this type. In fairness to the authors it should be noted that the work is intended for "the practitioner, house-physician, and senior student," but even those persons might occasionally feel the need to refer to a larger volume or to original papers on some special subject. It is suggested that this point might be considered in future editions.

N. F. MacLAGAN.

SLIT-LAMP MICROSCOPY


English ophthalmic literature has need of a small compact survey of the practical essentials of the slit-lamp biomicroscopy of the eye. The early works of Harrison Butler and the English translation of Kohn's work are quite out of date and now out of print. For the advanced worker larger treatises are available, although none has originated in this country: the five-volumed Atlas of the French Ophthalmological Society published before the war is admirable, Berliner's two-volumed Atlas (New York) is good, and Vogt's monumental work (three volumes) is superb. But the junior postgraduate student has had no guide within his compass until the book under review appeared. The subject-matter includes all the essential techniques and the appearances of the normal, deformed and diseased eye. It is simply expressed in a readable form, not over-laden with detail, and comprehensively and beautifully illustrated with many original pictures; it contains a useful bibliography. The publishers have done their job well.

STEWART DUKE-ELDER.

OBSTETRICS FOR MIDWIVES


Wilfred Shaw has already set a high standard as a writer of textbooks and his reputation will certainly be enhanced by this new book for midwives. It is clear that in preparing the work he has had in mind what he himself calls the "serious student," and particularly the nurse who is preparing herself for the Teachers' Diploma. Realizing, however, that the nurse may be deficient in her knowledge of basic sciences, he has included sections on certain aspects of physiology, chemistry, and physics; he discusses, for example, osmotic pressure, dialysis, crystalloids and colloids, adsorption, and the mechanisms of cell division. He has thoughtfully added a glossary of the more difficult technical terms used throughout the book.

In the main subject-matter there is little to criticize and much to praise. The teaching is similar to that presented in the author's well-known textbook on obstetrics for medical students, though he has necessarily modified certain aspects to make it suitable from the point of view of the midwife. As with Shaw's other textbooks, this one contains numerous and carefully chosen illustrations, many of which are reproductions or redrawings of the illustrations in standard German textbooks.

The concluding chapters take the form of short sections on cancer of the uterus and breast; definitions and statistics; a short history of the development of midwifery; the Central Midwives' Board and the local supervising authority; the midwife-doctor relationship and the future of midwifery.

This book can be thoroughly recommended to the more advanced midwife. The style of writing is simple and clear and a full explanation is given—when explanation is possible—of the whys and wherefores of obstetric practice.

J. CHASSAR MOIR.

Zinc Ions in Ear, Nose, and Throat Work. By A. R. Friel, M.D., F.R.C.S.I. (pp. 60; 41 illustrations; 5s. 6d.; Bristol: John Wright and Sons, 1948), is a small book that sets out in detail the methods of performing zinc ionization as a curative treatment of chronic middle-ear suppuration, hay fever, asthma, and vasomotor rhinitis. In a preliminary chapter the author recites the history of the origin of this treatment, instigated by Dr. Leduc, and with the help of many clear illustrations explains the electrical principles involved. Zinc ionization is also advocated for destruction of tissues, including bone and aural polypi. The value of the thesis would be enhanced if it included results of the therapy. The clear illustrations will be of great help to those who intend to use this treatment.

BOOKS RECEIVED

[Review is not precluded by notice here of books recently received]


complete fog, and their Lordships thought the time had come when the position might be clarified by further legislation.

Comment

The most important element in this important case was, of course, the absence of a clear prohibition against practice by an unregistered person, and the presence in its place, in Section 40, of the prohibition against the use of titles suggesting registration, with the requirement of proof of a guilty intent. The Court's decision settles a question which has been perplexing the profession and their legal advisers for the best part of a century, but it also legalizes the use of a variety of titles conferred by reputable foreign universities without specifying their source. What, also, is the position if a practitioner calls himself M.D. on the strength of a degree conferred by a reputable university, but the medical qualifications of which the General Medical Council will not for the moment accept for registration, perhaps because the teaching or the examinations do not come up to the Council's standards? Will a court be asked to say that use of the title M.D. conferred during the period of the Council's displeasure infringes the Act, although one conferred at another time is registrable?

It is probably too much to hope that Parliament will find time for the legislation suggested by the Court, or that it did it would restrict the practice of medicine to registered persons; but much trouble would be saved if it would remove the requirement "willfully and falsely" and make the use of an unregistered title unlawful irrespective of motive. Regius professors of medicine, presumably, could safely be left to look after themselves.

Universities and Colleges

UNIVERSITY OF OXFORD

In a Congregation held on June 4 the following degrees were conferred:
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.

Penicillin Enhancement Factor

Q.—My clinical experience has been that the new crystalline pure penicillin is not so effective as the sodium salt which preceded it. Is this the general view and, if so, why?

A.—There are several different penicillins with a common nucleus but with different side-chains. Up to 1944 most of that produced commercially was in the form of penicillin G; thereafter purer compounds appeared which contained a larger proportion of the less active penicillin K. The amorphous penicillin seems to contain impurities which enhance its effect in vitro and in animal experiments. These substances are heat-stable, and are together known as the "enhancement factor".; they are, of course, absent from crystalline penicillin G. Many clinicians have entertained suspicions similar to those of the questioner, but careful clinical trials have not shown that crystalline penicillin combined with enhancement factor is more effective than crystalline penicillin alone.

Cremor Sulphanilamidi et Sulphathiazoli, N.W.F.

Q.—The National [War] Formulary, 1947, contained a valuable antiseptic cream—cremor sulphathalamicum et sulphanilacing. It will tend to remain valid for its omission in the new Formulary, 1949? How can sulphathalium and sulphanilacing cream be prescribed in future unless the prescription is written in full? Incidentally, what justification is there for the new cremor proflavinae? There seems to be more than a suspicion that oily preparations of proflavinae are useless as bacteriostatic preparations.

A.—The National Formulary contains no sulphanilamide cream because the balance of evidence is unfavourable to the local use of this group of drugs. There is, indeed, little satisfactory evidence that they are effective, but definite evidence that they may give rise to toxic reactions. The current view in the U.S.A. is summarized in the statement in New and Non-official Remedies, 1948:

"Experience gained in World War II seems to indicate that the use of crystalline sulphanilamides and of sulphanilamide ointments, creams, etc., as topical agents was often unsuccessful in the management of wound infection or in treatment of infections of the skin or mucous membrane. The routine use of sulphanilamides as topical applications in wounds, burns, and in superficial infections is therefore to be discouraged."

Sulphonamides locally applied may be harmful, since they may produce sensitization reactions in the skin if they are used for more than a few days. Once this has occurred it may prove impossible to give the same or even a different sulphonamide by mouth or locally without inducing a generalized eruption. Sulphathiazole is particularly liable to give rise to this form of sensitization.

The preparation cremor proflavinae replaces the emulsion acriflavinae, B.P.C., which is popular mainly because it does not cause dressings to adhere to abraded surfaces. Garrod and Keynes (British Medical Journal, 1937, 2, 1286) state of the emulsion acriflavinae, B.P.C., "that it has no demonstrable action whatever." The cremor proflavinae, N.F., though it contains the less toxic substance proflavine, is nevertheless still an oil-in-water emulsion, and, as the question suggests, the active drug will remain in suspension in the oily phase where it cannot exert much antisepctic action. Wood (Pharm. J., 1939, 1, 327) has pointed out that emulsions of the water-in-oil type have far greater antisepctic action in laboratory tests, and describes methods for making such preparations. The cremor amcinariae, N.F., could be used as an application to wounds, ulcers, and burns, though it is intended primarily as an obstetric cream for application to the hands. The amcinariae is non-staining and is presented in a glycerin-jelly base.