

The extent of the work done will be gathered from the following figures for the year 1947:—

Thoracoplasties	50
Cavity Drainage	6
Thorascopies	151
Operations on Phrenic Nerve ..	113
General Surgical Operations ..	58
Orthopaedic Operations	42
Bronchoscopies	24
Artificial Pneumothorax new inductions	155
Pneumoperitoneum new inductions	133
In-patient Refills (Artificial Pneumothorax and Pneumoperitoneum)	10,126
Out-patient Refills (artificial Pneumothorax and Pneumoperitoneum)	9,462
In-patients x-rayed (films) ..	4,205
Out-patients x-rayed (films) ..	5,731

Reviews

PLAGUE. Laennec (1782-1826) Inventor of the Stethoscope and Father of Modern Medicine, by Arthur N. Foxe, M.D., Hobson Book Press, 52, Vanderbilt Avenue, New York. Pp. 122, 2 ill. price \$2.50.

This absorbing biography by Foxe of René Laennec opens with a description of René leaving his father's home at Kemper and going with his brother, Michaud, to their Uncle William, a physician and university teacher at Nantes. This change of domicile followed on the death of their mother and it would appear that the rather bohemian character of their father was not considered sufficiently stable for the two young boys.

His early school days were enlivened by the startling events of the French Revolution and the family were forced to move to the rear of the house to avoid the grim spectacle of the guillotine.

At the age of fourteen he embarked on medicine as a career in an almost indifferent fashion. At that time the physicians did not greatly help their patients but did little harm. Hospitals were primitive in the extreme—the students alone administering to the sick, there being no nurses or attendants.

The study of medicine proceeded slowly, René becoming more interested in the pursuit of music, sport, dancing and the study of nature. Here he was no doubt following the uncertain ideals of his father rather than in the strict rules of his Uncle William. Then followed a short period of Civil War in Brittany and acting on

the advice of his Uncle William who feared the effect of a further winter's boredom on his health, he joined his brother, Michaud in Paris. There he studied intensively, mastering both Greek and Latin to widen the scope of his learning and, at the age of twenty-two, he gave lectures that drew crowded audiences. At length troubled by a cough and weary from overwork, he was compelled to take a holiday. He journeyed to Brittany and here he met his cousin Jacquette in whose house he was later to die of the 'white plague.' His strength restored, he returned to Paris to Jardinot Street where, in 1807, he set up in practice making an income of 158 francs in the first half year.

He turned his activities more to writing and editing rather than to the actual practice of medicine and his mind centred on the great problem of tuberculosis—the disease from which suffered one third of the sick in the Paris hospitals. Also it was about this time that his Uncle died of this disease; Michaud was yet to be its victim.

In time his practice prospered and he drew his patients from that section of the population to whom he did not have to lie or hand out useless medicines. In 1816 he was invited to accept a post at the Necker Hospital. Clinical medicine lay before him with its unlimited opportunities for observation. The methods of examination were few; sometimes he applied his ear directly to the chest but this was often unpleasant and embarrassing and provoked laughter in the ward.

One day on his way to visit a patient he observed some children playing. He noticed the children broke into two groups, each at the end of a long beam. At one end a little boy scratched the beam with a pin and at the other end a companion listened. Wild excitement greeted the conduction of the sound of the pin along the wood. This caused him to realise the benefit of conducting the sounds of the heart and lungs indirectly to his ear and on his next visit to the hospital he used a cylinder of paper and heard the beats of the heart with a strength and clarity hitherto unknown. He carried out this form of examination innumerable times and one day as he applied his cylinder to the chest of a very ill patient, he heard the voice sounds as if spoken into his ear. Later one of these patients in whom he had made this observation died and he found at a post mortem a great cavity in the lung, beneath the site where he heard the voice.

What should he call this voice from the chest?—pectus—a breast, loqui-speak—pectoriloquy. Later was to come 'egophony'—the bleating of a goat—the site of the bleating was the upper level of a collection of fluid and so his great work

spread and the world recognised a master. He worked ceaselessly—his cough grew worse—but in 1819 he published 'Mediate Auscultation, A Treatise on the Diagnosis of the Diseases of the Lungs and Heart, Founded Principally on This New Means of Exploration.'

In 1826 he returned to Jacquette in Brittany and took to his bed. Here he died of tuberculosis the disease he had fought to master with such brilliance.

This biography of René Laennec makes stirring reading and is a book every worker in tuberculosis will enjoy. M. C. B.

DISEASES OF THE NERVOUS SYSTEM.

By F. M. R. Walshe, M.D., F.R.C.P., F.R.S.
Fifth edition. E. & S. Livingstone, Ltd.
Edinburgh. Pp. xvi, 351. Ill. 59. Price 16s.

This new edition, the fifth since its introduction in 1940, has been improved still further by careful revision, better paper and clearer type.

Its author after a useful introduction on anatomical and non-anatomical factors in diagnosis lays great stress on the clinical features of neurological disease.

Complicated ancillary methods of investigation such as air encephalography and electro-encephalography are dealt with briefly and critically. The clear style and common-sense approach has established this as a most useful handbook for students and practitioners.

Though diagnosis is, of course, stressed, a brief reference to the possibilities of streptomycin in the treatment of tuberculous meningitis as well as the importance of occupational therapy in the rehabilitation of head and spinal injuries might have been included.

The drawings and illustrations are well chosen, but the reproductions facing pp. 222 and 223 are much inferior to those in previous editions. But these are minor criticisms in a book of otherwise very high standard. Moreover, the price appears very reasonable.

ERRATUM

In *TUBERCLE*, 1948, ix, 201, in the review by Dr A. L. Jacobs the figure for female controls is given as 24.9 months. It should read 14.9 months.

Statistics

Pulmonary Tuberculosis in the British Zone of Germany

The Foreign Office announces that out of a population of 22,344,800 in the British Zone of Germany, there were 9,376 deaths from pulmonary tuberculosis during the first nine months of 1947.

Comparative figures for 1946 and 1947 for the various Laender are as follows:—

	1947	1946	Population
Schleswig-Holstein . .	1,073	1,011	2,652,500
Hamburg . .	747	836	1,426,900
Niedersachsen . .	2,494	2,205	6,455,300
North Rhein/Westphalia . .	5,062	5,170	11,810,100
	9,376	9,222	22,344,800

The large number of refugees in Schleswig-Holstein and Niedersachsen should be taken into account when considering the figures for these two Laender.

When expressed as annual rates per 100,000 we get the following, against which some British rates for 1946 are set for comparison:—


	1947	1946
Schleswig-Holstein . .	54	49
Hamburg . .	70	78
Niedersachsen . .	52	45
North Rhein/Westphalia . .	57	58
	56	55

England & Wales

Males	61
Females	36
Leeds	54
Durham	58
York	33

These records give food for thought when consideration is given to (1) the relation held to exist between food intake, especially protein intake (*v.* this *Journal*, January 1948, p.21), and tuberculosis mortality, and (2) the low calorie value of the food stated to prevail in the British Zone of Germany. The records seem to suggest that in fact the food supply is not inadequate, wherever it comes from.

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