

POST-GRADUATE MEDICAL JOURNAL

OFFICIAL ORGAN OF THE FELLOWSHIP OF MEDICINE

Vol. X. No.101.
(New Series)

MARCH, 1934.

Monthly. Price 2s. net.

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Editorial Notes.

Sterilization and Mental Deficiency.

It will no doubt have been noted by our readers that the opinions expressed in our editorial columns on Mental Deficiency and Eugenics in the February issue of the Journal were somewhat at variance with those contained in the recently published Report of the Departmental Committee on Sterilization.* Unfortunately our Editorial had gone to press before the appearance of the above most exhaustive and comprehensive Departmental Report and hence the absence of any reference to it by us. However, from a perusal of it since then we do not see any reason to alter materially our own conclusions regarding the cause and prevention of this distressing malady. Nevertheless, this does not prevent us from recommending the Report to the notice of our readers as it contains a wealth of information from both the social and medical points of view.

Although the Committee specifically state that "in any discussion of the concept of mental defect it is necessary to keep clearly in mind the difference between mental defect and mental disorder", in their analysis of much of the material, and in their own generalizations, these two conditions are usually bracketed together. This to our mind greatly invalidates much of the value of the Report. While there will be, we would think, fairly general acceptance that mental disorders (insanity) are often hereditary, or owe their origin to some inherent vulnerability of the brain cells, there is anything but unanimity on this point so far as mental defect is concerned. Even the Departmental Committee draw attention in their preamble to the fact that there prevails the greatest divergence of opinion among both biologists and physicians regarding the relative importance of hereditary and environmental factors in the causation of mental defect, but at a later stage they say, "we do not feel that we are called upon to examine in detail and decide upon the relative merits of these theories". But this is just what we thought they would have attempted and is, indeed, what they seem to be doing when they recommend sterilization as a cure. This would surely be a heroic remedy for counteracting simply the evil effects of environment.

Like ourselves, the Committee believe that intelligence is an inherited character. In their own words, "Highly gifted parents tend to have highly gifted children, and dull parents tend to have dull children". We are also ready to admit with them that it is impossible to draw a sharp line between mental backwardness and mental deficiency so far as intelligence is concerned, and that at the present moment there is lacking a satisfactory anatomical classification. Nevertheless, we feel that there is a difference between the two classes of child and that it is unwise and dangerous to combine them in any analytical study as has been done in the Report of the Committee, more especially when they asked the local authorities who supplied information, to consider as retarded all children, irrespective of age, "who were two or more years retarded educationally". There is a very great difference between two years' retardation in a child of six years and one of twelve years.

This view, we think, is supported by the statement of the Committee "that the milder grades of mental defect may be regarded as simply poor endowment of intelligence", and their finding that it is among this class (the milder grades of mental defect) that there is the strongest family history. Thus in any group of cases a strong or weak hereditary history will depend on the relative proportion of examples of mental retardation or mental deficiency which it contains. It is

*London: H.M. Stationery Office, 1934. Cmd. 4485. (2s. net.).

only in this way that one can explain the very varying proportions (6.6% to 56%) of hereditary examples of mental defect in the statistics compiled from foreign countries and given as an appendix to the Report.

We do not, of course, wish to imply that the question of mental retardation is not a serious problem. To our minds it is more disturbing than that of mental defect. It would seem, too, to be a pure eugenic question, but it is so vast (more than 50% of our population is probably mentally retarded) that we feel sure this was not envisaged by the Committee in their deliberations or recommendations. But so far as mental defect is concerned there is little evidence brought forward that it is frequently hereditary. The Committee, as we do, place little reliance on the famous story of the Kallikak family and can only quote one investigation in which they have any confidence. This is recorded by Sjogren of Sweden and purports to demonstrate that one type (and we might remark perhaps the rarest type) of mental defect, viz.:—amaurotic family idiocy, is hereditary. Notwithstanding, they somewhat airily remark, "If particular kinds of defect are transmitted, others may be". This we admit is possible, but before launching on revolutionary tactics we wish some proof.

Functional versus Organic Disease.

The differential diagnosis between functional and organic disease is one of the most difficult tasks set to the medical practitioner and hence it is with pleasure that we publish the masterly discussion of the matter by Dr. Clark-Kennedy in this month's issue. The conclusion that the patient's complaint rests on what we are wont to call a functional basis is always of the utmost seriousness, for to miss the beginnings of organic mischief may mean that the opportunity for its radical cure is lost. Thus it is a decision which must never be lightly made and always rather by a process of exclusion and as a final verdict than as a first impression. This does not, of course, mean to say that intuition may not often help the physician in framing his conclusions but his most valuable assets are an accurate knowledge of the life history of the various pathological processes and an appreciation of the real value of laboratory and other tests of precision. As Dr. Clark-Kennedy points out, the functional malady is usually an imitation of organic disease, but there is always lacking some important feature of the real picture. He also very rightly stresses, in the evaluation of the significance of a symptom, the very wide and at the same time very variable limits of the range of the physiological powers. We are not, as it is so often said, all born alike. Indeed, the truth is that we are not only born, but develop, very differently from one another and it in great part depends on the above-mentioned limits of the physiological functions of our various organs whether our passage throughout life will be easy or the reverse.

The lecture which we publish was the first of a series on symptoms and their significance, which Dr. Clark-Kennedy is delivering every Tuesday afternoon throughout the year, and should give some idea of the fundamental nature of the teaching.

Bound Copies of the Journal for 1933.

We have been asked to inform our readers that the Secretary has available for sale to members of the Post-Graduate Association, at the price of 10/6, some bound copies of the Journal for 1933. As the number is very limited early application is necessary in order to secure a copy.

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.

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.

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.

Infants' Diseases : April 9 to April 21. Infants' Hospital. Every afternoon. Fee £3 3s. (Maximum of 15).

Rheumatism (Evening Course): April 10 to April 26. British Red Cross Clinic. Tuesdays and Thursdays, at 8.30 p.m. Fee £1 1s.

Medicine and Surgery (Week-end Course): April 14 & 15. Southend General Hospital. Saturday and Sunday. All day. Fee £2 2s.

Proctology : April 9 to 14. St. Mark's Hospital. All day. Fee £3 3s.

SPECIAL ANNOUNCEMENTS.

Saturday Afternoon Demonstrations—Neurology : A lecture-demonstration (illustrated by cases) will be given on the *Second* Saturday, March 10th at 3.0 p.m., at the National Temperance Hospital (O.P. Dept.), Hampstead Road, N.W.1, by Dr. L. R. Yealland. On the *Second* Saturday (April 14th), the subject will be Surgical cases, by Mr. Mortimer Woolf.

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 March will be as follows :

March 6 Anæmia.
 ,, 13 Iron and liver.
 ,, 20 Glands.
 ,, 27 Purpura.

The full April list will be published in the April Journal; the subject for April 10th is "Shortness of Breath".

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

Evening Lectures—Chronic Diseases of the Chest : A series of six lectures will be given by Dr. Philip Ellman on Wednesdays and Fridays, April 11th to 27th, at 8.30 p.m., at the Medical Society lecture room. Full details will be published shortly.

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.

An attractive and comprehensive booklet dealing with Insulin-Boots has been issued by the Boots Pure Drug Co., Ltd. A brief foreword pays tribute to the work carried out in the Connaught Laboratories of the University of Toronto, culminating in the first successful treatment of diabetic patients on January 11th, 1922.

Insulin-Boots is prepared from mammalian pancreas. The glands are removed as quickly as possible after the death of the animal, and rapidly frozen in order to preserve the active principle from the effects of autolysis which would otherwise set in. As required, the glands are removed from the cold storage and processed by mincing into an alcoholic solvent. The bulk of the inactive protein is then removed and the resulting clear solution is concentrated at low temperature by vacuum distillation. The concentrate contains the Insulin, but in an impure condition. After removing extraneous matter such as fat, the Insulin in a crude condition is then precipitated by the addition of salt. Further purification is then required, the means adopted depending upon the fractional precipitation in the iso-electric range and fractional precipitation from various solvents.

The purified Insulin is dissolved in distilled water and the solution passed

through filter candles into sterile containers. The sterile solution so obtained undergoes a series of tests in the Analytical, Bacteriological and Pharmacological Laboratories, and from the results obtained the Insulin solution is adjusted to the various strengths required and then filled into sterile vials.

Samples of the filled vials are further tested, and if the tests are satisfactory, full reports of the tests are sent to the British Medical Research Council whose approval is necessary before any batch can be issued. As a further safeguard every batch of Insulin-Boots is tested clinically under hospital conditions.

A dissertation on the properties of Insulin follows, and much useful diagnostic and treatment information is given. The booklet is profusely illustrated. In addition to the usual plates showing the various processes of manufacture, there is a photomicrograph, in colour, showing a section of ox pancreas, together with graphs illustrating normal and diabetic blood-sugar curves. A generous list of references and appropriate bibliography is another useful feature.

This forty-eight page brochure fully maintains the high standard which characterises the literature produced by the Boots Pure Drug Co., Ltd., for the use of members of the medical profession.

Antivirin Nasal Jelly is announced by Glaxo Laboratories as the latest addition to the G.L. Antivirin Series. It consists of sterile detoxicated filtrates from cultures of *B.*

pneumoniae (of Friedlander), *M. catarrhalis* and mixed streptococci, incorporated in a glycerin base. These are the organisms that are most commonly found in the nasopharynx in cases of the common cold, and the action of the corresponding antiviruses

is claimed to prevent the growth and multiplication of these organisms and to increase local resistance to their effects. Antivirin Nasal Jelly also contains 1% of ephedrine.

Owing to its viscosity the Jelly should penetrate readily into the folds of the mucous membrane, with the object of bringing the antiviruses into contact with organisms to which access would otherwise be difficult.

LIST OF OVERSEAS MEMBERS OF THE FELLOWSHIP OF MEDICINE AT PRESENT IN ENGLAND.

AUSTRALIA :

- Dr. J. S. COVERTON, London House, 4, Caroline Place, W.C.1.
 Dr. C. C. EDWARDS, c/o Australia House, Strand, W.C.2.
 Dr. E. M. ETTLESON, c/o National Bank of Australia, Australia House, W.C.2.
 Dr. J. H. FISHER, c/o Australia House, Strand, W.C.2.
 Dr. G. E. FOREMAN, c/o Fellowship of Medicine.
 Dr. T. M. GREENAWAY, c/o Fellowship of Medicine.
 Dr. C. M. GUINEY, c/o Fellowship of Medicine.
 Dr. S. H. HANKINS, c/o Bank of New South Wales, 29, Threadneedle Street, E.C.2.
 Dr. RUTH HEIGHWAY, c/o Fellowship of Medicine.
 Dr. W. J. HENDRY, c/o Bank of New South Wales, 29, Threadneedle Street, E.C.2.
 Dr. A. F. HOBSON, The Hospital for Sick Children, Great Ormond Street, W.C.1.
 Dr. T. G. HENZÉ HOGG, c/o Bank of Australasia, 4, Threadneedle Street, E.C.1.
 Dr. T. A. GLENNIE HOLMES, 38, Parliament Hill, N.W.3.
 Dr. M. J. HUDSON, c/o Overseas League, Vernon House, Park Place, S.W.1.
 Dr. T. J. LEE, c/o E. S. & A. Bank, 5, Gracechurch Street, E.C.
 Dr. K. H. MACFARLANE, London House, Caroline Place, W.C.1.
 Dr. D. K. MCKENZIE, 19, The Avenue, Loughton, Essex.
 Dr. E. F. MACKENZIE, c/o Bank of Australasia, 17, Northumberland Avenue, W.C.2.
 Dr. F. P. MORGAN, c/o E. S. & A. Bank, 5, Gracechurch Street, E.C.
 Dr. A. H. MURPHY, c/o Fellowship of Medicine.
 Dr. J. W. OSBORNE, c/o Fellowship of Medicine.
 Dr. S. W. ROSS, London House, Caroline Place, W.C.1.
 Dr. B. SANGSTER, c/o Bank of Australia, 17, Northumberland Avenue, W.C.2.
 Dr. W. D. WALKER, c/o National Bank of Australasia, Australia House, Strand, W.C.2.
 Dr. HEYWORTH WATSON, c/o Fellowship of Medicine.

CANADA :

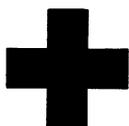
- Dr. J. G. BROWNLEE, Lewisham Hospital, High Street, S.E.13.
 Dr. J. C. DIAMOND, c/o Fellowship of Medicine.

NEW ZEALAND :

- Dr. R. E. BRIDGE, West Kent General Hospital, Maidstone, Kent.
 Dr. H. J. C. DURWARD, c/o High Commissioner for New Zealand, 415, Strand, W.C.2.
 Dr. D. E. ORCHARD, c/o High Commissioner for New Zealand, 415, Strand, W.C.2.
 Dr. D. G. RADCLIFFE, c/o Fellowship of Medicine.
 Dr. N. RAWSTRON, 14, Brockley Grove, S.E.4.
 Dr. MARIE P. STRINGER, c/o Royal Liverpool Children's Hospital, Myrtle Street, Liverpool.
 Dr. S. L. WILSON, St. Mary's Hospital, Highgate, N.19.

SOUTH AFRICA :

- Dr. B. BERGER, Samaritan Hospital for Women, Marylebone Road, N.W.1.
 Dr. W. GILBERT, c/o Standard Bank of South Africa, 9, Northumberland Avenue, W.C.1.
 Dr. RUBY SHARP, c/o Fellowship of Medicine.
 Dr. MARION THOMSON, c/o Messrs. Thos. Cook & Son, Berkeley Street, W.1.



BRITISH RED CROSS SOCIETY CLINIC FOR RHEUMATISM Peto Place, Marylebone Road, N.W.1.

The Clinic is open for the reception of patients who must be recommended by their own doctors. Evening treatment available. Private Patients' department open 9 a.m. to 5 p.m. Treatment by appointment only.

Courses of Lectures and Demonstrations are given by the Honorary Medical Staff under the auspices of the Fellowship of Medicine. Clinical Assistantships available.

For full information apply to the Secretary, at above address.