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Editorial Notes.

Eugenics and Mental Deficiency.

In a recent number of the *British Medical Journal* (*Jan. 6th, 1933, p. 10*) there appeared a most important and timely article by Dr. L. S. Penrose, entitled "*A Contribution to the Genetic Study of Mental Deficiency*", which we would commend to the notice of our readers.

As Dr. Penrose remarks, "It is usually supposed that children with one mentally defective parent are almost certain to be themselves defective," yet in the family history which he records, although both parents were not only mentally defective but siblings, being a brother and sister, the three children arising from the incestuous union were quite normal. One of the children died at the age of two and a half years but was apparently normal mentally while the two surviving children, aged 17 and 7 years respectively, are definitely of average intelligence.

This family history is in complete accord with the experience of Fernald, of Waverley, Mass., U.S.A., of 1,537 mental defectives who had been discharged from his Institution, although against advice, during the course of 25 years. 279 of these patients could not be traced and 612 had been in the interval admitted to other institutions. Of the remaining 646 there were 470 men and 176 women; 27 women had married and had had 50 children—33 of these children were living and normal; 7 of the women had no children. There were 11 unmarried mothers, 8 being morons and 3 imbeciles; all the children were normal. Only 13 of the men had married, and they had 12 children; 6 had no children; not one of the children was defective.

The above records lend no support to the view that mental deficiency is hereditary and transmissible or to the other popular fallacy that mentally defective individuals are unduly prolific. That mental intelligence, like stature and colour, is hereditary there is, however, no doubt. Parents of high intelligence are on the average more likely than those of lower intelligence to have children of high intelligence, just as tall parents are more likely than small parents to have tall progeny, but primary mental deficiency in the true sense of the term, *i.e.*, an intelligence below a certain level (70 per cent. of the average) is like genius and dwarfism more a sport of Nature and liable to appear in all varieties of stock. As Jennings succinctly remarks, "So long as the bi-parental inheritance is kept up, the variety, the surprises, the perplexities, the melodrama that now present themselves among the fruits of the human vine will continue. Capitalists will continue to produce artists, scientists and labourers; labouring men will give birth to capitalists, to philosophers, to men of science; fools will produce wise men and wise men will produce fools; who mounts will fall, who falls will mount, and all the mass of problems presented to society by the turns of the invisible wheel will remain."⁽¹⁾

One does not wish to belittle the importance of experiments in any field of medicine but experiments in eugenics must be applied to man with particular caution. The type of life used in such studies is as a rule so simple, and the conditions under which they are carried out so controllable, that analogies with what pertains in the human subject are hardly permissible.

(1)H. S. Jennings, *Prometheus in Biology and the Advancement of Man*. London. 1925. p.93.

The cause of mental deficiency is in truth of the utmost complexity. Very rarely is it due to hereditary influences. We know, of course, that the opposite opinion is freely expressed, but there is no such unequivocal evidence available as in the case of deaf-mutism, hæmophilia and the muscular dystrophies. Histories like that of the Kallikak family are so grotesque that they merely engender scepticism. The infrequency with which more than one member of a family is affected, its occurrence in some of the most intellectual of families and the fact, as noted above, that the progeny of mentally defective individuals is usually normal are ample proof of this statement. There are of course the familial conditions, amaurotic family idiocy and familial cerebral degeneration, but these are not transmitted. Some confusion in thought has, we think, also arisen because of the hereditary nature of the reactivity of the cerebral system, just as there is of its intellectual powers. Thus the tendency to the perpetuation of the highly-strung, the eccentric and the so-called neurasthenic individual. Such qualities, however, usually accompany literary, musical and artistic gifts and to sacrifice these for a more equable, mediocre and humdrum mental calibre would be a certain calamity, since their possessors are the salt of the earth.

Some of the mental deficiency is due to defects in cerebral development, and some is probably in consequence of intrauterine infection of a non-specific nature. Comparatively few cases result from invasion by the *Spirochæta pallida* and an equally small proportion is due to endocrine mischief. It must, however, always be borne in mind that a goodly proportion is due to injury at birth. It is impossible at the present time to quote exact numbers for such are not available. As the viability and age of recognition of the various types are very different, their relative proportions will vary according to the age period at which the analysis is made.

From the foregoing premises it is difficult to see how sterilization could influence in any serious degree the production of mental deficiency. Because certain American States have adopted such a measure should not influence us in the slightest. Nor should its adoption by the Nazi Government have any more weight, especially since at the same time this body passed a law placing herbalists and doctors on the same footing. If there is any factor which to our mind would definitely diminish the incidence of this terrible and most hopeless malady, we would suggest better obstetrics with the consequent reduction in birth injuries.

Carbolic Acid.

On the 27th of this month one hundred years ago there was reported a discovery which was destined to have a most profound influence on the science of medicine. This was the discovery of carbolic acid by Runge, and one wonders what might have been the outcome of Lister's efforts if this substance had remained unknown. Lister, of course, tried other chemicals, *viz.*, chloride of zinc, corrosive sublimate and the double cyanide of mercury and zinc, but he found these all less rapid and less certain in their action and lacking the beneficent analgesic power of the phenol. It was really carbolic acid which enabled him to develop the antiseptic technique and to bring it to such a state of perfection that little if any modification has been necessary. It is indeed the gradual and steady

perfecting throughout the years of his long life of the antiseptic method, controlled at every stage by the most careful and ingenious of experiments, which is to us the most remarkable feature of Lister's work, and his example must remain for all time a stimulus to the research worker.

Lister's attention was drawn to carbolic acid in 1864 on account of its use in Carlisle as a deodorizer of sewage. In the first instance he applied it undiluted, smeared on lint, directly to the wound, protecting the surrounding skin against the caustic action by interposing tin foil. Later he employed it as a paste mixed with ordinary whiting (carbonate of lime), still later as a spray of a 1-40 watery solution, and finally as a lotion in the strength of 1 in 20. He showed that the acid had an affinity for fat and hence was one of the most efficient sterilizers of the skin. As an aqueous solution he employed it not only for the preparation of the field of operation but also for the sterilization of instruments and dressings and the cleansing of wounds; and it was its efficacy when dissolved in oil which enabled him to make the cat-gut ligature a practical proposition supplying the triad of desiderata, sterility, elasticity and absorbability.

The Annual Meeting.

We desire to call the attention of Members of the Fellowship of Medicine to the Annual Meeting which will take place about the middle of March. The exact date, place and time of meeting will be circulated to the members in due course, but we mention the matter in the present number so as to give all those who may desire to be present ample notice.

It is sincerely hoped that as many as can conveniently attend will do so, for it is at such a meeting that any fruitful criticism can most satisfactorily be brought forward. As the members know, the Executive Committee always welcome criticism of the activities of the Fellowship and they are grateful for the many letters of appreciation of their efforts and for those containing suggestions as to how the various Courses might be made more helpful to the Post-Graduate. It is, however, at the Annual Meeting, in consequence of free discussion and concerted action, that the future policy of the Fellowship can be most certainly influenced.

Demonstration of Fractures and their Treatment.

We feel sure that it will interest our members to learn that the Honorary Secretaries have arranged a special demonstration of Fractures (recent and old) and their Treatment, by Mr. Alan C. Gairdner, at St. George-in-the-East Hospital, Raine Street, E.1, on the afternoon of Tuesday, February 27th, at 2.30 p.m. Further particulars may be obtained from the Secretary, 1, Wimpole Street, W.1.

Copies of the index to the Journal for the period January to December, 1933 are obtainable on application to the Fellowship of Medicine.

General Post-Graduate News.

It should be noted that Courses arranged by the Fellowship of Medicine are open only to Members and Associates unless otherwise stated. A copy of each detailed syllabus is sent to every Member and Associate.

To ensure admission or to avoid cancellation of the Courses application must be made by the date given on each syllabus.

ADVANCED COURSES.

Gynæcology: February 5 to 17. Chelsea Hospital for Women. Mornings and/or afternoons. Fee £5 5s.

Diseases of the Chest: February 12 to 17. Brompton Hospital. All day. Fee £3 3s.

M.R.C.P. (Evening Course): February 20 to March 15. National Temperance Hospital. Tuesday and Thursday, 8.0 p.m. Clinical and Pathological. Fee £10 10s. (Limited to 16.)

Pyelography: February 13 to March 2. Tuesdays and Fridays at 8.0 p.m. Fee £3 3s.

Proctology: March 5 to 10. Gordon Hospital. All day. Fee £2 2s.

Orthopædics: March 12 to 24. Royal National Orthopædic Hospital. All day. Fee £3 3s. (Minimum of 10.)

F.R.C.S. (Final) (Evening Courses): March 20 to May 1. March 22 to May 3. National Temperance Hospital 8 p.m. Two separate courses on Tuesday and Thursday evenings. Clinical and Pathological. Six evenings each. (Maximum of 25 in each Course). Fee £7 7s. each course.

OTHER COURSES.

Neurology: February 5 to 10. West End Hospital for Nervous Diseases. All day. Fee £2 2s.

Physical Medicine (Week-end): February 10 and 11. London Clinic and Institute of Physical Medicine. Saturday and Sunday. All day. Fee £1 1s.

Ante-Natal Treatment: February 16 to March 9. Royal Free Hospital. Fridays, 5.0 p.m. Fee £1 1s.

Medicine, Surgery and the Specialities: February 19 to March 3. Prince of Wales's General Hospital Group. All day. Fee £5 5s.

Medicine, Surgery and Gynæcology: March 5 to 24. Royal Waterloo Hospital. All day. Fee £3. 3s.

Clinical Surgery (Week-end Course): March 10 & 11. Royal Albert Dock Hospital. Saturday and Sunday. All day. Fee £2 2s.

Diseases of the Chest (Week-end Course): March 24 & 25. Brompton Hospital. Saturday and Sunday. All day. Fee £1 11s. 6d.

SPECIAL ANNOUNCEMENTS.

Saturday Afternoon Demonstrations—Orthopædics : A lecture-demonstration (illustrated by cases) will be given on the *Second* Saturday, February 10th at 3.0 p.m., at the National Temperance Hospital (O.P. Dept.), Hampstead Road, N.W.1, by Mr. K. J. Acton Davis. On the *Second* Saturday (March 10th), the subject will be Neurological cases, by Dr. L. R. Yealland.

Open only to Members and Associates of the Fellowship of Medicine. Fee 5/- per demonstration, payable in advance or at the lecture-room.

Tuesday Afternoon Demonstrations—General Medicine : Lecture-demonstrations will be given every Tuesday afternoon at 2.30 p.m., at the Medical Society of London, 11, Chandos Street, Cavendish Square, by Dr. A. E. Clark-Kennedy. The subjects during February will be as follows :

February 6 : Vomiting and Hæmatemesis.

„ 13 : Constipation.

„ 20 : Diarrhœa.

„ 27 : Jaundice.

The full March list will be published in the March Journal; the subject for March 6th is "Anæmia."

Open only to Members and Associates. Fee 5/- per demonstration, payable in advance, or at the lecture-room.

Fractures : A special demonstration on the Treatment of Recent and Old Fractures will be given at St. George-in-the-East Hospital by Mr. Alan C. Gairdner, F.R.C.S., on Tuesday, February 27th, from 2.30—5.0 p.m. Cases will be shown. Open only to Members and Associates. Fee 5/- payable in advance.

STANDING ARRANGEMENTS.

Anæsthetics : Practical tuition for a fortnight or a month can be arranged. Limited to two Post-Graduates at a time.

Venereal Disease : (*For Women Post-Graduates only.*) *Royal Free Hospital.* Special Course extending over twelve weeks (not less than 100 hours attendance) entitling the Post-Graduate to a certificate which the Ministry of Health requires for any practitioner who desires to be in charge of a recognized V.D. Centre. Fee £21.

Ante-Natal Clinics : (*For Women Post-Graduates only.*) *East Islington Mothers and Babies Welfare Centre.* Tuesdays 10.30 a.m. to 12.30 p.m. Two Post-Graduates only per clinic. Fee 5s. a time. Arrangements *must* be made in advance with the Fellowship of Medicine.

Clinical Assistantships : *Lambeth Hospital.* Two clinical assistants (men only) per calendar month will be appointed. Daily attendance 10—1 and 2—5. Fee £5 5s. per month.

Hospital for Consumption, Brompton : Tenable for 3 months; eligible for re-appointment. Candidates (men or women) will be attached to an In-Patient Physician and the corresponding Out-Patient Physician, to a Surgeon and/or to a Member of the Staff in charge of any Special Dept. They will be responsible for the performance of their duties to the Members of the Hon. Staff to whom they are attached who may require them to undertake any special work which they may consider desirable. Fee £5 5s. per 3 months or portion thereof.

Panel of Teachers : Details of the clinics available every day are given in the Supplement. Fee 5s. per clinic.

A Guide Book, giving details of how to reach the various London Hospitals by tube, tram, or 'bus, can be obtained from the Fellowship. Price 6d. (Members and Associates, 3d.).

Miscellaneous.

This Section deals with New Drugs, Preparations, Surgical Instruments, etc. The description of each article is supplied by the Producer. Particulars regarding insertions, which are free of cost, may be obtained from the Business Manager, Fellowship of Medicine and Post-Graduate Journal, 553, Grand Buildings, W.C.2.

The Ligature Department of the London Hospital has issued an attractive booklet explaining the methods used in the preparation of London Hospital Catgut. Considerable emphasis is laid upon the difficulty of successfully sterilizing spun lamb intestine without altering its physical properties or impairing its tensile strength and absorbability.

Sterilizing by treatment with chemical sterilizing agents rather than by heat is strongly advocated. It is pointed out that in order to obtain 100 per cent. sterility the heat has to be so intense that it produces a wiry brittle ligature and also affects the physical properties of the gut.

Intensive studies have led to the conclusion that the perfect ligature can only be obtained by the commencement of antiseptic preparation immediately the intestine has been removed from the animal. It was found that bacteria which remain in the mucous coat during the life of the animal begin to work through to the sub-mucous coat within a few hours of the animal's death.

As a result the intestines used for London Hospital Catgut are thoroughly cleansed and frozen within two hours of the animal being killed, thus reducing to a minimum the growth of bacteria. The lambs are reared on virgin British soil and subject to certified ante- and post-mortem examination.

Arrived at the London Hospital Ligature Laboratories the thawed, washed and immediately split and scraped intestine is treated with an inhibiting agent, spun and finally sterilized. Every stage of the process has been checked by numerous bacteriological tests to determine its efficacy.

The Hospital authorities offer surgeons and sister hospitals this prepared catgut as a proved product of British research and British manufacture throughout. An interesting feature of the booklet is a series of large, clear photographs which show in full detail every process during the manufacture of London Hospital Catgut.

A new scheme for the provision of loans to assist in the purchase of a practice or share in a partnership is announced by the Medical Sickness, Annuity and Life Assurance Society, Ltd. The plan has a number of advantageous points that should ensure its immediate success. In the first place, the Society makes loans out of its own funds and not by means of a Bank guarantee. A reasonable rate of interest is charged and the covering Policies are issued at very low rates of premium. Any existing insurances with the Society, if suitable, can be used for the purpose of the scheme.

Repayment may be spread over a term up to ten years and the payments are so graded that the cost in the first two years is kept as low as possible.

A lien is, of course, taken on the practice but the Borrower retains control of all of the practice receipts and there is no interference with the panel remuneration or any other source of income. No conditions are imposed as regards fire or car insurance.

As most readers of the Post-Graduate Medical Journal know, the Society is controlled by Medical men for the benefit of Medical men and, as the fullest investigation is made before any money is advanced, a young Practitioner is protected from going into a practice which may not prove to be satisfactory.

The Blue Funnel Line state that, owing to the success of their "Ulysses" cruises, another sailing by this ship has been arranged for September 22nd, 1934. The voyage is to Java, the Barrier Reef and Australia, via Egypt, Ceylon and Malaya, and returning by way of South Africa and the Canaries. The cost, for first-class passengers only, is £135.

**Blue
Funnel
Line.**