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greater skill the rather slender evidence of mortality data in the appraisal of nineteenth-century public health. The book is well documented. It is a great masterpiece of biographical writing.

FRASER BROCKINGTON

Richard Lower 'De Catarrhis', 1672, reproduced in facsimile and . . . translated, with a bibliographical analysis, by RICHARD HUNTER and IDA MACALPINE, London, Dawsons of Pall Mall, 1963, pp. xi [16], 29, 35s.

If a man correctly explained a natural phenomenon, are we justified in applauding him if he did so by using arguments and experiments which we now know to be mostly erroneous? If in addition he was not the first to make this discovery and must certainly have read the earlier work, one begins to wonder if he has made any contribution at all. This seems to be the case with Lower, whose essay on catarrh is here elegantly presented in facsimile and in translation.

The idea that the nasal passages connected directly with the intra-cranial cavity is to be found in the Hippocratic Writings* and it is elaborated by Galen, who also describes the excretion of cerebral phlegm (pituitary) into the naso-pharynx by way of the pituitary gland.† This theory was occasionally attacked in the seventeenth century. In his treatise *Catarrhi deliramenta* (Amsterdam, 1646, English translation by Walter Charlton, London) van Helmont denies the existence of catarrh, especially from the brain, as a disease concept. He does not go so far, however, as to refute the presence of the cranio-nasal and -pharyngeal channels nor the 'mucus' that flows through them from the brain. The first effective challenge which led to its overthrow came from Karl V. Schneider‡ in 1655 and in 1660–2 when his more important, yet very tedious work, *De catarrhis*, Wittebergae, appeared.§

Having decided to publish this very rare monograph it would perhaps have been more appropriate for the authors to have dealt in a little more detail with the earlier history of cerebral excretion so as to create a better background and perspective for it. One feels that the emphasis should have been placed upon the concept, which after all was one of the fundamental tenets of classical medicine and which lasted over 2,000 years, rather than on the bibliographical details which occupy about a quarter of the book.

EDWIN CLARKE

Preventive Medicine in World War II, vol. vi. Communicable Diseases: Malaria, prepared and published under the direction of Lt.-Gen. Leonard D. Heaton, Surgeon-General, U.S. Army. Editor in Chief, Col. John B. Coates, Jr., M.C., Washington, Office of the Surgeon-General, 1963, pp. xxv, 642, \$6.25.

During the Second World War the most notable, practical advance in control of endemic disease was made in respect of malaria, numerically still the most important disease in the world. This volume of the United States Official Medical History shows how the infection was kept in check among the Allied troops, even in hyper-endemic areas, where it might have been a potent military deterrent and decided the issue between victory and defeat.

The optimum dosage of the drug 'Atebrin' was ascertained and its method of administration improved. It was manufactured in Britain in 1940 under the non-proprietary name of 'mepacrine', as was also another pre-war German drug,

* *On the Sacred Disease*, IX.

† *The Use of the Parts*, VIII, vi.

‡ *Dissertatio de Osse Cribriforme*, Wittebergae.

§ See K. F. H. Marx, *Konrad Victor Schneider und die Katarrh*, Gottingen, 1873.

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'Plasmochin', made as 'pamaquin'. These effective substitutes for quinine, especially mepacrine, controlled malaria in the Allied Forces.

In addition there were two outstanding developments in the prophylaxis and treatment of malaria. The first was the application of D.D.T. and of new insect repellents in dealing with the mosquito vectors of the disease. The second was the preparation of a series of biguanide compounds as anti-malarial agents of completely new type. One of these compounds, 'Paludrine' (or 'Proguanil'), proved most efficient, since it is a true causal prophylactic in malignant tertian malaria and a partial prophylactic in benign tertian. It was not available for field use until nearly the end of hostilities.

Certain of the previous volumes of this *History* have dealt with malaria and these achievements in prevention and treatment. This volume, written by a number of experts, collates the experience of malaria among the American troops in the various theatres of war in which they served. There is some overlapping in the narratives, but they record the anti-malarial war work from different points of view. A most valuable volume in this important series.

ARTHUR S. MAGNALTY

The Development of Medical Societies and Medical Periodicals in India, 1780 to 1920, by A. NEELAMEGHAN, Calcutta, Oxford Book Co., 1963, pp. 120, Rs. 12.00, \$4.00, 24s.

This booklet of 120 pages deals with the early history of medical journalism and medical societies in India, over a period which has not yet been fully chronicled.

Sir William Jones, a Judge of the High Court at Calcutta who did much for science and medicine in India, laid stress on the importance of investigating the Indian art of medicine.

In 1783, along with Sir Charles Wilkins, he founded the Asiatic Society, which gave a lead to so much pioneer scientific and medical work. At about the same time, William Carey emphasized the importance of botany and agriculture, and eventually founded the Agri-Horticultural Society of India in 1820. Important contributions to science and medicine were made by various medical officers of the East India Company, notably by Peter Wade, whose enthusiasm led to the founding of the Medical and Physical Society of Calcutta in 1823. The *Indian Medical Record*, first published in 1890, still survived in 1920. This periodical enjoys a reputation for longevity equalled only by the *Indian Medical Gazette*, founded in 1866.

There is an interesting chapter on 'Problems of Early Medical Journalism in India', and a classified list of all the societies and periodicals of the period 1780 to 1920. The book should form a valuable guide to anyone who desires to explore the vast medical background of Medicine in India, but the printing leaves much to be desired, and fades out entirely on the lower part of pages 34, 35, 46 and 47.

Nevertheless the author is to be congratulated on this useful little work which fills a gap in the story of Indian Medicine.

DOUGLAS GUTHRIE

The Regency Crisis and the Whigs, 1788-9, by JOHN W. DERRY, London, Cambridge University Press, 1963, pp. 244, 30s.

It is perhaps not generally appreciated how greatly psychiatric theories and therapeutics are determined by the impact of mental illness on society rather than by medical considerations. Even the major classification into psychosis and neurosis