

British Medical Journal.

SATURDAY, JULY 16TH, 1927.

RICHARD BRIGHT.

LAST week both Guy's Hospital and the Royal College of Physicians of London celebrated the centenary of the publication of the first volume of Bright's *Reports of Medical Cases selected with a view of illustrating the symptoms and cure of diseases by a reference to Morbid Anatomy*. It contains the announcement of the discovery of "Bright's disease." The central incident of the celebration was the address by Dr. W. S. Thayer, Emeritus Professor of Medicine in Johns Hopkins University, Baltimore, and President-elect of the American Medical Association, which is printed in the opening pages of this issue. To its preparation much time and thought must have been given, and it shows a very thorough acquaintance with Bright's life and labours. No one who will give himself the pleasure of reading it can fail to perceive that Richard Bright, physician to Guy's Hospital, was a many-sided man; he was a geologist, an excellent linguist, a considerable traveller, and a first-rate draughtsman. But he was far more than a man of general ability; he was perhaps the most remarkable British physician after Harvey; to him, as to few others, was given a marvellous faculty of observation, which in his case was combined with an unerring power to correlate.

Dropsy is a condition which must have been noticed from an early stage of the history of the human race, and long before Bright's time it was known that the urine sometimes coagulated on heating. Even atrophied kidneys had been described, but Bright, a hundred years ago, made what must have appeared then an astounding statement—namely, that "I have never yet examined the body of a patient dying with dropsy, attended with coagulable urine, in whom some obvious derangement was not discovered in the kidneys." He gave notes of twenty-three cases to illustrate his contention. After this publication in his *Reports of Medical Cases* he continued to work at the subject, and other papers by him appeared. He introduced team work, for he says that with "his young friends and pupils Mr. Barlow, Mr. Tweedie, and Mr. Rees" he examined the urines of 296 patients, and he and Mr. George Robinson began making microscopic examinations of the kidneys of 100 patients. Two wards were filled entirely with sufferers from renal disease; to them a laboratory was attached, and all the patients were under the care of Bright. Readers of his writings on renal disease cannot fail to conclude that they form one of the most wonderful series of papers in medical literature. We are told of the uraemic symptoms, of cerebral haemorrhage, of loss of sight, of the hard pulse, of the oedema, of pleural, pericardial, and peritoneal effusions, of the bronchitis, of the cardiac hypertrophy, and of the enteritis. A disease which presents symptoms of derangement of almost every organ of the body is unhesitatingly ascribed to the kidney. We are shown how to diagnose it. Its causes, its symptoms, its treatment, and its *post-mortem* appearances are given with such completeness and accuracy that, after a century, no error has been detected, and, if we except a few facts that have been gleaned by instruments Bright did not

possess, nothing of importance has been added. This great man had not the aid of laboratory experiment; therefore his task was far harder, for he interpreted, and correctly interpreted, the experiments made by Nature. He did it with so much ease, and so modestly, and his results have become so much a part of the necessary mental equipment of every medical student, that many give little thought to what medicine owes to Bright; hence this centenary celebration and Professor Thayer's address are well timed.

But even if he had not discovered the disease that bears his name Bright would have been one of the greatest of our physicians. He ascribes spastic paraplegia to sclerosis of the spinal cord, he notes hemiopia in cerebral haemorrhage, he recognizes epileptic somnambulism, he tells us that what we now call Jacksonian epilepsy is due to organic intracranial disease, he is a pioneer in cerebral localization—for he knows that the lesion is on the opposite side to the fits—he gives an admirable account of aphasia, he observes paralytic chorea, and he was the first to notice the mitral murmur often present in a sufferer from chorea. He was also the first to describe the fatty stools that occur with disease of the pancreas; his description is admirable—it might fittingly be copied into any modern textbook. He tells us that such stools are symptomatic of pancreatic disease. He observes that the cirrhotic liver of an alcoholic first becomes large and then shrinks, and he gives us the earliest description of the clinical symptoms and *post-mortem* appearances of acute yellow atrophy of the liver. He was much interested in chronic proliferative peritonitis, and it is to him that we are indebted for the first account of the symptoms and morbid anatomy of this disease. He recorded fifteen cases of abdominal hydatid disease, and, as has been said, "It is but due to the memory of Bright to state . . . that the description of acephalocyst hydatids is altogether original." His was probably the first description of the bronchopneumonia and pulmonary collapse which accompany whooping-cough, and it will be news to many that he sometimes used inhalations of oxygen.

For one person who can see, fifty can think. Bright's power of seeing was marvellous—little escaped him; as with renal disease, so with other maladies—none of his observations have been shown to be incorrect. His accuracy and love of truth were wonderful; no preconceived idea tints his writings; but what is most astonishing of all is the number of instances in which, entirely by his own genius, without any previous writers to guide him, he correctly assigns a whole group of symptoms to a particular morbid anatomy. His industry was unflagging. He worked six hours a day at his hospital; he would willingly go into the country—it was slow travelling then—in order to be present at a *post-mortem* examination. Then he could write well; as Sir William Hale-White said in the account of Bright's life he contributed to the *Guy's Hospital Reports* in 1921, many modern textbooks would be vastly improved if some of their pages were deleted to make room for Bright's descriptions. He was an artist too—no medical work has more beautiful pictures than are to be found in the *Reports of Medical Cases*. He was a cheerful, attractive man, beloved by the profession and by his colleagues at Guy's, who were always ready to help his researches. He was ungrudging in his admiration of the work of others, and intensely proud of the hospital to which he was attached. It must be but rarely that any profession is adorned by such a man.

THE PROPOSED POST-GRADUATE MEDICAL SCHOOL IN LONDON.

LAST week we published in full (p. 83) the statement made in the House of Commons by the Minister of Health as to the action he proposes to take on the recommendations of the Departmental Committee he appointed two years ago to "draw up a practical scheme of post-graduate medical education centred in London." He said that the committee recommended the provision of a hospital of about 400 beds, and that it would probably be situated at and in connexion with the West London Hospital, Hammersmith. In commenting upon the scheme last week we observed that the proposed site was not altogether ideal, since it is not very central as regards other university and medical institutions in London. The original recommendation of the Athlone Committee favoured the establishment of the school and hospital in a much more central part than that now proposed; but the point is perhaps not of first-rate consequence, since the West London Hospital is quite close to several railway stations and has many other means of ready access by tramway and omnibus.

Two matters of importance arise in connexion with the recommendation that the hospital should have 400 beds. The first is as to the services to which these beds should be allocated. If they are divided between general medicine, general surgery, obstetrics and gynaecology, ophthalmology, oto-rhino-laryngology, dermatology, orthopaedics, and so on, it does not appear that the number will be sufficient for the purpose, unless only one unit is allocated to general medicine, one unit to general surgery, and the remaining beds to special subjects. As the courses of instruction which will be given in the hospital will be intended entirely for graduate students, it need not perhaps be assumed that it will be necessary to allocate any considerable number of beds to general medicine and surgery. If, however, a school can be provided in which the subjects are divided on the lines of specialties, the proposed 400 beds will in all probability be sufficient. A special department possessing twelve to twenty beds and a properly equipped and sufficiently spacious out-patient department would be able to do a great deal both for the treatment of patients and the instruction of graduates.

The arrangements for the staff in connexion with the hospital will require very careful and detailed consideration before the plans are finally settled. In the first place it will, in all probability, be found necessary to have a whole-time professor of pathology, and whole-time assistants in special departments, such as bacteriology, biochemistry, and physics as applied to pathology and physiology. About the necessity for these appointments there can be no doubt. For the general direction of clinical teaching at least two directors or professors will be needed—one to be the head of the medical service and the various departments which may be judged to belong to that branch, and the other to be head of general surgery and the departments subsidiary to it.

The report of the Athlone Committee suggested that it would be advisable, in connexion with the proposed centre of post-graduate education in London, to enlist the services of teachers from the undergraduate schools to a certain extent. The way in which this recommendation should be carried out has not yet been at all fully discussed. One method which appears feasible would be to allocate for the purpose two or more special units, the clinical head of each to be changed as occasion demanded. Thus, a special unit

containing twelve to twenty beds and a fully equipped out-patient department might be placed temporarily in charge of a teacher of known reputation seconded from an undergraduate medical school for three months. To work the school on these lines would necessitate the appointment of a dean, who should have had large clinical experience and be thoroughly conversant with the details of medical education and administration, and also with the requirements of candidates for the various higher degrees and diplomas which are open to them.

If these principles are borne in mind from the first we think it will be possible to form a post-graduate school of medicine in London which will meet all the necessities of post-graduate medical education, and prove capable of attracting graduate students from our own public services, from the dominions, colonies, and dependencies, and from foreign countries. It must be borne in mind that the proposed school must, in addition to being a school for advanced instruction, cater for the education of the general practitioner. Everyone who has had experience of medical education and practice in its widest aspects will agree on the desirability of the general practitioner having the opportunity to revise his clinical and technical knowledge from time to time by attendance at revision courses in some medical educational institution such as that now proposed to be established.

Another point to which attention must be paid is contained in the recommendations of the Athlone Committee—that the school, when established, should be a school of the University of London. This, in our opinion, is absolutely essential. But in addition to representatives appointed by the University of London, the Royal Colleges of Physicians and Surgeons ought to be represented on its governing body. The University of London gives degrees and diplomas in various branches of medicine. The Royal Colleges of Physicians and Surgeons also give diplomas in some of the special branches of medicine and surgery. In some ways there is considerable overlapping in respect of the diplomas given by these several bodies. It ought not to be beyond the capacities of the governing bodies of the University of London and the Royal Colleges of Physicians and of Surgeons to evolve some plan by which the granting of diplomas in medicine and its allied subjects would be arranged on a common basis. The subject, however, bristles with difficulties, and any proposal with regard to it can only be made with some hesitation. The Royal Colleges of Physicians and Surgeons are of much older constitution than the University of London, and from some points of view they might feel the granting of diplomas in special subjects was a privilege which belonged specially to them. As, however, the University has established a number of medical and scientific diplomas it is unlikely that it would be willing to abandon this line of work.

As we recalled last week, there is already being erected in Bloomsbury, adjacent to the new site recently purchased by the University of London for its central administrative buildings and institutions, a post-graduate institution of great importance—the London School of Hygiene and Tropical Medicine; this affords another reason why the administrative centre of the proposed post-graduate school in medicine should be on the University site. There ought not to be any great difficulty in connexion with this, since there are a number of houses on the site now belonging to the University one or more of which might be allocated by the University for the purpose of the

administrative headquarters of the proposed post-graduate school. If it were intended to limit the activities of the school to the proposed new hospital this might not be necessary; but it has always been contemplated that when the post-graduate school was established it should not only have a central general hospital, but be affiliated with some of the special hospitals in London, such as the Moorfields and Westminster Ophthalmic Hospitals, the National Hospital for the Paralysed and Epileptic, the Samaritan Hospital for Women, Queen Charlotte's Hospital, the Royal National Orthopaedic Hospital, the Hospital for Diseases of the Throat, and, last but not least in importance, the Hospital for Sick Children. None of these is very far from the University site in Bloomsbury, and some are within quite a short distance. It is essential, when considering the proposed establishment of a post-graduate school, to remember that hospitals of this type, efficiently staffed and equipped, ought to be made available for graduate education. As already indicated, the proximity of the London School of Hygiene and Tropical Medicine is another reason why it would be a great advantage to have the central administrative headquarters of the proposed school on the University site.

To one matter of importance not much attention seems yet to have been given. This is the question of the finance of the hospital attached to the post-graduate school. Undoubtedly, as Mr. Chamberlain said, the post-graduate school, when established, will be utilized to a considerable extent by general practitioners in this country. This is certainly most desirable, taking into consideration the part that the general practitioner has to play in connexion with health insurance, which is a department of the Ministry of Health; it is quite conceivable, therefore, that when a post-graduate school and hospital of this kind has been established, the Ministry of Health will find it politic to give it a considerable subsidy. The return for this subsidy would be the improvement in the capabilities and efficiency of general practitioners, who would go to it, not only from this country, but from the colonies and dominions; it would also be frequented by medical officers of our public services, some of whom have to submit to examination to obtain promotion. When the ultimate arrangements are made in connexion with the school we trust that the points which we have mentioned will receive full consideration.

THE ANNUAL MEETING AT EDINBURGH.

THE first part of the Annual Meeting of the British Medical Association—the meeting, that is to say, of the Representative Body—will be in full swing at the end of this week. The President, Sir Robert Philip, will give his annual address on Tuesday, July 19th, and the Sections will begin on the morning of the following day. We learn with great regret that, owing to illness, Professor Harvey Littlejohn will be unable to take part in the work of the Section of Forensic Medicine, of which he is President. In common with his many friends, we sincerely hope that he may shortly be restored to health. Dr. C. Hubert Bond, Commissioner of the Board of Control (England and Wales), has accepted the office of vice-president of the Section of Mental Diseases, in place of Dr. Bernard Hart, who finds it impossible to attend the meeting. Dr. R. G. Canti has undertaken to give three demonstrations on the study of living tissues *in vitro* during the meeting. The demonstrations will take place in the Operetta House, Chambers

Street, Edinburgh, at 12 noon on Tuesday and Wednesday, and on Thursday at 2 p.m. The provisional programme of the Annual Meeting appeared in last week's SUPPLEMENT.

✓ THE INTERNATIONAL CONTROL OF DRUGS OF ADDICTION.

REPLIES recently given in the House of Commons by several Ministers do not indicate any satisfactory progress in securing the international limitation of opium and other drugs of addiction to medical or legitimate purposes. The International Opium Convention, which represented a "compromise so painfully reached" in February, 1925, at Geneva, remains inoperative. The Netherlands, Bulgaria, Czecho-Slovakia, and Poland have, it is reported, deposited ratifications, in addition to Great Britain, Portugal, the Sudan, and San Salvador. The Convention, from which its authors led us to expect so much, cannot, however, by its own articles, come into force until ratified by ten of the signatory Powers, including seven of the principal States represented on the League's Council, of which two must be States having permanent representation thereon. The Assembly of the League last September adopted a resolution urging the remaining signatories to ratify before the end of last year, but even now, in the middle of 1927, in default of the necessary ratifications, the Geneva Convention remains a dead letter. The latest figures available from India show that while the area under poppy cultivation has been reduced from 133,500 acres in 1923-24 to 114,198 acres in 1924-25, the amount of opium produced increased from 2,122,000 lb. in the former year to 2,340,000 lb. in the latter, while the revenue of the Government of India from opium, which was Rs. 1,66,02,095 in 1923-24, amounted to Rs. 2,03,52,437 in 1925-26. The Secretary for India stated recently that he had not yet received any communication from the League of Nations regarding the Commission which is to visit India and report to the League as to India's compliance with the opium convention. In the case of the Straits Settlements, Federated Malay States, North Borneo, and Brunei, the percentage of the total revenue of those colonies derived from opium amounted to 37.06, 13.4, 24.44, and 20.8 respectively. If we turn to the figures supplied by the Board of Trade for the amount of morphine exported from Great Britain, practically the whole of which was manufactured in Great Britain, we find that the year 1926 shows some reduction on the exports of 1925. In 1925 the number of ounces of morphine exported was 95,725, and in 1926, 73,288 ounces. While it is reported that in 1926 Germany received none, 16,462 ounces went to France, and 9,701 ounces to Switzerland. Although we are assured that no export of morphine is permitted "until the Department is satisfied that it is required for legitimate purposes," it is difficult to believe that strictly medical requirements are responsible for the large consignments licensed for export when the amount of the alkaloid produced in other countries is borne in mind.

THE COMMONSENSE OF DIET.

THE first annual lecture in memory of Sir John MacAlister, secretary of the Royal Society of Medicine, was delivered under the auspices of the London Clinical Society at the London Temperance Hospital on July 7th by Sir Thomas Horder, who took for his subject the old but never exhausted question of diet. Diet, he said, was important as a means of maintaining health, but not nearly so important a therapeutic measure in disease as the lay mind supposed. The physician was rarely consulted by healthy folk about their diet, and even if he were consulted it was unlikely that he would be able to tell them much that they did not know. Given a certain standard of quality of food and

care in its preparation, the main question resolved itself into quantity, and though the words "temperance" and "moderation" were not often used, it was these restraints which the physician had in mind, remembering, of course, that temperance did not mean abstinence, nor even parsimony. That most people ate too much was a fact not to be gainsaid, and when there was an enforced diminution of food calories during the war the health of the nation did not suffer. Brain workers were said to require less food than manual workers, but brain workers were of many categories, including the man who sat quietly working out mathematical problems and the man engaged in constant interviews and the activities of a busy office, whose expenditure of muscular energy was perhaps not less than that of the manual worker. The prudent man adapted his meals to his work; perhaps the still wiser course was to adapt as far as possible the work to the meals—for example, by the choice of lighter tasks to follow the midday meal. Sir Thomas Horder was prepared to admit the value of fasting for short periods in certain diseases, but in the absence of disease he had never seen good results which might not have been obtained by less drastic methods. Custom dictated three meals a day, and this was more or less consonant with the known function of the stomach; he did not know that two-meal men scored in efficiency. Fatigue made the consumption of a heavy meal undesirable. The busy doctor, for example, was apt to come in tired out after his day's work, and a solicitous wife would set a heaped plate before him, which had been "kept hot," often to the spoiling of its digestibility. The result was gastric stasis, a restless night, and various subsequent disabilities. How much better to pass by the set dinner and substitute a basin of bread and milk! Other things being equal, the female needed less calories than the male, but this consideration, like many others relating to sex differences, did not apply during the period of growth, and perhaps in any case it was only a matter of respective bulk. Experience suggested that women needed feeding at shorter intervals than men; certainly with them afternoon tea was not to be disregarded. It was a frequent fallacy that the health of the healthy-looking individual was due to his diet; some people could not help being well in spite of their diet. A woman asked with regard to her husband (a meagre and asthenic individual), "Would it not help him if he were a vegetarian as I am?" "Madam," was the reply, "I perceive you can afford to be a vegetarian." Sir Thomas Horder went on to speak of how diet, owing to excess in total amount or to some particular type of food, might be a factor in the production of disease, and similarly how deficiency diseases resulted from deprivation of vitamins. With ordinary mixed diet, however, there was no fear of vitamin starvation. Sometimes white bread was decried as inferior to wholemeal bread on the ground of vitamin content. While it was true that white flour was practically free from vitamin B, yet as yeast was extremely rich in this particular vitamin it followed that white bread did contain it. Wholemeal contained more, but the supply of this vitamin was in any case well ensured by other common articles of diet, such as eggs, lentils, and nuts. Sir Thomas Horder also considered that with most people consistency of stool was of greater importance than frequency. It had to be remembered that some degree of colonic stasis was physiological, and to take steps to remove it entirely unreasonable. It was a fallacy to teach that good health in all persons was proportionate to the rapidity of transit of the intestinal contents through the colon. He did not think there was any need to fear colonic stasis and constipation as precursors of cancer. Cancer arose in people whose function in this respect had been normal before the advent of the neoplasm. Moreover, cancer of the colon was more frequent in men than in women, whereas colonic stasis was much more prevalent

among women than among men. The idea that as little should be put into the stomach as possible, and that it should be got out again as quickly as possible, seemed to him wrong, and to have possibilities of mischief.

EPIDEMIC CATARRHAL JAUNDICE.

AN outbreak of epidemic catarrhal jaundice involving over 200 persons overtook a number of places in the Midland and Eastern Counties of England during the winter of 1925. A report¹ just issued by the Ministry of Health states that the disease first showed itself early in September, 1925, at the village of Yardley Gobion, and appeared thereafter in succession in isolated foci, separated from one another by ten miles or more and apparently unassociated. The county borough of Peterborough alone excepted, all these foci were villages. All the Midland villages are described as infested with rats in varying degree. In Kings Cliffe a block of cottages where a patient lived was said to be overrun. There was no evidence of rat prevalence in affected houses in Peterborough. Of 100 cases investigated, 14 only were found to have occurred in adults. In Yardley Gobion, Ringstead, and Raunds children alone suffered. In the village of Kings Cliffe, on the other hand, 8 out of 9 patients were adults. A clinical survey of the patients who recovered indicates that vomiting was a constant feature, its severity and frequency being out of all proportion to the general mildness of the attack. All cases except the mildest complained of epigastric pain coincident with the vomiting. Generalized pain in bones and muscles attended the onset of some attacks. The intensity and duration of the jaundice varied. In mild cases it was fugitive and intermittent, showing in the conjunctivae only. In other cases it was more pronounced and distributed over the body, though more marked on the face, chest, and neck. Its tint was golden or orange rather than sallow or muddy, and was produced by the mingling of the jaundice yellow with the red colour of the blood, in which there was no appreciable anaemia. An urticarial rash of one day's duration was observed in one case. During the jaundice the urine was deeply coloured with bile pigments, and assumed a smoky brownish hue; urates were abundant and albumin present, often in considerable quantity; the reaction was usually acid, and in 8 of 20 cases examined acetone was demonstrated in the urine. Most cases had initial constipation with pasty stools. Later, owing to excessive flow of bile into the intestine, the stools became dark and more fluid. The liver in a few cases was slightly enlarged and palpable. The temperature was seldom more than 100° or 101°. Some cases were afebrile. A child of 11 who died was severely ill from the outset, with constant vomiting, severe abdominal pain, jaundice, and delirium; pulse 100, but no pyrexia. The liver extended for two inches below the costal margin. A dark-coloured stool was suggestive of haemorrhage. Death took place by sudden collapse after nine days' illness. At *post-mortem* examination the brain, lungs, heart, stomach, intestines, spleen, and kidney appeared to be normal. There was a little pus in the crypts of the right tonsil. The liver was large, soft, and yellow, and on section pale and fatty in aspect. Microscopically the liver cells were distended with fat, especially round the periphery of the lobules. The portal canals were packed with a small round-celled infiltration. Actual necrosis could not be made out. The liver condition in this fatal case, and the discovery of leptospira in the urine of a girl of 9 who, though not closely related to the outbreak under discussion, was suffering from typical epidemic catarrhal jaundice, suggested the thought that this series of cases might be a form of spirochaetosis, and therefore

¹ Ministry of Health. Reports on Public Health and Medical Subjects. No. 42. H.M. Stationery Office, or through any bookseller. Price 9d. net.

associated through a common causative agent with infective jaundice or spirochaetosis icterohaemorrhagica, also known as Weil's disease, a malady which made its appearance in Scotland in 1923, as described in a report of the Medical Research Council, reviewed in the JOURNAL two months ago.¹ A careful series of tests was carried out with *post-mortem* material, urine, and blood of patients, and water from water supplies; microscopically by use of the dark field or silver-impregnated sections, experimentally by inoculation into guinea-pigs and by testing the blood serum of convalescent cases for agglutinative and protective power against a strain of leptospira; but all attempts to demonstrate the presence of *Leptospira icterohaemorrhagiae* or trace it inferentially by serological methods proved unsuccessful. It is notorious, however, that leptospira is difficult to find, that it may appear in blood or urine for a few hours only, and that the protective power of convalescent serums against stock leptospirae is uncertain, so that the question cannot be regarded as closed, and further inquiry will doubtless throw light on this hitherto baffling problem.

VEXED QUESTIONS.

RESISTANCE to change has been an effective agent in moderating the speed or guiding the direction of human progress. Inspired at one time by subjective motives, at another by principle or policy, its workings can be traced through a wide range of interests, from religion and statecraft to natural science. Medicine itself has not been immune to the influences of this stabilizing inertia, as is evidenced by the controversies which have so frequently attended innovations in medical thought or practice. These medical controversies are now analysed by Mr. Bernhard J. Stern, in an essay on the social factors affecting medical progress.² He chose the medical field "because the subjective factor can be eliminated to a greater degree than when dealing with the subject matter of politics, religion, art, or economics," a recognition of the disinterested attitude of the profession which, coming from him, is noteworthy. Mr. Stern's views on the vaccination dispute, recently noticed in the JOURNAL,³ are summarized and included in the present work. Among the forces resistant to medical or other progress he gives the first place to the vested interest, comprising in the term both the tangible vested interest based on pecuniary grounds and the intangible form bound up with status, honour, and prestige. He admits, but dislikes, the power of tradition. Conservatism, in his eyes, seems to be concomitant with inability to cope with problems through lack of knowledge, whatever the cause of the ignorance may be. Medical education has always lagged behind the advanced practice of specialists, and medical schools are cautious in their attitude to innovations because their prestige and reputation are involved. The general factors which retard change are classed as psychological, cultural, mechanical, and personal, of which the first includes fear of the unknown, the second the power of authority, the third the essential inertia of systems, and the fourth the hatreds of rival disputants. Having laid down his categories, the author proceeds to their medical application. He fits them into the opposition to dissection, to Harvey's theory of the circulation, to Auenbrugger's percussion, to vaccination against small-pox, to the views of Semmelweis and Holmes on puerperal fever, to Pasteur's work, and to antiseptics and, finally, asepsis. He might with advantage have thrown into higher relief the distinction between the professional and the popular phases of medical

controversies, since the latter are more disturbing to the community at large, and are liable, besides, to aggravation through quite fortuitous causes. Dissection, for example, though never genuinely attractive to the public, acquired its chief infamy through body-snatching and the suspicion of murder—neither practice germane to its pursuit; and vaccination, at first a question of medical opinion, met its most strenuous opposition later as a result of the introduction of compulsory laws, which raised the question of liberty. The author is not a hero-worshipper. He is, on the contrary, rather impressed by the minuteness of the contribution of any particular worker to the general store of knowledge. He adduces a list of multiple or simultaneous discoveries in medicine as bearing on this point. Throughout the book his handling of motives is consistent, if on occasion Procrustean. In his reference to the Broad Street pump handle, in connexion with the cholera outbreak in London in 1854, he is somewhat cryptic. His Latin quotations are not flawless, and the Paul whom he associates with Charles V in the banishment of Brissot is a Paul whom we do not know. Mr. Stern's book may be described as in general a fair commentary and a stimulating contribution to the interesting subject with which it deals.

LYMPHATICS OF THE HEART.

THE results of an investigation into the lymphatic drainage of the heart of the sheep, rabbit, and man, by Dr. L. R. Shore, have been presented to the Anatomical Society of Great Britain and Ireland. Investigations in the living rabbit indicate that both heart and pericardium drain constantly to a gland just outside the pericardium, which lies between the right superior vena cava and ascending aorta and in front of the right branch of the pulmonary artery. Injection of the dead sheep's heart by the method of Jamieson and Dobson shows either a convergence of the main lymphatic trunks to this same district, or the presence of a posterior lymphatic trunk on the back of the left auricle. Two types of lymph drainage are thus recognized in the sheep. Observations of the glands enlarged in rabbits, the subjects of experimentally induced endocarditis, are included. The same gland in the region of the right superior vena cava is found constantly enlarged. Some preliminary observations in the *post-mortem* room on cases of infective endocarditis have disclosed the presence of enlarged fleshy glands, distinct from the pigmented glands of the bronchial system, between the superior vena cava and ascending aorta, in front of the right branch of the pulmonary artery, and on the back of the left auricle, to the right of the left pulmonary veins. The names of "caval" and "auricular" glands of the heart are suggested. The caval gland recalls the arrangement in the rabbit, and the auricular gland the arrangement in one type in the sheep. Further investigation, both in the *post-mortem* room and in the laboratory, is required before these tentative suggestions of the lymphatic drainage of the heart can be regarded as established.

THE Maudsley lecturer nominated for 1928 is Sir John Macpherson, K.B.E., M.D., professor of psychiatry in the University of Sydney, N.S.W., and at one time a commissioner of the Board of Control for Scotland.

THE Board of Trade has exempted uncompounded drugs, from whatever source derived, which are sold for medicinal purposes, from the requirement that imported goods bearing a British name or trade mark must also bear an indication of origin. The exemption does not apply, however, if the drugs are sold or exposed for sale under a proprietary name.

¹ May 7th, 1927, p. 844.

² *Social Factors in Medical Progress*. By Bernhard J. Stern, Ph.D. Studies in History, Economics, and Public Law, No. 287. New York: Columbia University Press; London: P. S. King and Son, Ltd. 1927. (Med. 8vo, pp. 136, 9s.)

³ June 4th, 1927, p. 1010.