stalling by many years the present procedure. The first case of aneurysm to be treated by gelatine injections in London was under his care. I was then a clinical clerk in his wards. The man was a groom in the service of the Duke of Rutland and had a projecting pulsating swelling, the size of a goose's egg, which had eroded the upper end of the sternum. Dr. Cayley arrived with some recent papers of Lancereaux, had gelatine solution of the appropriate strength prepared and sterilized in the bacteriological laboratory and a course of intramuscular injections entered upon. The case was hopeless before treatment started, but death was certainly delayed and it was the forerunner of two or three other instances in which the treatment proved more successful.

Cayley's strong advocacy of cold sponging which had been introduced by Brand of Stettin for continued fever had a profound effect on English practice, and the disappearance of the 'typhoid state' is to be attributed mainly to his initiative in this direction.

On his retirement his Middlesex colleagues hoped that he would write on clinical medicine for his experience was vast and his knowledge profound, besides *nihil tetigit quod non ornavit*. However literature and botany were his real loves and to them he remained constant. He was never known in any circumstances to be provoked or lose his temper or self-control. He was an excellent man of business on boards and committees, and there, as in the wards, he was quick, direct and practical. Attendance at a committee of his beloved hospital a week before was the immediate cause of his death in December, 1916, from influenzal pneumonia.

Space will not allow mention of the numerous anecdotes which have gathered round him. A quiet humour added to his attractiveness. Arriving one day at hospital smiling to himself, a surgical colleague remarked 'You seem very pleased to-day.' 'Yes,' Cayley replied, 'To see a patient at home is a somewhat rare event these days, but this morning I saw two and my dog bit them both!'

For the particulars of Dr. Cayley's earlier years I am indebted to an obituary notice in the *British Medical Journal* of December, 1916, written by his first House Physician and friend, Dr. Browne.

'He who forgets himself is the person who most deserves not to be forgotten.'

C. E. LAKIN, M.D., F.R.C.P., F.R.C.S.

Consulting Physician to the Middlesex Hospital

A Plea for Barabbas

In most rural districts there is preserved a tradition that on some date, usually at the beginning of the nineteenth century, a sheep was sheared and a suit of clothes made from the wool, all between dawn and sunset. This folk-tale is usually embellished with a catalogue of the operations intervening between the procuring of the raw material and the delivery of the suit, and no doubt most people have shared my surprise at learning how many processes are required to convert the natural covering of the quadruped into the habiliments of the biped. Similarly, I have noted a prevailing and equally excusable ignorance of the procedure which gives permanent form to the cerebration of authors—I allude to the complex system of operations embraced under the general head of *book publishing*. Perhaps my choice of a parallel might have been happier, for I am aware that some authors are prone to see themselves in the role of the sheep with predatory publishers wielding the shears—I am no stranger to the gibe, founded on a mythical misprint, that 'Barabbas was a publisher.' Let me compound with all schools of thought by acknowledging at once the turpitude and the necessity of my class, and go on to speak of one branch of our unblessed art.

The publication of medical books has always exercised a particular fascination over British book houses. This is really rather remarkable when we remember the natural limitations of the market and the special technical difficulties of production. Contrary to the general belief, with the exception of those expressively termed 'bread-and-butter lines,' medical books do not yield large profits to any section of the trade. In fact, a considerable proportion are published at a loss—a result in many cases anticipated and accepted by the publisher. In other cases there is a large element of speculation; it is indeed possible to estimate maximal circulations of books which can only be bought by a special class, but it is much more difficult to estimate the minimal. Even the most favourable conditions of authorship, subject and price do not always ensure success, as every publisher has experienced to his cost. On the other hand, the most unpromising proposals sometimes bring returns beyond the expectation

of either publisher or author. Far be it from me to imply that the medical profession is as capricious as the laity in its likes and dislikes, but I certainly have known many examples of books panegyricized in all reviews (anonymous and otherwise) which have failed to attract readers, and equally I have known others praised with faint damns, or ignored by reviewers (except the author's well-wishers) which have run into several editions.

From the incunabula beloved by Osler to the modern textbook or monograph is a far cry, and the most obvious development brought about by the passage of the centuries might be supposed to be in methods and standards of production. Broadly speaking this is so, yet many old medical books were surprisingly 'modern' in these respects. Some very early anatomical drawings have never been surpassed, for example, and in the middle period books were being produced which conformed quite closely to the general plan of modern works in their arrangement of textual matter, typographical conventions, etc. By the nineteenth century some magnificent lithographic colour-plates, particularly of dermatological subjects, were included, and before process-engraving was adopted towards the end of that century the superb quality of British woodcuts was universally admitted. Quite recently I found that to illustrate a certain feature I could do no better than use a wood block made 70 years ago. Copper and steel engraving and etching, collotype, half-tone (monochrome and colour process), photogravure, photolitho, photo-litho-offset, all have played their part in the history of medical book illustration. For some teaching purposes an arbitrary or diagrammatic rendering will serve, but for many others, for example guidance in diagnosis, absolute fidelity to the original is demanded. It may be of little moment by what colour, or even in what precise dimensions the several structures in a dissection are delineated, but it is very important that there shall be no mistaking say, a radiograph of silicosis or a blood-film of acholuric jaundice for anything else.

From first to last, at every stage the production of a medical book must be subjected to the most

rigorous supervision, and pray forgive me for plagiarizing a civilian critic of military affairs—this is far too serious a matter to be entrusted to authors. The publisher must maintain a highly expert editorial staff, he must employ proof readers, compositors, artists, blockmakers and machine operators of unusual skill and experience. He must use paper and binding materials of the best quality available. On the commercial side he must be well equipped to deal with the intricacies of international copyright, with 'ethical' publicity and with the bookselling trade at home and abroad, wholesale and retail. I tread on delicate ground when I add that he is not helped by the interest taken in almost everything he does by a statistically-minded bureaucracy with a thirst for information only matched by its lust for interference. Burdens which can be borne lightly by a publisher of cheaply-produced novels selling by the hundred thousand are more oppressive to the medical publisher, who regards a printing of 5000 as rather large and is more often accustomed to print 2000 or even fewer copies of books which have taxed the resources of an expensive organization to produce. But for all that medical publishing is a great game, it brings rewards that cannot be measured in financial terms, not least among them being the privilege of close association with members of the noblest profession on earth.

May I conclude by disposing of a question which, had it not occasionally been put to me of late, I should not have expected to arise. The institution of the National Health Service has left completely unchanged the relations of medical authors to publishers. There is no restriction whatever on the writing of books or the receiving of remuneration for doing so. The only doctors in any way restrained from authorship are those employed in a whole-time official capacity who are, as they always were, required to obtain the permission of the head of the appropriate government department before publishing any matter based on information derived from their connection therewith.

G. T. HOLLIS.