

Book Reviews

to be devoted to an outline of sources and methods, but this long explanatory section is most welcome, as it makes an interesting and informative narrative. Mr. Pinker covers the types of hospital service available—the voluntary, the poor law and the local authority. He has a section on the number of patients, the average size of hospitals, bed provision, bed occupancy and the average length of patients' stay, concluding with a chapter on the complex subject of voluntary hospital finance. Sometimes London and provincial provisions are compared.

Besides supplying us with knowledge, this study gives us a few interestingly startling jolts. Two factors emerge very clearly. First, that although the voluntary hospitals have always received the honour and glory because of their historic significance and their contribution to medical knowledge and progress, the mass of the sick received institutional care, custodial or curative, in poor law hospitals, well into the twentieth century. In 1861 80% of hospital beds were in workhouse sick wards or infirmaries, and in 1938, 20% were still under the destitution authorities. In the latter year, 29% of all beds in poor law and local authority general hospitals lacked X-ray and operating facilities. (The number of nineteenth-century sick cared for by the poor law authorities were much greater than Mr. Pinker states, as he has included only those workhouse hospitals where there were training schools for nurses). The second factor which is so striking is the very recent nature of the provision for the many special categories of sick. While we groan and complain about our present inadequate health services, we are here made to realize how much has been done so very recently. We must be thankful to be ill today rather than even twenty years ago.

The dissemination of accurate information, particularly of statistics expedites reform. A continuation of Brian Abel-Smith's and Robert Pinker's volumes a few generations hence should not have to include the many stones of frustration and delay due to ignorance.

RUTH G. HODGKINSON

A History of the Acute Abdomen, by SIR ZACHARY COPE, London, Oxford University Press, 1965, pp. vii, 123, 35s.

More than twenty years ago, in *Pioneers in Acute Abdominal Surgery*, Sir Zachary Cope wrote an account of the early attempts to treat some types of acute abdominal disease; that work is now out of print, but the author has included essential parts in the present volume and has added sections showing how the various pathological conditions were recognized and how the signs and symptoms necessary for diagnosis were determined.

The never idle pen of Sir Zachary Cope traces progress from Hippocratic times, in a series of nine fascinating essays, each a masterpiece. There is no padding in these 120 pages, which amply prove that accurate knowledge of common acute abdominal crises is a comparatively recent acquirement. With some amazement we learn that for more than a thousand years after the time of Galen no advance in the diagnosis or treatment of acute conditions within the abdomen took place. Nothing of importance was added to our understanding of peri-caecal inflammation for fourteen hundred years after Celsus. In fact, two centuries ago the very existence of gastric

Book Reviews

and duodenal ulcers was scarcely recognized, and perforation of the stomach was a rare curiosity. Moreover, we also see that even when enlightened individuals pointed out the way, far too often regrettable delays took place before putting the lessons into practice. The author wisely deals with the mis-application, as well as with the application of methods.

Could anyone but Sir Zachary make the Lembert suture live, or bring to the modern reader the full force of Goldbeck's M.D. thesis of 1830? There is something for everyone in this *History of the Acute Abdomen*. The general practitioner can take heart from the apt extracts from Francis Adams' translations, from Dr. Hallwright's commendable place in the drama of ectopic gestations, and from the remarkable contributions of Edwards Crisp. Physicians will welcome the sound advice of Pemberton, Fenwick and Thudichum, and take pride in the fact that the first textbook to give a description of the symptoms which accompany inflammation and perforation of the appendix was that written by Bright and Addison. Throughout this little book the surgeon will find much encouragement; those who reside in small centres will note with pleasure the references to Heusner, Hastings Gilford, Morse and Martland. Today it seems incredible that Wieffenbach's memorable operation commenced 'with the aid of my able assistant Hildebrandt and the landlord of the house'. The enormous part played by autopsies in elucidating surgical problems is rightly stressed, and it is good to see some prominence given to the pioneer experimental methods of Herlin, a naval surgeon.

There seems to be no limit to John Hunter's activities or, for that matter, to Sir Zachary Cope's. He brings to light an account which Hunter never published, but which provided the first observation of intestinal paralysis due to peritonitis and leading to true obstruction—an ileus.

An enormous amount of penetrating thought has gone into the preparation of this small volume. Essentials (and only essentials) of technical procedures are described with a clarity of style which makes for delightfully easy reading. This is because the exceptional clinical and operative experience, the true scholarship and the deep understanding of the author make themselves felt in every chapter.

This work can be wholeheartedly recommended to all with an interest in the many facets of medicine. It is a book which makes one think, a book to buy and keep at hand.

N. M. MATHESON

Sir Thomas Barlow, Bt., K.C.V.O., M.D., F.R.C.P., F.R.S. (1845–1945). Three Selected Lectures and a Biographical Sketch, London, Dawsons of Pall Mall, 1965, pp. viii, 111, illus., 21s.

Sir Thomas Barlow was a great physician of the late Victorian and Edwardian periods. He was Physician Extraordinary to Queen Victoria, whom he attended in her last illness, to King Edward VII and to King George V. It was Sir Thomas who told King Edward in June 1902 that he must postpone his coronation, as he was gravely ill, and called in Sir Frederick Treves to operate on the King.

'Barlow's success as a physician was due to his vast knowledge and to his kindness