec. 17, at the age of 36, at the Masina Hospital, Bombay. He was the youngest son of Dr. Hormashi Masina, the well-known Parsi surgeon who had been the founder and principal managing trustee of the Masina Hospital since 1907, through which the institution and the life as one of the first voluntary hospitals in India. Ardeshr, like his brothers and his sister, was educated in this country and later entered the medical profession. He went from the Leys School, Cambridge, and the royal and later was house-surgeon at the London Hospital. He also held the post of R.M.O. at Bradford Royal Infirmary. He took the M.R.C.P. in 1940, and proceeded M.D. in 1943, taking bronchiectasis as the subject of his thesis. It had always been his intention to carry on the hospital work which his father had from the very inception of the hospital.

He was an accomplished physician, and though his professional interests were wide he had special experience in diseases of the chest. He brought to Indian medicine a wealth of medical knowledge and culture from the West which combined with his experience of tropical medicine to give him an exceptional breadth of outlook. His scientific attitude to disease would have been of outstanding value to Bombay and the Parsi community in particular. Like his father, who in the earlier years of his career travelled frequently in Europe and the Continent, he represented surgical culture, and who many times visited this country, Ardeshr had a great respect for and an exceptional grasp of medical progress in Great Britain. Gifted as he was with an acute and alert mind, he was quick to grasp the essentials of any problem and to solve it with tact, wise judgment, and precision. Gentle and approachable in manner, he was kindness itself not only to his patients and his colleagues but to those visitors who were fortunate enough to be invited to visit the hospital. The early days of those early days was, in his light years at Cambridge, will always remember with gratitude the generous hospitality extended to him during a fortnight's stay at his hospital in 1943. The Masina family always welcomed to their hospital visitors from this country, and their hospitality was genuine and sincere, as one of those who know India will understand. By his passing the Masina Hospital has suffered a crippling blow and the medical profession in India has lost one of its outstanding members. We who had the privilege of knowing him and who always remember him with sadness and affection, and to his brothers and his sister, our deepest sympathy is extended.—P.H.W.

DR. JAMES FREDERICK DIGBY WILLOUGHBY died at his home in Southwell on Dec. 17 at the age of 91. Dr. Willoughby was the son of James Willoughby of Southwell. He had lived in Southwell for over 62 years and was in active practice until 1927. In his early days he acted as medical officer to the South Notts Hussars, and during the first world war he was in charge of the V.A.D. hospitals at Burgesse House, London, and of the V.D. services in the New Section of His Majesty the King. After leaving Cambridge, Willoughby went to the London Hospital and qualified M.R.C.S., L.R.C.P. in 1904, and entered the Royal Navy, from which he transferred to the newly formed R.A.F. He leaves a widow and one daughter, who herself the widow of a naval officer killed in the last war.

Sir George Henderson, Secretary of the Department of Health for Scotland, opened the new out-patient department at the Dumfries and Galloway Royal Infirmary on Oct. 31, 1947. He recalled that it was almost 200 years since the hospital had been founded, and that it was in 1846 that the first major operation under a general anaesthetic had been performed in Europe. He reassured his audience that the hospital would not be lost in a huge bureaucratic machine trying to administer it from far away, but that the local people would have as much say as possible in its running.

The Services

In a dispatch submitted to the Secretary of State for War by General Sir Frederick A. Pile, Bt., G.C.B., D.S.O., M.C., General Officer Commanding-in-Chief, Anti-Aircraft Command, the following statement was dated Dec. 18, 1947, Major-General P. H. Mitchiner, C.B., C.B.E., T.D., is mentioned as having given outstanding service.

The relevant paragraph reads: "Major-General P. H. Mitchiner, C.B., C.B.E., T.D., organized the medical services in the Command. He has administered them with a high order as well as a first-class medical officer. He rendered great services to the State."

The Efficiency Decoration of the Territorial Army has been conferred upon Lieutenant-Colonel T. C. Williams, R.A.M.C.

DEATHS IN THE SERVICES

The death of Group-Captain Henry Cooper came as a shock to his many friends in the Services and in civilian circles. It is not often that an opportunity occurs for the formation of an entirely new arm of the fighting services. Cooper was one of the little band, which included, among others, Hardy Wells, Nelson Roche, Stanley, Martin Hack, Tredgold, Tate, Turner, and the later T. S. Rippon, who were concerned with Air-Commodore (now Lieut-General) M. H. G. Fell, in starting the Royal Air Force Medical Branch, that was often called to the Bar, and he was well known as a radiologist on the consultant staff of the Weir Hospital and St. James Hospital, Balham; he was consultant physician to the Royal Society of Musicians and to the Children's Rest at Roehampton. He had also been associated with the Chippenham General Hospital and with the Bolingbroke Hospital.

C. A. H. F. writes: By the early decease of Henry N. Warner Collins the Lausanne Medical Graduates' Association loses one of its most distinguished and outstanding members. He was a man of exceptional ability and enterprise. He held many con-
Universities and Colleges

UNIVERSITY OF GLASGOW
Stanley Alstead, M.D., F.R.C.P., F.R.F.P.S., has been appointed Regius Professor of Materia Medica and Therapeutics in the University in succession to the late Prof. Noah Morris, M.D., F.R.C.P., F.R.F.P.S.

UNIVERSITY OF DURHAM
John Bright Duguid, M.D., professor of pathology and bacteriology in the University of Wales, has been appointed to the Chair of Pathology, King's College, Newcastle-upon-Tyne, and to the Department of Pathology in the Royal Victoria Infirmary.

UNIVERSITY OF LONDON
The title of Professor of Bacteriology in the University has been conferred on the Rt. Hon. Lord Stamp, M.B., B.Ch., in respect of the post held by him at the British Postgraduate Medical School.

UNIVERSITY OF LIVERPOOL
The Council of the University has appointed John Tertius Morrison, O.B.E., M.B., F.R.C.S., as full-time Dean of the Medical Faculty, in succession to Prof. T. B. Davie, M.D., F.R.C.P.

The following candidates have been approved at the examinations indicated:

Passed in Separate Subjects: G. D. Currie (Medicine, Surgery), G. Frew (Medicine, Obstetrics, and Gynecology), J. C. Humber (Surgery, Obstetrics, and Gynecology).

ROYAL COLLEGE OF PHYSICIANS OF LONDON
The Royal College of Physicians of London is giving a course of postgraduate medicine from March 25. There will be approximately 26 lectures. The full programme is not yet complete but preliminary details can be obtained from the College. The inclusive fee for the course is £7 7s. and the total entry will be limited to 200. Fees are payable in advance and must be received at the College (Pall Mall East, S.W.) by Jan. 26.

ROYAL COLLEGE OF SURGEONS OF ENGLAND
A course of lectures on anatomy, applied physiology, and pathology in their application to dental surgery will be held at the College (Lincoln's Inn, W.C.), daily from Jan. 12 to Feb. 6 (Saturdays and Sundays excepted), and a course of lectures on general, oral, and dental surgery will be held at the College daily from Feb. 6 to March 5 (Saturdays and Sundays excepted).

The admission fee for each course is £12 12s.; Fellowships and Members of the College and Fellows and Licentiates in Dental Surgery will be admitted for £10 10s. Admission cards may be obtained from the secretary of the Faculty of Dental Surgery at the College.

An Order in Council entitled the Dangerous Drugs Act (Application Order), 1947, came into force on Jan. 1. Its effect is to bring under the control of the Dangerous Drugs Acts and Regulations the following drugs and preparations, which have not hitherto been so controlled: Amino-derivatives, its salts, and any preparation, salt, extract, or other substance containing any proportion of amide: and methylidihydromorphine (commonly known as metoipon), its salts, and any preparation, admixture, extract, or other substance containing any proportion of methylidihydromorphine. It is therefore now unlawful for any person who is not authorized either under the Dangerous Drugs Regulations, 1917, or by licence, to manufacture, supply, procure, or possess any of these drugs. Persons who are intended to have the authorization under those Regulations—for example, doctors and retail chemists—must comply with the Regulations regarding the issue of prescriptions and the keeping of registers in respect of these drugs. Any persons or firms (other than those authorized under the Regulations) concerned in the manufacture, sale, or distribution of any of these drugs and preparations should make application to the Under-Secretary of State, Drugs Branch, Home Office, St. Stephen's House, Victoria Embankment, London, S.W.1, for consideration to be given to the grant of licences to permit them to continue their activities.

Medical News

Rowley Bristow Orthopaedic Hospital
The Church of England Children's Society (formerly the Committee of the Waifs and Strays) has decided to rename the St. Nicholas' and St. Martin's Orthopaedic Hospital (Pryford, Surrey), which the Society founded, "The Rowley Bristow Orthopaedic Hospital," as an appreciation of his long and brilliant services to the institution.

Oliver Memorial Fund
The committee of the Oliver Memorial Fund offers an award of the sum of £50 to a British subject whose original work is considered to have made the most notable contribution to the subject of blood transfusion during the past five years. The committee welcomes applications as well as communications drawing their attention to suitable candidates. Correspondence, accompanied by a copy of the work of each candidate, should be addressed to the Secretary, The Society for Blood Transfusion, W. F. Miller, National Provincial Bank, Ltd., Holborn Circus Branch, London, E.C.1, on or before Feb. 29, 1948.

Gift for Research
Lord Nuffield has given £50,000 to Lincoln College, Oxford, to found three research fellowships to be known as the Nuffield (Penicillin) Research Fellowships. The gift commemorates the discovery of penicillin's therapeutic properties in the Sir William Dunn School of Pathology, of which Sir Howard Florey, who is a Fellow of Lincoln College, is the head.

Surrey Benevolent Medical Society
The Surrey Benevolent Medical Society, which was founded in 1812, has in its gift four perpetual scholarships to Epsom College, as well as several other scholarships for boys or girls at any school approved by the society. It also gives pensions to deserving relatives of deceased members. For many years the late Dr. S. Morton Mackenzie was the honorary treasurer, and in memory of him and of his untiring energy in so successfully managing the financial affairs of the society it was unanimously agreed at the last annual meeting to name one of the scholarships after him. This scholarship will henceforth be called "The Mackenzie Scholarship." Membership of the society is open to medical men in private practice in the county of Surrey, and application for a scholarship may be obtained from the honorary secretary, Dr. L. J. Barford, Heather Lodge, Redhill, Surrey.

Joint Tuberculosis Council
At the last meeting of the Joint Tuberculosis Council a new committee was set up to consider and report on the problem of tuberculous patients whose duties bring them into close touch with children. The convener of the committee is Dr. Wilfrid Sheldon. The Council discussed the recent cuts in priority milk for tuberculous persons, and was asked to inform the Ministers of Health and Food that the cuts were regarded with grave misgivings. In the Council's opinion the amounts of food available for tuberculous persons at home and in sanatoria are at dangerously low levels. Another matter considered was the eligibility of tuberculous persons for supplementary financial assistance under the National Assistance Bill. The Council endorsed the opinion of the Tuberculosis Group of the Society of Medical Officers of Health that eligibility for such aid should be based strictly on need and not necessarily on the fact that employment had been given up.

Court of Common Council of the Corporation of London
Major-General R. J. Blackham, C.B., C.M.G., C.I.E., D.S.O., M.D., has been re-elected a member of the Court of Common Council of the Corporation of London for the twenty-third year in succession. For many years General Blackham was the only medical member on the Court, but he was joined in 1941 by Dr. Arthur Westerman, the medical officer of The Charterhouse, who has also been re-elected.

Parkinson's Disease
The Ministry of Health issued the following statement on Dec. 30: "Some weeks ago a report appeared in certain of the lay newspapers concerning a German doctor who was alleged to have discovered a new and effective treatment for Parkinson's disease. As a result of this report a number of inquiries have been made of Government departments regarding the possibility of having the practitioners of the question brought to this country to undertake the treatment of selected cases. The matter has been followed up through official channels and it is regretfully announced that the claims made in favour of this particular treatment are without foundation."
Correspondence 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.

**Prevention of Ophthalmia Neonatorum**

**Q.** — *What is the best route to adopt in order to prevent ophthalmia neonatorum?*

**A.** — The fundamental fact in the prophylaxis of ophthalmia neonatorum is that a healthy mother cannot infect her baby while an affected mother exposes the baby to that danger. The prophylaxis of ophthalmia neonatorum therefore has three centres, in the first place, on the mother rather than on the baby. In days gone by gonorrhoea was regarded as almost exclusively the cause of ophthalmia neonatorum. Present-day statistics show that gonococcal ophthalmia neonatorum accounts for not more than about 20 to 25% of the cases—compared with staphylococcal ophthalmia neonatorum and the form of the affection due to a virus which account for about 35 and 30%, respectively. The prophylaxis of ophthalmia neonatorum is therefore a matter of eliminating maternal infection and not merely maternal gonorrhoea. The best routine measure to be adopted involves intensive antenatal care, and the elimination of leucorrhoea in the expectant mother. For the baby Creed's method is a useful but not a totally adequate measure. The older statistics summarized in Sydney Stephenson's *Ophthalmia Neonatorum*, 1907, are conclusive evidence that the introduction of the Creed method has achieved very valuable results.

In the series reported by Sorsby the incidence of ophthalmia neonatorum when argyrol or protargol was used was lower than that in births where silver nitrate was the agent. Whether the difference is statistically significant is impossible to decide, as so many other factors have to be taken into account. On the other hand, there was a rather higher incidence when mercury perchloride and acriflavine in castor oil was used. It would appear that there is no conclusive evidence that the antiseptic compound has any definite value, and it is still less certain whether any particular antiseptic is better than another. The recent suggestion that sodium sulphacetamide might replace the traditional antiseptics is ill founded. In the first place, there is no conclusive evidence that the sulphonamides locally are of value. Secondly, the antiseptics and the sulphonamides are not the same thing. They are different compounds which are rapidly washed out from the eye and hardly can be expected to achieve much; sulphonamides locally certainly do not sterilize an infected conjunctival sac as a pre-operative measure. Penicillin, though of undoubted value locally, is again unlikely to achieve disinfection of an infected conjunctival sac by momentary contact.

In view of these observations it would appear that the antiseptic compound rather than antiseptic is the essential aspect of the Creed procedure. Reliance must therefore be placed on swabbing the lids as soon as the head is born and before the eyes are open, and avoidance of any possible sepsis being carried to the face or eyes. It is safe to assume that the conjunctival sac of the newborn baby is sterile so long as the lids are closed, and that the baby will not contract ophthalmia neonatorum if the conjunctival sac is protected from septic material on the face, in the bath water, and on the linen.