

mulierum." These are all comparatively brief compendia, and they do not receive the artistic care in respect of initial letter illustrations, etc., that is devoted to the first two parts of the volume. It may be contended that, if this really is the oldest extant medical textbook written in England, the proper place for it is the library of the British Museum; but if the Trustees are not interested (or have not enough money to come into the market for it), it is to be hoped that the MS. may be acquired for some medical library, and the Library of the Royal College of Surgeons of England naturally occurs to mind as a fitting home.

MUSIC AND MEDICINE

Ever since primitive man with the aid of incantations and dances sought to cast forth the possessive spirits of the sick, music has played an erratic part in the treatment of disease. In Hindoo mythology Patragali, the small-pox goddess, is frequently depicted being invoked with music played on drums. The priest-physicians of ancient Egypt had a favourite incantation for promoting fertility in women, while Theophrastus, pupil and friend of Aristotle, used music to cure the bites of serpents. Pythagoras's advocacy of the healing force of music in the treatment of insanity recalls the successful response of Saul's mental attacks to David's harp. In the case of George II of England music was able to prevent as well as relieve fits of melancholy. At an evening of music and medicine, held in New York City on January 23 under the auspices of the Innominate Club and of the Juilliard School of Music, Dr. Victor Robinson presided over an interesting programme, which included the following selections: music of the American Red Indian medicine men; Tom o' Bedlam Song (1666); hymns in praise of St. Sebastian, patron saint against the plague (1702); dance music played in the treatment of tarantism (1641); a frottola used in the relief of syphilis in Mantua (1517); and Richard Strauss's "Death and Transfiguration." Dr. Gregory Zilboorg gave a critical survey of the psychological aspects of the use of music in therapeutics, and Dr. W. R. Bett, discussing the historical relations between music and medicine, reminded the audience that Apollo was the god of music as well as the father of Aesculapius, upon whom he bestowed the gift of healing. The Russian composer Alexander Borodin began his career as a medical practitioner; Albert Schweizer, the world's foremost exponent of Bach's organ music, is a medical missionary on the West Coast of French Equatorial Africa; and Fritz Kreisler at one time was a medical student, but never qualified.

MEMORIALS OF HERMAN BOERHAAVE

On September 23, 1738, Herman Boerhaave, the Dutch Hippocrates, died at Leyden, and on September 23 and 24, 1938, tributes were paid at Leyden and at Harderwijk, where in 1693 he graduated, by sixteen speakers from various countries. These contributions have now been translated into English, French, or German, and collected into a volume¹ with illustrations dealing with his life, such as his birthplace, the hospital of St. Cécile where he taught medicine at the bedside, and his tomb. The orations include two dealing with him as botanist, others on him as a chemist, as a clinician, a teacher, and on the influence of his *Institutiones Medicae* on modern physiology. Professor John Fulton of Yale speaks of this book as the earliest textbook of physiology intended primarily for medical students. Dr. J. D. Comrie shows how much Edinburgh medicine owed to Boerhaave, and also points out that Boerhaave was in 1692 a pupil of the Edinburgh physician Alexander Pitcairne, who was then professor of physic at Leyden. Professor H. E. Sigerist of the Johns Hopkins University describes Boerhaave's influence upon American medicine, and Professor K. F. Wenckebach his importance, through his pupil van Swieten, in Viennese medicine.

¹ *Memorialia Herman Boerhaave. Optimi Medici.* (Pp. 133; illustrated. Frontispiece. Hfl. 1.90.) Haarlem: De Erven F. Bohn, N.V.

MALIGNANT MELANOMA

PROFESSOR GREY TURNER'S ORATION

The sixth Prosser White Oration, delivered under the auspices of St. John's Hospital Dermatological Society, was given by Professor GREY TURNER on June 28, Dr. R. T. BRAIN presiding.

Professor Grey Turner said that it was a great compliment for a surgeon with general interests to be asked to address a society concerned with a special branch of medicine. Forty-one years ago he saw the case which first aroused his interest in this condition—a boy with a melanotic growth on the back and a large mass of glands in the axilla. He described briefly a number of cases of which in the intervening years he had had experience; they made a disconnected, but usually tragic, story.

One case, for example, was that of a man aged 45 who for eight years had had a black patch on the back, just below the angle of the scapula on the right side. It began to grow rapidly, and, two months before he himself saw the patient, was removed by his medical man. He was then discovered to have a melanotic tumour and a large mass of glands in the right axilla. The tumour was removed, with a reasonable amount of skin, and the glands dissected out. A month later the black patch had recurred, there was a nodule at a little distance, and a mass of glands in the left axilla. Again the patch and the glands were removed, but in a very short time another nodule appeared and grew rapidly, enlarging in a few days from the size of a sixpence to that of a shilling. The patient died within seven months of the first interference with his melanotic growth.

One recent case was that of a darkly pigmented woman who had a black patch in the right iliac fossa. The patch became large, irritable, and ulcerated. There were no palpable glands, and, unfortunately, only a local excision was undertaken. Two years later a large mass appeared in the region of the right axilla, but the woman being a long way from a town nothing was done until later; death took place three years after the first operation. In another case, in a woman, there were glands in both groins, but the patient, who lived in a remote part of England, would not have anything done beyond removal of the local mass. There was recurrence, and again removal, followed by general dissemination, from which death occurred ten months later. In the most tragic case of all death took place just four months from the time that an inconspicuous mole began to exhibit active changes and was locally removed.

Sometimes the primary focus was not only very small but remained inconspicuous to the end of the chapter, occasionally even being overlooked so far as the patient was concerned. The glands sometimes showed very little pigment indeed. Occasionally a patient came under one's notice who was not suffering from any local lesion, but from general ill-health, and it was ultimately discovered that some small and almost forgotten primary melanoma, probably malignant, had been removed. Another case which Professor Turner described was that of a woman admitted to hospital almost in a comatose condition. For some two or three months she had been suffering from cerebral symptoms, but it was not thought that any useful purpose would be served by opening the skull. It was discovered that she had had a small growth removed from the back; there had been no obvious recurrence or other growth, but at the post-mortem examination she was found to have melanotic nodules throughout the brain.

Forms of Melanotic Growth

The forms of melanotic growth varied a good deal. The lecturer showed an illustration of a large papillomatous type of tumour growing from the skin over the breast in a woman of 29. This type was rather less likely to be of the malignant character than the flatter growths

which invaded the underlying parts of the skin at an earlier stage. It explained some of the cases which were more readily cured by what would ordinarily be looked upon as ineffective methods of treatment. He also drew attention to the pedunculated type of melanoma with a cherry-like lump—a particularly dangerous type if for no other reason than that it was so easy to assume its innocuousness and to remove it by an encircling ligature. In passing, the lecturer paid a tribute to Sir Jonathan Hutchinson's teachings in dermatology, and particularly his insistence on the possibly dangerous nature of moles. He had drawn attention especially to itching, which was often the first feature of which the patient was conscious of some impending change in a long-standing mole. The thickening or extension of a black patch, in addition to the more obvious tendency to break on the surface and to bleed, should be looked upon as significant and as suggesting that the condition had already become malignant.

The story of treatment was on the whole a melancholy one. Case after case was on record in which only local measures had been taken, with tragic results. In seeking enlightenment with regard to a rational basis of treatment it was worth referring to the excellent Hunterian Lectures which Mr. Sampson Handley published more than thirty years ago. One of the illustrations from his work, reproduced by the lecturer, showed the spread of a malignant melanoma by radical lymphatic permeation, which suggested the adoption of operative treatment by radical removal of the tumour together with the lymphatic path of probable malignant invasion. He went on to refer to the outstanding work of Hogarth Pringle of Glasgow. In 1898 Pringle operated on a patient with melanotic sarcoma and deposits in the axilla. A very thorough operation was carried out along these lines, and thirty-eight years afterwards the patient was alive and well, with no recurrence, despite the fact that she was then the mother of three children. He mentioned that because it was fairly well known that pregnancy was supposed to encourage the recurrence of malignant tumours. Pringle had another similar case, a young man of 30, who was known to be well over thirty-one years later. The lecturer had heard recently of a further case operated upon by Professor Archibald Young, which was equally encouraging: a man of 45 who had melanoma on the dorsum of the foot and was alive and well eighteen and a half years afterwards. This demonstrated that the systematic operation gave in some cases a chance of curing the condition. Professor Turner described two cases in which he himself had had the opportunity of carrying out a reasonable operation. In one case the patient was alive and well four years after the operation. The second case was quite recent—a woman of 66 with a melanotic growth on the palm of the hand and enlargement of the epitrochlear gland. The primary growth with a wide area of healthy tissue, a strip of skin to above the elbow, the lymphatic vessels together with a wide strip of deep fascia, and both the epitrochlear and axillary glands were all removed *en bloc* and at one sitting. He described the operation in detail, emphasizing the extreme importance of thorough clearance of the fascia. The textbooks were rather half-hearted about it. They usually referred to the removal of the glands but said nothing about the importance of the removal of the intervening lymphatics. In fact, there was nothing to give the student any idea of the sort of radical operation which was essential if success was to be achieved.

After a discussion of the special problems of melanoma in particular situations, such as the extremities, the cheek, the neck, and about the genitalia, he touched on alternative methods of treatment. He said that he could not speak with any great experience or authority, but his observations made him doubt very much the value of irradiation in melanotic growths. As to the management of moles, if local moles were single and accessible they were very much better removed. Multiple small moles were best left alone, but patients should be warned that

if the slightest change was noticed they should at once seek advice. The several problems connected with melanoma of the ocular region were also considered. He concluded with the remark that malignant melanoma should not be regarded as hopeless from the point of view that there was nothing to be done or that it did not matter what was done. Rather should they be regarded from the point of view of aggressive and thorough surgical excision of a large area of skin and deep fascia and the whole of the corresponding lymphatic areas.

MATERNITY AND CHILD WELFARE

NATIONAL CONFERENCE

Delegates from local authorities and social welfare organizations from all parts of the country attended the National Conference on Maternity and Child Welfare, which took place at the British Medical Association House, London, from June 27 to 29. The general subject of discussion was "The Problems of Parenthood," and each of the six sessions was under the auspices of one or more of the constituent bodies of the National Council. A child welfare exhibition was held in the Hastings Hall, and films were shown three times daily.

The Minister of Health

Dr. WALTER ELLIOT, Minister of Health, in opening the conference, pointed with pride to the recent figures of maternal mortality. If in 1938 women had died in childbirth at the same rate as they had done only four years previously 930 more mothers would have lost their lives; or, to put it in another way, the weekly toll of deaths in 1938, which was thirty-seven, would have been fifty-five if the rate of mortality prevailing in 1934 had continued undiminished. No doubt many forces had co-operated to bring about the result. One was the extended provision of ante-natal supervision, including medical examinations, as a routine measure. The number of expectant mothers attending ante-natal clinics was more than half as many again in 1938 as it had been in 1934. Another factor was the improved and organized domiciliary service of salaried midwives operated by local supervising authorities. Again, there had recently been a marked increase in the provision made by maternity and child welfare authorities for the supply of free or cheap milk. Advances in technique had assisted doctors and midwives; a striking illustration was the use of prontosil and allied substances in the treatment of puerperal sepsis. Dr. Elliot also referred to the report of the Committee on Abortion, which, he said, should be of the utmost help in affording guidance as to the best course to pursue.

Safety in Childbirth

The first discussion, organized by the Maternity and Child Welfare Group of the Society of Medical Officers of Health, was on "Safety in Childbirth for Mother and Child." Dr. GERTRUDE DEARNLEY (Queen Charlotte's) described the conditions which obtained in the ideal ante-natal clinic. The atmosphere should be calm and reassuring; it was easy to forget the extreme apprehension and doubt often present in the mind of the young prospective mother. Centres must not be conducted as if they were out-patient departments; two aspects of the work had to be reconciled: to treat the mothers as normal and to make them come regularly. If the doctor who had the confidence of the patient could carry out the confinement it was of great help in preserving the mother's morale. A number of complications arising in labour were due to a nervous factor, and if labour began with the patient in a state of fear and apprehension its course was often disadvantageously affected. She expressed the hope, amid applause, that all confinements would eventually take place in well-equipped maternity hospitals.