

### Book Reviews

*Sitz und Ursachen der Krankheiten*, by G. B. MORGAGNI (Venice 1761 ed., with commentary by M. Michler, and bibliography by L. Premuda), (*Hubers Klassiker der Medizin und der Naturwissenschaften*, Band 10), Bern, Verlag Hans Huber, 1967, pp. 195, illus., S.Fr./DM. 22 (paperback, S.Fr./DM. 14).

There must be few who are unacquainted with the name if not the contents of Morgagni's masterpiece on 'The Site and Causes of Disease'. What may surprise some is that the book was written when he was seventy-nine years old and was his last work. It was also written in the form of letters and consists of an analysis of the enormous amount of material he collected over his long life. Not unnaturally his fame led to some professional jealousy. In Italy he was often called 'His Anatomical Majesty'.

This book is really a selection of some twenty-seven letters from the seven hundred cases described in his book published in Venice in 1761. In making the selection the editor has tried to illustrate the range of Morgagni's interests: Letter 1 deals with headache, Letter 14 with diseases of the ear and nose and with stuttering, Letter 34 with abdominal pain, and Letter 61 with fractures of the limbs. Not being an expert it would be invidious of me to comment on the accuracy of the selections or translations. Nevertheless the scholarship of the editor, who is Professor of Medical History at Giessen, is made abundantly clear in his excellent Introduction on the life and work and times of Morgagni.

There is an extensive bibliography of thirty-two pages which is a tribute to the industriousness of L. Premuda, appropriately Professor of Medical History at Padua.

The volume is the seventh in the series of Medical Classics published by the Swiss firm of Huber and is up to the high standard to be expected from these publishers.

I. M. LIBRACH

*Cheadle Royal Hospital, A Bicentenary History*, by NESTA ROBERTS, Altrincham, John Sherratt, 1967, pp. viii, 189, illus., 30s. 0d.

The history of a famous mental hospital is likely to be predominantly of medical and technical interest when written by a psychiatrist, of social interest when entrusted to a historian, and of human interest when it is the work of a professional writer. Miss Roberts' orderly and very readable narrative falls into the last of these categories, just as the recent account of Worcester State Hospital by Professor Gerald Grob is an outstanding example of what the historian can do to record the changing fortunes and background of a psychiatric institution. Miss Roberts had produced a faithful account of administrative and personal events; it is pardonably warmed by enthusiasm, but in places cumbered with parochial detail.

In 1763, when the Manchester Royal Infirmary had been in existence for eleven years, it was proposed to add to it a Hospital for Lunatics, and in 1776 two newly-built wards were opened for this purpose. The aims of the founders were enlightened, and apart from a brief lapse in the early days the care of the patients was evidently humane. Men of ability were appointed resident medical officer or physician to the hospital. Among them was Henry Maudsley, who took over responsibility when the fortunes of the hospital were rather low, and during the three years he served there reorganized the whole institution (which had been removed to Cheadle in 1848).

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The Hospital Committee was more adventurous in those days than now would be considered proper; they appointed Maudsley when he was only twenty-four, and his successor George Mould, when he was twenty-seven. In both instances the governors' courage was justified by the flourishing state of the hospital under the guidance of these two able men. In the present generation the medical direction has similarly been in capable hands. The prominence now given to occupation in the treatment of the patients had been part of an energetic and far-sighted therapeutic programme.

A regrettable change of policy occurred in 1923. The Committee of Cheadle Royal in that year gave notice to the University that they could no longer provide facilities for medical students to attend for clinical teaching; this terminated an arrangement which derived from the original association with the Royal Infirmary.

AUBREY LEWIS

*Physical Standards in World War II*, ed. by ROBERT S. ANDERSON and CHARLES M. WILTSE, Washington D.C., Office of the Surgeon General, Department of the Army, 1967, pp. xxi, 356, illus., \$3.00.

In the wars of this century the medical profession has played an increasingly important part in conserving manpower by enabling a larger proportion of the sick and wounded to return to active duty. Another valuable but not so spectacular duty they have performed has been the examination of recruits and the estimation of their suitability for various posts; for this purpose certain physical standards had to be set up, and this volume deals with the physical standards adopted by the medical department of the United States Army in the World War of 1939–1945. The first 127 pages contain a general account of the principles adopted and regulations issued during that war; this is followed by more than 200 pages giving the text of the regulations accompanying mobilization, and the Army orders sent out at intervals during the war. The book concludes with a tabulated summary of physical standards and a useful index.

More than a year before the entry of the United States into the war, Congress authorized the Selective Service System which had the function of choosing those men who were physically fit and able to be spared from their civilian employment. For the medical examinations a total of 6,443 medical boards, each containing eleven medical officers and one dentist, were formed throughout the States. When the U.S.A. entered the war greater urgency for a time required each board to examine 200 candidates each working day of eight hours—rather too quick for thorough examination. Available men were examined again at the Army stations before being inducted, and at a later date the chief medical examination took place at the Army station.

Altogether 18 million men were examined of whom just under 6½ million were rejected. Common causes for rejection were defective teeth, poor vision, deafness, hernia and neuropsychiatric affection. At first venereal disease was a cause for rejection but later this was altered by a new regulation. As the war progressed all physical standards were lowered and considerable confusion was caused by the calling-up of many who had been rejected or even discharged from the Army at an earlier date. Moreover many men who had been registered for limited service were graded up for active service overseas.