The author quotes them as though they represented the opinions of the writers; but there is much to suggest that they contain merely the opinions which the writers thought likely to win prizes. In consequence a feeling of unreality pervades these later chapters.

F. CHARLOTTE NAISH.

DIABETES AND THE LIVER

This book on the “diabetic liver” is difficult to review. To size up and assess detailed and specialized monographs in the French mode of production, and indeed in special supplements of the Acta Scandinaevica, often leaves the mind of an English reviewer full of headache and confusion. He may appreciate the linguistic clarity of every sentence, but must wonder what all the details in each chapter and section want to say or prove. Even the final summary and conclusions are too often pervaded with a vagueness and verbosity at which the Anglo-Saxon mind revolts—or so has mine when I have tried to comprehend the purport of these 368 pages.

The book is primarily concerned with the liver in different forms of diabetes. In the first section the author describes—mainly from the literature—different types of experimental and human diabetes. In the second section he describes human investigations of liver function in diabetics for the study of blood, pigment, and protein, fat, and glycogen metabolism, based principally on liver biopsies. When one looks for numbers tested and precise description of techniques, a soft vagueness pervades. When we turn to the general conclusions of this book, we learn that no strict, and certainly no causal, relation is obvious between diabetes and the liver changes that may be found in diabetics.

R. D. LAWRENCE.

CANCER OF THE BLADDER

Twenty years ago there were few forms of malignant disease regarded with such despair as that of the bladder. Radical operation involved a risk which was almost prohibitive, and even alleviation of the terrible distress of the patient was often impossible. To-day, with modern resources, a total cystectomy may be achieved with no more risk than that of a resection of the colon, and there is a reasonable prospect of years of normal life.

This book on cystectomy for cancer of the bladder gives an excellent account of the present position. Although the personal experience of the author is limited, he has evidently studied the literature very thoroughly. His discussion of the indications for and against total cystectomy is admirable, and he makes clear the advantages of a complete over a partial operation. The description of this considerable operation as carried out by the leading authorities is sound and is fully illustrated from their own articles, chiefly from the work of Millin and Couvelaire. A bibliography would have been welcome, but this could easily be supplied from the full lists of names which accompany the statistical tables.

To anyone with a knowledge of German this monograph gives valuable information in a convenient and reliable form, and it will enable him to appreciate the extraordinary advance made in the surgery of malignant disease of the bladder in recent years.

HENRY SOUTTAR.

BOOKS RECEIVED

Review is not precluded by notice here of books recently received


Unsurpassed as a medical dictionary, Dorland’s maintains its high standard in the twenty-second edition, recently published by W. B. Saunders at 50s. It includes a new introductory article by Professor Lloyd W. Daly, of Pennsylvania University, on “Fundamentals of Medical Etymology.” Here Latin and Greek are anatomized to show how their vocabularies have been drawn upon in the construction of medical and scientific terminology. The dictionary has been brought up to date by the addition of many new terms, though at the same time an attempt has been made to keep as many as possible of the old ones. The book is thus something more than a dictionary of current terminology, being also a fascinating museum and including brief biographical notes of the many men whose names are commonly attached to diseases, signs, symptoms, and tests. There are also useful tables of drug doses and weights and measures. The text has been reset in a new type which makes the page easier to read.
Dr. Nelson West Jenkin died at his home in Hindhead on September 26, aged 69. He was educated at Giggleswick School, Christ's College, Cambridge, and St. Thomas's Hospital. After qualifying in 1908 he was appointed house-physician and later resident anaesthetist and senior resident house-physician at St. Thomas's. In 1909 he joined a partnership in Hindhead and practised there for 42 years. He built up a large practice, as a man of his character, professional knowledge, and devotion to duty was bound to do. In the first world war he served in France and later in the hospital ship Egypt. After demobilization he took the degrees of M.B., B.Ch. During the second world war he was senior medical officer at the Haslemere and District Hospital, and gave up the greater part of his spare time to running and organizing this hospital on a war basis. His outside interests were many, but his patients always came first. He was a good athlete, a member of his school Rugby fifteen, and the heavyweight of the fastest crew that Christ's College had ever had before his day or probably since. The crew rowed in the Grand Challenge Cup at Henley and reached the final of the Ladies Plate. In this crew he must have more than pulled his weight, and this he continued to do in everything he attempted throughout his life. He loved his garden and was a well-known expert on alpine plants. His holidays were spent in the mountains: he used to lecture on the field as the group went from one plant to another. A winner of many prizes at the Royal Horticultural Society's shows, he introduced several species new to the country. He was an original member of the Alpine Society. In 1910 he married Mary Greaves, daughter of a Fellow of Christ's College. She died in May of this year. There were no children, and an adopted daughter, to whom he was devoted, died aged 15 in 1928. Through life it seemed to fall to his lot to have to suffer more kicks and difficulties that are meted out to the average man. He bore his knocks with courage and cheerfulness and set a fine example to his patients. The last few years of his life were marred by a progressive loss of sight, and the last few months by a disease which he knew might at any time prove fatal. He had gradually to reduce his professional work, but he never allowed his physical disabilities to rob him of the use of his apparently unconquerable spirit. A large congregation at his funeral service, some of his old patients and friends coming from distant parts of England, gave proof of their affection and devotion.—R. E. G. G.

Medico-Legal

**"EXISTENCE" OF HOSPITALS UNAFFECTED BY N.H.S. ACT**

[From Our Medico-Legal Correspondent]

By her will Miss Adah Phyllis Kelman, of Davenport, Cheshire, who died in 1947, left her residuary estate to be divided equally between "such of the Royal Manchester Children's Hospital, Pendlebury, the Christie Hospital and Holt Radium Institute, Withington, the National Trust, and St. Dunstan's, as shall at the time of division be in existence." On May 23, 1951, the executors of the will applied to the Chancery Division to solve the question whether the National Health Service Act had brought an end to the existence of the two hospitals.

Mr. Justice Romer decided that the effect of the Act was to vest them in the appropriate bodies created by the statute, but that the change was one of management only. The charitable work of the hospitals was being carried on under the same names and in the same premises as before the Act, and he could not see why the change should determine the existence of the charity. He accordingly made a declaration that the bequest was effective, and that the two hospitals were for that purpose in existence.

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1 Manchester Guardian, May 24.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

Dr. John Hamill Crookston (Toronto) has been elected to an Elmore Medical Research Studentship, from October 1.

Professor James Dixon Boyd was elected into a Professorial Fellowship of Clare College on October 1.

Dr. L. B. Cole has been appointed deputy for the Regius Professor of Physic during Sir Lionel Whitby's term of office as Vice-Chancellor.

Dr. F. Howarth has been appointed deputy for the Shield Professor of Pharmacology for the academic year 1951–2, the period during which Professor E. B. Verney, F.R.S., will be on leave of absence.

Dr. B. W. Davy has been appointed a Junior Health Service Officer with tenure from October 1 for three years.

Professor A. Leslie Banks, professor of human ecology in the University, has been elected to a Professorial Fellowship at Gonville and Caius College.

In Congregation on October 13 the following degrees were conferred:


*By proxy.

UNIVERSITY OF ST. ANDREWS

At a Graduation ceremony held on October 12, the degree of B.L. was conferred on H. J. Gibson, M.B., Ch.B., D.P.H.

UNIVERSITY OF ABERDEEN

The following appointments are announced: Lecturer in Surgery, William Burnett, F.R.C.S. Lecturer in Obstetrics and Gynaecology, R. McF. Bernard, M.B., Ch.B., M.R.C.O.G. Lecturers in Pathology, R. C. Nairn, M.D., and A. W. Williams, M.D., D.C.P.

UNIVERSITY OF DURHAM

Sir Reginald Watson-Jones will deliver the tenth Rutherford Morison Lecture at the Royal Victoria Infirmary, Newcastle-upon-Tyne, on Tuesday, November 20, at 5.15 p.m. His subject is "Recent Progress in the Treatment of Fractures."
Any Questions?

Q. — When a patient is receiving antabuse for the treatment of chronic alcoholism, symptoms of some severity develop if he resists to alcohol. Is ethyl alcohol the only intoxicant to which he is sensitized by antabuse? May a general anaesthetic be administered with safety to a patient who is undergoing antabuse treatment?

A. — When patients taking antabuse (tetraethylthiuram-disulphide) consume alcohol they experience unpleasant sensations, such as flushing, palpitations, and nausea, due to increased oxidation of the alcohol to acetaldehyde. The symptoms can be produced in normal subjects by injecting acetaldehyde intravenously. Normally, a small amount of the latter is found in the blood after consuming alcohol; it is increased about tenfold if antabuse is used previously.

Anaesthetics can be given to a patient undergoing antabuse treatment if it is borne in mind that in some patients its use may be accompanied by a fall in blood pressure. In such cases spinal analgesia would be contraindicated. The use of cyclopropane would also appear to be unsafe owing to the possible production of cardiac irregularities. Bromethol should not be administered as it forms bromoacetaldehyde on oxidation and might therefore intensify the reactions from antabuse. There is no objection to the use of other anaesthetic agents.

“Salt-free Diet”

Q. — Could you advise me how to give a variety of salt-free diet and make it appetizing? Please include a sample menu in your answer. Are the proprietary sauces, such as "H.P." and "Worcester," salt-free?

A. — The success of a low-salt diet in the treatment of congestive heart failure and other oedematous states depends largely upon adequate restriction of salt. This is why the term the “low-sodium diet” is to be preferred. Sodium restriction may be mild, moderate, or severe, and to achieve these degrees of restriction diets may be prepared which limit sodium intake in 24 hours to 1.5–3 g., 0.5–1.5 g., and less than 0.5 g., respectively.

In general practice mild or moderate low-sodium diets will usually be found adequate. They are simple to prepare, and may be prescribed for long periods. Diets containing less than 0.5 g. sodium are usually reserved for hospital patients with obstructive cardiac oedema which resists rest, digitalis, and mercurial diuretics. Such diets are difficult to prepare, and they are usually prescribed for short periods only. They are dull and monotonous; variation is strictly limited, and few patients will tolerate them for long periods. In addition, the patients need close supervision; for, if mercurial diuretics are given simultaneously and fluids restricted, the risk of ureaemia is a real one. Mild sodium restriction may be achieved without inconvenience to the busy housewife by observing the following points. Avoid: salt at table; salt-preserved foods—e.g., cheese, ham, bacon, salted fish, olives, sausage of any kind; highly salted foods—e.g., salted nuts and potato chips; relishes—e.g., H.P. and Worcester sauce, pickles, ketchup—all of which have a high sodium content. For moderate sodium restriction the following foods must also be avoided: salt in any kind of cooking; canned vegetables, meat, or soup; frozen peas or frozen fish fillets; fruits preserved with...