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Valedictory Address (Meds '42)

By Ray Stubbing

Mr. Chairman, respected members of the Faculty, fellow graduates-of-the-moment, ladies and gentlemen, I am honoured to speak tonight for the class of Medicine '42.

The occasion is premature. We have been breathless since the autumn of 1940 when we returned as fifth year students to Western. After a ghastly set of examinations in May 1941, we began the final year on July 2nd, and here we are, forced from our cloister, a full three months ahead of schedule. It has been a difficult labour and forceps were applied on a floating head to hasten our delivery.

The occasion is important. The recognition and honouring of the labours of six years makes it so. And we have laboured, wracked with torment and toil, in a sea of text-books and lecture notes, amidst patients and professors, to achieve this goal.

The occasion demands solemnity. The profession of medicine is about to receive an addition of thirty-six tried and tested graduates—two women and thirty-four men. They are dedicated to the treatment of the sick and each has the idea, even though it be in the back of his mind and but a glimmer, that he must add to his present insufficient knowledge, until he is a worthy disciple of Hippocrates and has added to the art and practice of his chosen profession. A great occasion indeed, for us; for our families; and, to be sure, for the faculty members.

This is a time to express appreciation, to thank those who have helped and shared with us in the course. The families and friends who were our pre-college associates have been indispensable necessities throughout. They have represented home as apart from school environment and from them we have received encouragement, stimulus and financial aid. Beyond a doubt, our parents feared for us as we entered the tournament each May and shared with us the pleasure of success as it came. They have condoned our faults, excused our failures and kept our pocketbooks from utter collapse all too frequently.
Our classmates are next for a word. With them we have enjoyed the medical course for they have supplied its most enjoyable and most profitable, occasions. All the humour of the common-room, the intrigues of lectures and clinics, the hilarity of social events; all the slander, back-biting, rumour-chasing, harangue and criticism; they have provided. The associations and friendships made in the class have helped us and added to us. We are a part of each other.

Finally, the Faculty remains to be considered in our words of appreciation. The group of men and women who make the Medical School a possibility and whose names lend it prestige. They have given us in lecture, lab and clinic the best of medical knowledge. We have been taught by men who can hold up their heads in any capital of Medicine and from each of them we have taken a part to add to ourselves. How they must have fumed at our slothfulness and fretted at our dullness. Yet they were patient and painstaking in their endeavours to teach us fundamentals of medicine. Surely they were surprised at our occasional correct diagnosis!

One cannot repay family, friend or Faculty. One can only seek to keep alive and elevate the standards of the medical profession by insuring that society feels the impact and uplift of a good service. There is no other way.

The situation of these times into which the graduates are being thrust demands attention in this valedictory. For its urgency has telescoped our immediate past and it will shape our future. The medical profession is crowded. The medical schools could in normal times stay production for one year in five and none would be unhappy. In fact, such a 20 per cent production decrease would probably be appreciated. But these are unusual times and we have hurried our graduation to be received into the profession with open arms. The world does not usually welcome us so. However, there are strings attached to the welcome they give us. Strings—ropes almost—leading to Navy, Air Force and Army. The future for most is clear cut: service in the Armed Forces. Because this is the gravest hour of need in the long history of the British peoples. All the strength of great enemies has assailed the gates. The ideal of the Democratic Principle is in danger of extinction for a generation or two. A Dark Age is to the windward. Our hope today is for a share in securing and ordering a free world, where man—the ordinary man—may pursue his bent in peace, in happiness and in liberty.

John Steinbeck puts this hope best in his newest book “The Moon Is Down”. The mayor of a captured town is speaking—“I am a little man and this is a little town, but there must be a spark in little men than can burst into flame. I am afraid, I am terribly afraid, and I
thought of all the things I might do to save my own life, and then that went away and sometimes now I feel a kind of exultation, as though I were bigger and better than I am.” That stir of exultation must be in all of us. The same character later speaks to the enemy colonel, “You see, sir, nothing can change it. You will be destroyed and driven out. The people don’t like to be conquered, sir, and so they will not be. Free men cannot start a war, but once it is started they can fight on in defeat. Herd men, followers of the leader, cannot do that, and so it is the herd men who win battles and the free men who win wars. You will find that is so, sir.” Such a conviction in the ultimate Rightness of things allows one to be resolute and confident despite the loss of Singapore, Burma and Java. It jabs us with the reminder that we are British and that we have not entirely lost the English accent.

Now, back to the class. Tennyson, in “Morte d’Arthur”, wrote:

"The sequel of today unsolders all
The goodliest fellowship of famous knights
Whereof this world holds record."

So it is with our class. A unity no more. Sentiment has a place in this dissolution of our class unity. For six years we have been a comradeship with a uniting purpose. And it has been fun. Regret should mark its end.

But our record is a proud one. It will bear scrutiny; and Meds ’42 will go down in the annals of the School. Athletics, school organizations and government, academics, yes, even C.O.T.C., have felt our impact. Let it then be said of us that we have added our share to the expanding record of Western and that we look forward to adding distinction, in each one’s own part of the world, to an already distinguished school of medicine.

So to the school and to Meds ’42,

—Ave Atque Vale—
Hail and Farewell!
Medical Students and Social Medicine

By I. H. Ingram, '43

THE time has come for us to be frank with ourselves. The "raison d'être" of medical science, so long taken for granted that it has ceased to be a subject for critical thought, must be re-examined. We must enquire into the future of our profession. It behooves us to question whether the scope of medical responsibility has been unaffected by the recent accelerations of social sense and scientific discovery.

From the very beginning of empirical medical practice the physician has concerned himself with the recognition of the various categories of disordered structure and function of the human body and the treatment of these type disorders (so-called "diseases") by the method appearing at the moment most appropriate. For many centuries, the practitioner of the healing art was completely satisfied with this as the scope of his activities, baffled as he was by many a difficult problem and unanswered query. More recently, however, those medical minds with a more searching appreciation of the development of their art-science began to envision a larger scope for medical practice. These heretics began to talk about the prevention of disease as a concern, even a responsibility of organized medicine. Many of their professional brethren accepted their wider view, and the science of public health was born; some as usual, did not. Theoretically at least, these new ideas were quite palatable to all medical men but the thought of militantly pursuing the logical ends of these ideas stuck in many a professional crop. To be passively consulted with regard to matters of extreme public importance seemed to them to be far more fitting to the dignity of the Ancient Profession, than to push into the hygiene of the common man.

The other factor which has served to bring this view into more prominence in recent years is the unbelievably rapid advances which have been made in scientific discovery. So rapid indeed has this advance been that it has far outstripped our efforts to make use of its findings. Thus we find ourselves in the remarkable position of being able to prevent completely a great many human afflictions, yet having done just this with scarcely any. There is no disease process, of course, which we completely comprehend but in the majority of them we know enough to prevent their occurrence or to vastly mitigate their early manifestations, if—and it is here that the whole trouble lies—we can but convince ourselves and our fellow men that it is worth some effort and even the torture of changing some ideas and customs to accomplish this obviously desirable end.

To many, even within the ranks of the profession, it seems obvious
that the "private practice" system of providing medical care for the general populace, as it is now known, is inexcusably inadequate and must shortly be replaced. Its apparent inadequacy has become very great in recent years largely because it has been viewed more and more in the light of the ideals of public health and the accomplishment of science. This is, of course, as it should be, for how else do we progress than by realizing the discrepancies between our plight and our capabilities?

But let us examine briefly the reasons for the inadequacy of medical care which exists in a country such as Canada under the present system of "private practice". In any such evaluation, of course, we must take into consideration the greatly increased ability of medical science to prevent or cure disease and the increasing responsibility of prevention, as opposed to cure of disease which has come to rest upon the shoulders of medical practitioners.

First, let us determine the reasons for the unequal distribution of medical personnel among the population. Since it is almost entirely the opportunities for making a good income which guide medical graduates in choosing a location to establish a practice, it is not at all surprising that the bulk of these practitioners should accumulate in the urban centres of population and industry. These areas are consequently supplied with or, more precisely, have available more doctors per capita than the less densely populated rural areas. Other factors, in addition, augment this tendency. The city doctor has more ready access to the technical diagnostic aids which are the backbone of early discovery of disease; he has more frequent and varied contact with the stimulus of fellow practitioners at medical meetings; he feels that his family has better social and educational opportunities and that the comforts and luxuries of life are more easily obtainable in the city. These, then, and not an analysis of the distribution of medical need, are the factors which determine the geographic distribution of medical personnel.

It is obvious, however, that merely securing an equitable geographic distribution of medical personnel among the population. Since it is almost entirely the opportunities for making a good income which guide medical graduates in choosing a location to establish a practice, it is not at all surprising that the bulk of these practitioners should accumulate in the urban centres of population and industry. These areas are consequently supplied with or, more precisely, have available more doctors per capita than the less densely populated rural areas. Other factors, in addition, augment this tendency. The city doctor has more ready access to the technical diagnostic aids which are the backbone of early discovery of disease; he has more frequent and varied contact with the stimulus of fellow practitioners at medical meetings; he feels that his family has better social and educational opportunities and that the comforts and luxuries of life are more easily obtainable in the city. These, then, and not an analysis of the distribution of medical need, are the factors which determine the geographic distribution of medical personnel.

It is obvious, however, that merely securing an equitable geographic distribution of medical personnel would not at all ensure an equitable distribution of their services among the populace as a whole. Unequal distribution of the costs of medical care is another factor. The existing system of the "sliding scale" of fees has been in operation for a great many years but is nevertheless open to very serious criticism. It depends entirely upon the judgment of the physician as to the ability of patients to pay—judgment, which is of necessity frequently in grave error. An even more serious defect is the fact that the doctor's income varies, not with the amount of work he does but with the proportion of well-to-do patients in his clientelle—an obviously unfair basis.

Instances are known to all of us in which a moderately well-to-do
family has been financially ruined by an unexpected or prolonged illness. Lesser degrees of the same thing happen every day. The only remedy is, of course, a system to secure distribution of medical costs over the whole population.

Perhaps the most tragic, though least appreciated shortcoming of the "private practice" system, is its failure to make the fullest use of technical medical science in the hands of expert specialists. Diagnosis are missed and incorrect or inadequate therapy is given simply because of the reluctance of the general practitioner to seek technical aid or consultation, because neither he nor his patient can afford, financially, to do so. The all too frequent failure to use that great boon to accurate diagnosis, the X-ray, is one of many examples. As a result of scientific discovery, we are now able to class many of the so-called communicable diseases as entirely preventable, yet it is the financial barrier between patient and medical skill which is the most potent reason why we have not completely rid ourselves of them.

Violent objections to any fundamental change in the present organization of medical care are continually being raised, especially by members of the medical profession. The well-known psychological difficulties of any scheme of socialized medicine seem to be most dreaded. Any change in the present relations, especially financial, between doctor and patient appear to them inconceivable. Many of these objections, undoubtedly, constitute deterrents to change, but there is nothing unusual in encountering some objection to any change, however trivial it may be. The problems do not appear to be insurmountable and seemingly depend as much upon our attitudes as upon those of the general public. In any event, the value to society as a whole of adequate medical care for everyone far outweighs any objections on such a basis.

Any arrangement which is to replace the "private practice" system will require scarcely any new elements; it will simply be necessary to re-arrange them and, of course, remove the financial barriers. The basis of any such scheme would, of course, have to be the General Physician—a man specialized in breadth of outlook, common sense and keen clinical judgment—a man with a high co-efficient of diagnostic suspicion—a man well versed in the physical and technical methods of diagnosis and familiar with, though not necessarily skilled, in the special procedures of physical and surgical therapy. About him must be arranged a constellation of highly trained specialists who can make use of the latest scientific knowledge in the realms both of diagnosis and therapy and who are readily accessible to the General Physician without financial barriers to either himself or his patient.

Since the purpose of this article is to present, not offer a solution of, the problem, a discussion of the differential values of the various
schemes of organized medical services will not be entered into. On the other hand, it is earnestly hoped that this presentation of the problem may serve as a stimulus to interest and discussion among medical students concerning the practical consequences of these ideas.

Great changes in the organization of the medical services provided for John Public will undoubtedly come soon. The war will probably hasten them. We who are medical students today will be willy nilly riding on the crest of this wave of change. It seems imperative, therefore, that we should be alert to the issues, that we should sense keenly the new conceptions of the public health responsibilities of organized medicine and that we should see clearly the existing discrepancy between scientific knowledge and social application, for it will fall to us who have not yet hardened in the mould of custom and precedence to play the militant role of this modern medical renaissance.

Too long have doctors been merely consulting technicians. Demanding though our scientific pursuits may be, it is for us more than any others, to assume active responsibility for the health, both mental and physical, of our fellow men. We should not wait for them to come to us; we must go to them!
Moses Maimonides
By Ray Stubbing, '42

The story of the Jewish people is replete with great achievements in all fields of learning: Religion, all the sciences, all the arts, have felt the impact of their genius. The pages of their story are constantly illuminated by the rays cast by a commanding figure, an enlightened teacher, a forthright spokesman. Maimonides supplied a great share of that light in the Middle Ages when the civilized world stood moribund with the torch of Progress flickering in danger of extinction.

His influence is incalculable. This second Moses was a great philosopher and teacher, an outstanding example of the proper Jewish life, a great physician, a guide to his perplexed people; one indeed worthy of this estimation from posterity "From Moses unto Moses there arose not one like Moses". His influence was not limited to Jewry of the day. At the age of 70 he died amidst veneration and universal sorrow. For three days the entire population of Cairo was in mourning, a fast was proclaimed in Palestine and the mourners in his funeral train included Jew, Christian, Islamite and Bedouin. People in all parts of the world lamented the passing of this saint in Israel.

Rabbi Moses ben Maimon, acrostically known as Rambam, is commonly known to us as Maimonides. He was a Jewish philosopher, theologian, physician and astronomer, his contributions to knowledge having been made in this order of importance. He was born on a Sabbath, March 30, in the year 1135, in Cordova, Spain, and he died in Cairo, Egypt, on December 13, 1204. He was interred in Tiberias in Palestine. He was destined to become during his life the great exponent of rational thought in the Medicine of the Middle Ages, but his fame as a physician is undoubtedly overshadowed by his reputation as a philosopher and a Talmudic authority.

Maimonides' family were aristocrats by reason of their intelligence. His father was a Talmudist, a mathematician and astronomer, and was well versed in the literature of the day. The family is said to have descended from King David and for seven generations they had furnished the Cordovan Jewish community with Rabbis. The Talmudic dictum, "Learning will never die out among the descendants of a family in which there were scholars in three successive generations", is borne out in this family. As well as the seven direct generations of scholarly ascendants, at least three successive generations of his descendants were distinguished Rabbis and secular scholars. Sons of his descendants were direct successors on three occasions to the position of Nagid of Egypt, i.e., leader of the Jewish community, and they made numerous contributions as well to Talmudic, Rabbinical, philosophical and scien-
scientific subjects. In this distinguished family line Maimonides is of overwhelming magnitude.

It was a signal advantage to be born in Cordova, then the mecca of Jewish scholarship. Cordova, in Mohammedan Spain, was the home of European culture and the birth-place of Lucan, the Latin poet; Seneca, the Roman philosopher, and of the well-known medical contemporaries of Maimonides, viz., Avenzoar and Averroës. Steadily from the 10th century there had been a concentration of learning in this capital of the Saracen principalities in Spain. In 960 the first Jewish academy was founded in Cordova and scholars began a pilgrimage from the East until, by the 12th century, Spain, instead of Babylonia, was the intellectual centre of the Jewish world. In this warm cultural atmosphere Maimonides received early the liberal education of the day, including Medicine, Logic, Natural Science, Mathematics, Literature, Metaphysics and Theology. It is interesting to observe that Medicine was then included as a part of a well-rounded education in the arts and sciences. From his father, Moses received a thorough instilling in the Talmud, Jewish history and culture, science and philosophy. In those days the Authority was the Church. The religious dogmas were not subject to critical reasoning and only at the risk of one’s life did one raise doubts on theological questions or venture to advance a scientific answer over a dogma of the Church. However, Maimonides was possessed of a deeply inquiring, rational mind and it is interesting to suppose that on occasion the priests who taught the lad were astonished “at his understanding and answers” as were those whom the boy, Jesus, confounded in the Temple at Jerusalem. But Maimonides was no boastful sceptic, no irreligious cynic; on the contrary, he was ever a deeply religious Jew who kept and preserved the Faith. Always his Jewishness, in the final analysis, decided his answers to scientific, philosophical and religious questions.

The Mohammedan leaders in Spain were themselves patrons of art and science; but a new militant sect arose among the Islamites which demanded conformity to the teaching of Mohammedanism. These fanatics, the Almohades, wrested control from their more lenient religious brothers in Spain and, with puritanical insistence, began to re-establish the teachings of the Prophet and the Koran in their original primitive simplicity. Soon the religious Jew found the position intolerable and when he was thirteen years of age the family of Maimonides—that is, his father, a brother David, and his sister—chose exile to apostasy. And hence the formative years of Maimonides’ life were spent in travail and travel before haven was found in Cairo, Egypt, in 1165. In spite of hardship, the family wandered in Spain for eleven years, so deeply attached were they to the homeland. It was here Maimonides achieved his mastery of the Talmud and at this time, without books or
adequate material, he laid the foundation for his later teachings and writings. In the year 1160 the family emigrated to Fez, in Moorish Africa, the University town of Morocco. Here the family was not known to the local Moslem authorities and they were able to live at peace and to pursue their vocations and studies, secretly practising Judaism, outwardly appearing as Moslems. But at no time is there evidence that this splendid family faltered in the Faith or, for a moment, professed Mohamet. Indeed, to fight assimilation of his fellows, Maimonides wrote and secretly circulated a pamphlet exorting his brethren, extolling the virtues of Judaism and denouncing apostasy. The Jewish community began to re-assert itself but stern repression followed and, in great peril, Maimon's family sailed for Palestine in 1165. After a short stay they moved to Cairo and here the remaining forty years of Maimonides' life were spent. Cairo became home.

Now, in his new surroundings, at the age of thirty, Maimonides busied himself with the secular and religious problems of the extensive Jewish community in Cairo. Egypt had a large Jewish population which enjoyed religious freedom and had self-government under their own Nagid, or Prince. But they possessed no great spiritual leaders and a divisive group, professing Karaism, was creating strife by opposing the Rabbanite tradition. This was Maimonides' element and his great faith, his deep insight, and his wide knowledge were nourished by the problems of the day. Here, greatness was demanded and greatness beyond measure was found in this second Moses.

Sorrow soon visited Maimonides in Egypt. His father died during the year of their arrival and a few months later his brother David, a dealer in precious stones, lost his life in a shipwreck in the Indian Ocean while on a trading voyage. His death left Maimonides penniless and sorrow-stricken; the only support of his brother's widow and child. A letter written eight years afterwards reveals the depth of affection Maimonides had for his brother and exposes the quality of his sorrow: "It is the heaviest evil that has befallen me. His little daughter and his widow were left with me. For a full year I lay on my couch stricken with fever and despair. Many years have now gone over me, yet still I mourn, for there is no consolation possible. He grew up on my knees; he was my brother, my pupil; . . . I should have died in my affliction but for the Law, which is my delight, and but for philosophy, which makes me forget to moan." Here is no forced pathos. It is Shakespeare! It is the Psalmist at his best!

And so Maimonides turned to medicine as a means of livelihood. Never did he employ the Rabbinate in this way. In fact, his severest denunciations were of those who accepted gain for serving the Synagogue or Jewry with their learning. The Rabbi, teacher and scholar, must live by the toil of their hands, just as the layman, and must never
MOSES MAIMONIDES 75

trade holy knowledge for gain. It was a trust from God, not to be bartered in the market-place. And though by 1177 he was chief Rabbi of Cairo and the Nagid of the Jewish community—remaining so until his death in 1204—at no time did he accept financial gain for such pursuits.

Maimonides had the ideal qualifications for the practice of Medicine. His keen mind had assimilated and arranged the medicine he had been taught and his skill, sympathy, abhorrence of quackery, idealism and rational approach to disease, carried him to fame. Furthermore, he had enthusiasm. It is recorded that he practiced medicine with “religious fervour, as if the medical art was a holy calling”. But at first he was unknown as a physician and with a small practice he had time to devote himself to his writings and to public lectures on Talmudic, Rabbinical and scientific subjects. Later, his reputation grew and his skill in the medical art was sought after by court and populous alike. He was a favorite of the masses and at times great crowds followed him as they had in an earlier age followed Christ himself. Such was the humanity of this physician!

In the year 1169 the Syrians gained complete control of Egypt and Saladin was appointed Vizir. He was a protector of the weak, an upright and kind ruler who fostered tolerance, justice, public education and scholarship. But engaged as he was with military campaigns in Syria, Mesopotamia and Palestine, he spent only eight of his twenty-four years as ruler in Egypt. During his absence he appointed Alfadhel as Vizir and the latter, in 1174, appointed the now famed Maimonides as his court and personal physician, later to become physician to Saladin himself. And in 1187, when Richard I, Coeur de Lion, led the Third Crusade to the Holy Land he was so impressed by Maimonides’ fame that he offered him the position of physician to his royal person. But better to serve a Moslem saint than a Christian savage—so Maimonides declined.

Engaged busily with his medical practice, serving as Rabbi and Nagid to his people, life was rich and beautiful for Maimonides. He married in Egypt and in 1186 his son Abraham was born, adding to his joy. Each day saw him dedicated anew by his love of his people and his loyalty to the Faith in the great task of ministering to the sick of body, mind and spirit, and of perpetuating a more glorious religious and ethical ideal. Envy and enmity came with fame and brought sorrow, hurt and ill-health. But courage was not less among his virtues. His dominant personality and monumental writings gave him almost world-wide influence and he died in 1204, having given his best for the people to whom he was devoted. His influence remains upon Judaism to this day.
Maimonides wrote in Arabic, with rare charm and simplicity. His handling of a subject was always rational, after Aristotle, and his composition was masterly and full of power. His crowning work was the “Guide for the Perplexed”, written in the form of letters to his favourite disciple, Joseph Aknin. His purpose was original; to reconcile Aristotelian thought with Jewish theology and doctrine. He pointed out that the Bible and the Talmud do not contain the end of science and philosophy; with the result that such bold writing caused great controversy so that ardent defenders and ardent opponents formed into two camps throughout the world. So widely was he read! His defence is in his own words taken from the “Guide”—“The design of this work is to promote the true understanding of the real spirit of the Law, to guide those religious persons who, adhering to the Law, have studied Philosophy and are embarrassed by the contradictions between the teachings of Philosophy and the literal sense of the Torah.” Due to the bitter controversies it aroused, the “Guide” served to stir and keep alive philosophy throughout the Dark Ages.

Two other famous works were the “Commentary on the Mishnah” and the “Mishneh Torah”. The Mishnah was a holy book to the masses but difficult to understand. He successfully completed the task of creating an unsurpassed interpretation of the whole Mishnah with many pleadings for a philosophical and scientific attitude. The “Mishneh Torah”, or “Repetition of the Law”, is the first complete, systematic, codified presentation of all Mosaic and Rabbinical laws. It consists of one thousand chapters in fourteen books and is greatly enriched by his own philosophy.

Finally to be mentioned among his religious and philosophical writings are his “Responsa” which were written in response to many appeals for advice which came to him from laymen and prominent co-religionists throughout Europe and Asia. His letters are all masterpieces of reasoning and they served to settle debates wherever they were received. And although Maimonides always championed the rational approach to life he resorted to the Law when a question arose in which he could not reconcile religion and philosophy, for, he said, “Some things must be believed because they are known by tradition through the prophets and the wise men.” In such a way Jewry the world over was constantly being admonished in the Faith.

In the scientific realm Maimonides’ writings embrace Mathematics, Astronomy and Medicine. His most popular medical work is “Moses’ Medical Aphorisms”. In it are fifteen hundred aphorisms from Galen’s writings grouped in twenty-four chapters as Anatomy, Physiology, Symptoms, Etiology, Surgery, Drugs, etc. It ends with a general criticism of Galen’s medicine, indicating forty topics wherein Galen
contradicted himself and it is replete with critical remarks and evaluations from the author’s wide clinical experience.

His work on poisons, “De Venenis”, was written at the request of the Vizir. It contains interesting clinical descriptions of poisoning cases and deals with the mineral, vegetable, insect and reptile poisoning. He had observed the length of the incubation period for rabies and pointed out the fact that the bite of a healthy dog is little to be feared. His treatment of poisoned wounds included immediate application of the tourniquet, incision, sucking and cupping. Maimonides’ many other medical writings include a treatise on the hygienic aspect of sexual intercourse, a work on asthma of thirteen chapters, including diet and climate in treatment, and a treatise on haemorrhoids ascribing them to constipation, advocating a light vegetable diet in treatment while pointing out the danger of surgical intervention which was to be reserved for extreme cases.

Maimonides practised without discrimination as to friend or foe, race or religion, colour or financial status. For him the purpose of medicine in his own words was “to teach humanity the causes of ill-health, the correct dietetic hygiene, the methods of making the body capable of useful labour, how to prolong life and to avoid disease. It thus directly elevates the human being to a higher moral plane where the pursuit of Truth is possible and where the happiness of the Soul is attainable”. A very lofty conception of the medical art. It is obvious from what we have seen of him that Maimonides was a marked opponent of complicated therapy. He says tritely, “Where the services of a physician are required he should see to it that he aids Nature in her beneficial course. Most of the doctors err in their treatment. In endeavouring to assist Nature they weaken the body with their prescriptions.”

Humanitarian, philosopher, Defender of the Faith, physician; a giant of intellect, a pillar of knowledge and wisdom; of whom the Arab poet sang:

“Galen’s art heals only the body,  
But Maimonides’ the body and the soul.  
With his wisdom he could heal the sickness of ignorance;  
If the moon would submit to his art,  
He would deliver her of her spots at the time of the full moon,  
Cure her of her periodic defects,  
And, at the time of her conjunction, save her from waning.”

He served to inspire Thomas Aquinas and Spinoza, to bring Judaism through the Dark Ages intact, to greatly further the scientific and philosophical approach to life and to bring our inconsistencies in Galen and Aristotle. Is that Maimonides’ mark of greatness? No!
Rather let it be known of him that he loved his people, used his talents to serve man and God, and kept the Faith. He was a saint in Israel. He acted his part well as each man should.

Medicine today stands greatly in need of enrichment. How it would be enriched by such a spirit! Osler, himself, was in the same tradition.

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Hysteria

By Elvina Anger

Hysteria has attracted attention from time immemorial for it is always dramatic. Hippocrates, the Greek "Father of Medicine", described various vague and fluctuating symptoms in women which he explained by supposing the womb (hystera) wandered around in the body seeking humidity and by transient pressure on various structures caused transient symptoms of the disease. Since then our explanations have not been quite so naive. Charcot had miraculous cures with hysteroids but the symptoms often returned in other parts of the body or the patient committed suicide. Janet first drew attention to the disturbances of the consciousness, while Babinsky considered hysteria the element of suggestion. Freud developed the theory of the unconscious mind as its etiology. Today the generally accepted theory is that the patient is unable to strike a satisfactory bargain between himself and the circumstances of his existence. These denied expressions may cause mental disturbances—an anxiety neurosis or disturbances in body function—i.e., hysteria.

When an animal faces danger it invariably acts in one of two ways—it may advance and attack or it may retreat, run away and hide. These primitive biological reaction types colour human behaviour just as they do the animals. They are greatly extended and variegated but they result in two contrasting types on human personality.

The paranoid follows the attack pattern—he or she is not only ready to meet trouble but is prone to imagine it when it does not really exist and his whole life tends to become a fight. Men are more likely to belong to this type because they are more aggressive.

The hysteroid follows the other pattern—she or he is always on the defensive, always trying to escape not only from real trouble but also from imaginary ones, and her whole life tends to become an evasion, a sham, a poise. There is really only one way to attack an enemy which is to go to it with tooth and nail, but there are many ways of escaping from an enemy as may be seen in the lower animals, insects and fishes. One tendency of a trapped or frightened animal is toward violent and spasmotic movements, while another is a sham death reflex as seen in the oppossum. Women are more prone to escape than to advance so we have a large number of hysteroids among them.

Hysteria may also be described as the triumph of the hypobulia over the hyperbulia. The term hypobulia (lower mind) is used to designate the host of normally repressed reflex functions of the human central nervous system, while hyperbulia (higher mind) is the intellect.
or normal action directing or guilding our conduct. When hysteria makes its appearance hyperbulia gives way to hypobulia and we get violent spasmodic movements or sham-death throw-back reflexes of our lower animal ancestors.

All of us have paranoid and hysterical tendencies. It is only in pronounced cases when the balance is greatly on one side that we speak of a paranoid and a hysterical personality. Most of us are betwixt and between but if even the strongest of us is given sufficient strain, up will spring the reaction status described as hysteria.

Hysteria and malingering are two separate entities; the symptoms of true hysteria are produced unconsciously. They are not only without his knowledge but occur in spite of his conscious determination to overcome them and any physician attempting to treat hysteroid should fully understand this.

Hysteria is not confined to women as is proven by shell shock during the First Great War. It occurs especially in men with the hysteroid personality. Hysteria is widespread and is not confined to any special type of individual; some of the common symptoms may be listed:

(1) Certain ego-centrism—the adult retains infant characteristics; he is selfish; self-absorbed; suggestable; lacks self-control; has vivid imagination and an immaturity of impulses.

(2) A tendency to easy disassociation of the nervous system—characteristics of the extravert. Pronounced hysteroid are likely to be extraverts and not intraverts.

(3) Lack of genuine emotional power—this defect is made up often by imagination and melodramatic acts.

Now if we remember that the purpose of hysteroid behaviour is to escape from unpleasant, unwished-for, or dangerous situations we can see how simulated illness can be used in a variety of effective ways:

(1) To escape from the threat to one's life, as in wartime the hysteria of the shell shock type.

(2) To escape from situations that are feared dangerous.

(3) To escape honourably from responsibility—"To save one's face".

(4) To get attention and not be neglected—a large part of common hysteria is of this type because the hysteroid is essentially the spoiled child.

(5) To escape creditably from the consequences of some personal deficiency.

Minor hysterical symptoms are easily overlooked, especially in children, such as a hysterical cough, disturbances of respiration,
vomiting attacks or limping. We must, however, be on guard as merely because we cannot find any organic disease we cannot say the patient is definitely hysterical or psychoneurotic. The diagnosis should fulfil the following requirements:

1. It must prove negative to all clinical and laboratory examinations.
2. There must be a positive psychogenic bases.
3. The psychogenic bases must bear direct relationship to the symptoms.
4. We must try to find if any similar neurotic trends in the past have been responsible for the production of subjective symptoms analogous to those under investigation.

**Treatment**

The patient must feel that he has the sympathy and understanding of his medical practitioner and it is essential to remain emotionally detached or there will be no cure. There are two main types of treatment—Radical and Symptomical.

The Radical treatment includes all those methods which aim to discover the cause of the complaint and by bringing those unconscious elements which have previously been converted into bodily equivalents into consciousness we endeavour to undermine the patient's symptoms. It is the method of choice if the practitioner has skill, training and experience. The treatment is usually lengthy and has more effect on the younger people.

The Symptomotatic treatment is used more often in cases where time, distance, lack of intelligence or age must be considered. In a monoplegia we may simply suggest to the patient that he move a few of his muscles individually but we must not ask for more than the patient can accomplish.

Hypnosis may also be used but the results are often only temporary. Shock may also be used.

In all cases we must bear in mind that it is difficult for the patient to grasp the fact that his limb is organically sound and that he is only psychologically ill if we continue to apply vigorous local treatment to the site of his symptoms.

As it is often the environment that has a major role in the patient's symptoms it is often advisable to secure complete removal of the patient to different surroundings if at all possible. If he is temporarily cut off from outside influences and a firm affectionate relationship is established then the first steps to recovery are usually shown.

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THE TOXEMIAS OF PREGNANCY
By WILLIAM J. DRICKMANN, M.D.
Associate Professor of Obstetrics and
Gynaecology, University of Chicago
521 pages, illustrated. St. Louis: The
C. V. Mosby Company, 1941.

This book is the result of years of
effort and experience from the clinics of
the Universities of Chicago and St.
Louis. It represents the first contribu­
tion to the literature on the toxemias
of pregnancy in the last five years. The
author is well qualified to present this
work since he is both a clinician and a
research man and has studied both sides
of the problem.

He lays stress upon the proper clas­
sification of toxemias and preserves an
excellent clinical attitude in spite of his
interest in the laboratory side. He offers
case histories complete with blood chem­
istry, water balance studies and hormonal
estimations throughout the pregnancy
and puerperium.

Blood volume changes and haemo­
cute determinations are emphasized as
a guide to prognosis and therapy. In a
concise form, he includes the recent work
of Dill, Page, Smith, and others on
renal, hepatic and hormonal physiology.
Diet, prenatal care, maternal and foetal
sequelae are all included.

This book is not recommended for
students but serves as a valuable guide
for the obstetrician.

J. M. S.

THE PRINCIPLE OF ANATOMY
AS SEEN IN THE HAND
By FREDERIC WOOD JONES
Second edition. Pp. X to 417, 144 illu­
strations. London: Baillière, Tindall
and Cox. 1941.

The first edition of this book in 1920,
with its vigorous and stimulating style,
soon went out of print and it became
necessary to publish a second edition.
The next text contains six extra chapters
with twenty additional illustrations.

The author's dissatisfaction with the
conventional type of topographical
anatomy is reflected in this work, which
deals with the broad fundamental prin­
ciples of anatomical structure. The
formal anatomy text is intended to be
used purely as a reference source in
connection with this book.

Professor Jones would lead the reader
to believe that the development of new
structures and the loss of old structures
in the hand is purely the result of
functional demands, whereas the ac­
cepted viewpoint is that morphological
change should be viewed in the light of
 genetics and experimental embryology.
This unfortunate tendency is more than
compensated for by his excellent descrip­
tions of results of peripheral nerve
lesions and the anatomical basis for
deformities.

The vascular system, too, is dealt with
in a clear and thorough manner without
being shrouded in a haze of petty detail.

This book is probably best suited for
use by the comparative anatomist but
any student will be well advised to read
it.

H. R. M.

UROLOGY IN WAR
By CHARLES Y. BIDGOOD
Chief Urologist, U.S. Naval Hospital,
Washington, D.C.

Pp. 76; illustrations. Baltimore: Wil­
liams and Wilkins Co., 1942.

The book is intended as a practical
guide for officers in the field and for
those who are not specialists in urology.
It does not accomplish its purpose, how­
ever, for the inexperienced urologist
would not dare attempt the operations
described, and it is doubtful whether the
operative techniques presented would be
ABSTRACTS

of value in emergency urology on the battlefield.

The greater part of the text is concerned with pathology, symptoms and treatment of traumatic and inflammatory lesions of the genito-urinary tract. The section on traumatic injuries is very complete and is based on sound surgical principles.

The chapter on anaesthesia is very good and deals with many of the anaesthetic agents, but it is impractical since only a few anaesthetic agents are used in warfare.

The text is carelessly edited and if more careful attention were paid to the relative importance of various subjects, together with their presentation in relation to warfare, it would be of much greater value.

—J. M. S.

THE TREATMENT OF BURNS
By H. N. HARKINS

What we have learned, from twenty years of research and clinical experience, about the treatment of burns is excellently presented by Harkins in his book. The work is a summation of a review of the enormous literature on this subject. In addition, interesting mention is made of the history of burns and pioneers, who have left us knowledge in this field.

Present day warfare brings an ever-increasing number of burn cases into the hands of our medical officers, causing a need for a concise and accurate discussion on every phase of this subject. Harkins' monograph can be recommended to those doing burn research as well as to the practicing physician.

—J. M. S.

DISEASES OF THE SKIN
By FRANK CROZER KNOWLES, M.D.,
EDWARD F. CORSON, M.D., and
HENRY P. DECKER, M.D.

The authors have completely revised and remodeled the book, have added additional new topics and have eliminated out-dated material.

All the standard views on dermatology are excellently presented. The book is well illustrated and can certainly be recommended for students and practitioners.

Many good features are contained in it, including regional distribution of common skin diseases, doses in the metric and apothecary systems and various differential tables. The selected references, which are abundant, are excellent.

—J. M. S.

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