Of recent years there has been a plentiful output of text-books relating to the heart. This present volume, though dealing with the same subject, has the merit of going upon lines of its own. It consists of two parts—the first, headed "The Past," summarising the principal advances in the knowledge of heart diseases from the earliest times until the end of the nineteenth century; and the second, entitled "The Present," giving an account of the methods and scope of the investigations of the present day. In the first part, chapters are devoted, among others, to Corvisart, Laennec and his critics, and Stokes. The teaching of Stokes, who died in 1878, was substantially that which persisted up to the beginning of the present period.

Dr. Lea shows that one of the modern developments in the examination of patients suffering from heart disease is that less attention is paid to objective signs, and much more to the subjective signs or symptoms. This emphasises the fact that one of the most important things to be discovered is the prognosis, in the formulation of which symptoms are of great help. The newer methods of physiologists and cardiologists have done much to elucidate the mechanism of the heart's action and the mechanism of the defects which cause disease; but these methods have been of more assistance to the physician in making a diagnosis than in either estimating prognosis or advising treatment. The author deplores the lack of statistics to show the progress of cases of various forms of heart disease, and mentions that Nauheim, with great opportunities for obtaining information, has failed particularly in this respect. When results can be reduced to figures, a great advance has
been made, and there is no large body of figures available for reference.

As regards treatment, Dr. Lea points out how unsatisfactory it is that patients should be treated for a few weeks in hospital, and then turned out into the world to make the best of it. He favours the formation of heart cliniques, and the setting up of institutions for the study and treatment of heart disease. "Cardiovascular disease must be looked upon as a great evil in our midst, a scourge like tuberculosis, and, like it, to be attacked at its sources, or, when this is not possible, to place its victims at their maximal advantage under this handicap. We ought, in fact, to deal with heart disease much as we have dealt with tuberculosis. Clinically, of course, there are important differences which would be reflected in a different manner of approach. . . . Both are essentially chronic complaints. Both affect all classes and all ages. And both represent formidable loss of health and labour to the community."

This book, though containing no new facts about heart disease, is interesting from its historical summary and critical discussion. The author's style, unfortunately, is rather involved, and this tends to obscure the broad outlines of the book. The last chapter but one bears the sentimental title "The Loneliness of the Cardiologist," and opens with the words, "The heart worker is a lonely individual." But cardiologists are nowadays a goodly band, and can bear one another company.

The Hearts of Man. By R. M. Wilson, M.B. London: Henry Frowde and Hodder & Stoughton. 1918. (6s. net.)

Man has five hearts, not one—the right and left hearts, the pulmonary blood-lake, the mesenteric blood-lake, and the peripheral blood-lake or cutaneous circulation; that is the thesis Mr. Wilson sets out to prove in the present volume of the Oxford Medical Publications. He leads up to his proof by a study of the phenomena of the reaction state—the state of starting or of tension into which every sudden emotion or exertion throws the body—and of the condition of the circulation which it brings about. He shows that in that state the blood is
driven out of the great cavities of the trunk into the cranium and the muscles partly by the contraction of the abdominal muscles and partly by contraction of the arterioles of the blood-lakes, this contraction being stimulated by the effect of adrenalin on their sympathetic innervation, and the adrenalin itself being thrown in larger quantity into the circulation by the squeeze of the abdominal muscles on the supra renal capsules. He shows that, like the heart itself, the arterioles of the blood-lakes, which contract synchronously with it, are under the control of the adrenalin sympathetic, precisely as are the various sphincters of the bowel described by Keith; and he describes the cardiac musculature and the musculature of these arterioles as so many sphincters of the vascular system, contracting under the influence of adrenalin as do the sphincters of the bowel. To make the analogy complete, there should be between these vascular sphincters or “hearts” peristaltic areas similar to those of the bowel and inhibited, like them, by adrenalin. This leads him to a study of the pulse, in which he seeks to demonstrate that the usual explanations of its anacrotic and dicrotic waves are physically inadequate, and that no other interpretation is open than that these are peristaltic waves in the vessel wall, this peristalsis differing entirely from the systole and the diastole of the “hearts,” which are to be conceived as sphincters flung round a continuous vessel, of which the peristaltic movement is inhibited during systole and activated during diastole. Further, the vagus inhibits the action of the sphincters of the bowel and activates intestinal peristalsis; it is also the “nerve of diastole” in connection with the heart, i.e., it inhibits the cardiac sphincter, and through the depressor nerve it inhibits the other vascular sphincters also, causing a general vasodilation; while there is some evidence in the study of the pulse to show that its action favours the occurrence of increased peristalsis in the vessels. The true sympathetic system is activated by adrenalin; is there any evidence that the vagus sympathetic is activated by an analogous internal secretion? Mr. Wilson shows that the effects of pituitrin resemble those of vagus stimulation; that pituitrin does not act upon the adrenalin sympathetic; that its action upon the vascular system, after the rise of pressure following the first dose, is very similar to that of the depressor nerve; that it constricts vessels on which adrenalin has no
effect; and that its effect on the bowels is opposite to that of adrenalin, and similar to that of the vagus. If, then, its effect is analogous to that of the vagus, the systems adrenalin-sympathetic and pituitrin-vagus are true opponents, and we should expect to find pituitrin activating the muscular peristaltic areas, i.e., constricting the vessels to muscles and those connecting the different blood-lakes or "hearts." This, in fact, it does.

A former assistant of Sir James Mackenzie, Mr. Wilson submitted his MS. to him and to Professor Bayliss, and received from both a detailed and in some respects damaging criticism. He very candidly reproduces their remarks in his preface, in which he attempts to answer the objections. In this he is, we think, to a large extent successful, but his answer to Professor Bayliss's observations does not entirely remove their force. He has, however, made out a case which is well worth considering, and in the course of his demonstration he has thrown fresh light on many apparently familiar phenomena, and has produced a fascinating book.

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*Psychoses of the War.* • By H. C. Marr, Lieut.-Colonel, R.A.M.C. (Temp.) London: Henry Frowde and Hodder & Stoughton. 1919. (16s. net.)

This book of Lieut.-Colonel Marr's, which is published in the "Oxford Medical Series," is founded on the results of observations of 18,000 officers and men, a number equally divided between those suffering from neurasthenia and shell-shock, and those affected by obvious mental disorder. The psychoses of the war, the author says in his preface, have revealed no new mental trait; but the war itself has rendered many who were able to play a useful part in the battle of life less useful, and in many cases unable to play this part. Though no new mental trait may have appeared under the conditions of warfare, there has been a significant change in the comparative numbers of what may broadly be called cases of mental disease. The cases of hysteria and neurasthenia have greatly increased, whereas the numbers of the insane proper have apparently not been affected. The first part of the book is concerned with a description of the
former class, the psychopathies. Dr. Marr believes that neurasthenia arose in only about 2 per cent of previously healthy soldiers. "Careful inquiry has elicited in 80 per cent of the cases a family history of nervous or mental disease, previous nervous or mental breakdown in the history of the individual patients, and where such histories of family or personal neuropathic inheritance are not obtainable, . . . anatomical, physiological, and mental stigmata pointing to nervous instability or inherent mental weakness are revealed." The author regards hysteria as in reality a symptom complex of neurasthenia, one aspect and an important one of this affection, which is a functional affection of the cortical, bulbo-spinal and sympathetic neurones. The word "psychasthenia," first used by Janet in 1903, indicates an affection in which the chief symptoms are obsession and impulse, moral stigmata and deficiency. It is the counterpart of neurasthenia with the mental phenomena rather than the nervous weakness prominent. At the end of this section the general treatment of neurasthenia is considered.

The second part of the book is devoted to a discussion of the diseases to which the name "insanity" can be applied. Here the cases, though occurring in the army, do not differ essentially from those of civil life. Forty-two per cent of the soldiers admitted to mental hospitals were found to have been weak-minded from infancy, while 9 per cent showed signs of adolescent mental enfeeblement. The toxic psychoses, due to some poison, metallic or other, circulating in the blood accounted for 36 per cent, and the several forms of late syphilis for most of the remainder.

An appendix gives the methods of examining the cerebro-spinal fluid, and includes details of the colloidal gold method for the differentiation of general paralysis from other syphilitic affections of the brain. Dr. Marr, like most authors, advises that lumbar puncture be performed a little way from the middle line, and with the patient on his side; but the operation is easier if the patient can sit up, and the advantage of puncture in the middle line of the back is not outweighed by the theoretical objections to it. A second appendix gives an elaborate form for mental case-taking.

The book is illustrated by good photographs, some of these from cinematograph films. Dr. Marr writes in a lucid and
attractive style, and his work has not lost interest with the passing of war conditions. There is a little ambiguity in several places about his use of the term “blood-pressure” in the sense of the difference between the systolic and the diastolic pressure. “Pulse-pressure” is more commonly used in this meaning.

Seale-Hayne Neurological Studies. Vol. I, No. 2; September, 1918. Edited by A. F. Hurst, M.D., F.R.C.P. Humphrey Milford : Oxford University Press (3s. 6d.)

The second issue of these interesting Studies contains fourteen articles, of which nine are wholly and one in part from the pen of the editor. All of them deal more or less indirectly with the phenomena of hysteria as observed in soldiers, and are concerned either with the establishment of the new conception of the disease due in the first instance to Babinski and the French school, or with the treatment of its manifestations by psychotherapeutic suggestion. The Seale-Hayne workers define hysterical symptoms, while refraining from a definition of hysteria, as follows:—Hysterical symptoms result from suggestion, can be consciously and voluntarily imitated, and are curable by psychotherapy; “hysteria is the condition in which symptoms are present which have resulted from suggestion and are curable by psychotherapy.” The vasomotor, secretory, and trophic changes associated with many cases are not in themselves hysterical, but are the secondary effects of immobilisation due to paralysis or contracture. The doctrine of fixed hysterical stigmata has disappeared; even the idea of hysteria as a substantive disease characterised by undue suggestibility has disappeared, for anyone may develop hysterical symptoms under sufficiently strong suggestion or provocation. It follows from the definition that hysteria is invariably curable, and that failure to cure implies either ignorance of the proper therapeutic methods or a mistaken diagnosis. “There can be no excuse for diagnosing a case as hysteria and then leaving it uncured, as the cure is an obvious corollary of the diagnosis.”

Let us take the cases cited as a test of the validity of this conception. They are virtually all records of cures, most of
them completed in a very short time—a few minutes to a few hours. But in an article by Mr. S. H. Wilkinson on “War neuroses seen during a week’s experience at Seale-Hayne”—surely an instance of rushing into print—we find that of nine hysterical cases cured in a few minutes, “cases Nos. 2, 4 6, 7 and 9 were ultimately invalided from the service with a 20 per cent pension, as, although they were able to return to their old civil occupation, their long illness and nervous instability made it improbable that they would again stand the strain of active service.” These were cases respectively of aphonia, paraplegia, footdrop, hysterical gesticulation, and stammer. The symptom, that is, was cured, the underlying nervous instability was not. If hysteria is no more than hysterical symptoms, there should be no nervous instability left when the symptom disappears. Dr. Hurst’s case of hysterical hiccough with monoplegia and talipes required for the hiccough blisters and pressure to the epigastrium, inflation of the stomach, respiratory exercises, fixation of the larynx, waking suggestion, anaesthesia, and hypnosis; and the hiccough persisted in spite of all these. Ultimately it yielded when the man had been kept for some days delirious and semi-comatose with bromide and chloral, and when suggestion was repeated in this condition. Such a case speaks rather against than for the curability of all hysterical manifestations by psychotherapy alone. It would appear, too, from a case recorded in the first issue of the Studies, that disciplinary measures may be used in aid of suggestion; a man, suspected of exaggerating his symptoms, it is true, being isolated behind screens, not allowed to smoke, read, or write, fed on bread, meat, and water only, and nobody being permitted to talk to him.

Many of the “cures” are undoubtedly very striking, and the Seale-Hayne workers are doing good service in insisting upon a revision of the classical conception of hysteria. But there is such a thing as running an idea to death. Their argument is from the nature and curability of hysterical symptoms in soldiers, in men, that is to say, the vast majority of whom have possessed a sound and strong nervous organisation until it has been affected by a profound shock or strain. Remove the effects by suggestion or otherwise, the symptoms disappear, and the nervous organisation resumes its former health. But even in
military cases, as would appear from their records, the "cure" does not affect an underlying nervous instability. It is absurd to say, because anyone may present hysterical symptoms under military stresses, that there is no underlying nervous instability in hysteria. In civil life those with a healthy nervous organisation do not become hysterical, and arguments upon the nature and curability of hysteria based solely upon military experience are therefore of imperfect applicability. It is of real service to demonstrate that the symptoms of a given case vary with the nature of the creative suggestion, and can be removed by counter-suggestion in the majority of cases, but to regard hysteria as curable in the sense in which pneumonia is curable—that is, that the patient, once free from symptoms, will remain indefinitely free from them, is merely to darken counsel.

The Medical and Surgical Aspects of Aviation. By H. Græme Anderson, M.B., Ch.B., F.R.C.S. London: Henry Frowde and Hodder & Stoughton. 1919. (12s. 6d. net.)

Mr. Græme Anderson enjoys many of the advantages of the pioneer, as this is the first book which has been published on this subject. By profession a consulting surgeon, he laid down this work for the life of an aerodrome medical officer, and for four years, as he says, he lived and flew with aviators, and studied them in all their ways. In an introduction Lord Weir writes, "The author is himself a pilot, and has had during the war an extensive experience. . . . The present work is the first to deal with this new and important branch of medical study, and will serve to stimulate further research into the many and varied problems which still require elucidation."

One learns from the first chapter on the history of medical interest in aeronautics that an Edinburgh physician named Black in 1767 came within an ace of being the inventor of the first balloon. He suggested that hydrogen gas would be capable of raising a thin bladder in the air. The first Englishman to make a balloon ascent was John Sheldon, a surgeon. The researches on the effects of diminished atmospheric pressure, made in the seventies by Paul Bert the physiologist, have
remained the basis of subsequent work on altitude effects. The author enters fully into the method of selecting candidates for aviation, and into the diagnosis and treatment of the aero-neuroses, as he terms the manifestations of neurasthenia and hysteria in airmen. These chapters are probably the most valuable in the book, as only a man of wide experience can give advice on what candidates are suitable for selection as flying officers, and on whether those who exhibit these aero-neuroses are to be allowed to fly again. Those pupils who show signs of neurasthenia early in training are unlikely ever to become successful fliers. Other chapters are concerned with the nature of aeroplane accidents, the surgery of aviation, and the main facts about aeroplane dope poisoning. The author singles out fracture of the astragalus as peculiarly an aviator’s injury. But the surgery of aviation does not differ materially from other forms of war surgery, and has not the special interest of the medical side of the subject.

There are numerous illustrations which include several radiographs of surgical conditions, and many and unusual photographs of aeroplane accidents. Mr. Anderson’s book will be welcomed in Glasgow where, if we mistake not, he is still remembered as the artist of a once-famous Final Year Dinner cartoon.

_Rats and Mice as Enemies of Mankind._ By M. A. C. Hinton.
British Museum (Natural History), Economic Series No. 8.
London: Printed by order of the Trustees of the British Museum. 1918. (1s. net.)

This valuable pamphlet—dealing with the habits of rats and mice, their importance as distributors of disease, their destructiveness of grain and other foods, and of various forms of property, and the means of destroying them—appears at a very opportune time. It is now more than ever important to cut down avoidable loss of grain, but the absorption of agricultural labour in the war has diminished the usual destruction of rats and mice to such an extent that their numbers have probably been greatly augmented, and their menace is therefore more than usually threatening. It is well known that rats and their
parasites are responsible for the spread of plague, it is not as well known as it should be that plague is endemic among the rats of East Suffolk. As Mr. Hinton points out they play a prominent part in the spread of many other diseases. From the point of view of utility their activity as scavengers is negligible in the present age, and they cannot be said to have any other redeeming virtue. In his discussion of the means of extirpating the pests, Mr. Hinton lays much stress on the preservation of stoats and weasels, their natural enemies, and protests against the prevailing campaign against them by those interested in the breeding of game. He holds that rats cause more destruction of game than weasels do, and that the extermination of weasels has immensely aided the propagation of the rat. The little book is full of interest and information, and should be widely read both by the profession and by agriculturists.

Lice and their Menace to Man. By Lieutenant LL. LLOYD, R.A.M.C.(T.). With a Chapter on Trench Fever, by Major W. BYAM, R.A.M.C. London: Henry Frowde and Hodder & Stoughton. 1919. (7s. 6d. net.)

This volume, one of the Oxford Medical Publications, is, as the preface states, intended for the general reader rather than the specialist.

In a series of interesting chapters, the structure of the body-louse, its life-history and habits, and the mode of its dissemination are described. A chapter is devoted to disinfestation, and reference is made to disinfestation in armies in the field, where the process is more difficult than in a civilian population. The head-louse and the crab-louse are described at length.

A most illuminating chapter, containing an account of numerous original observations, deals with the increased migration of body-lice in fever. The author's observations show that moderate pyrexia is a most potent factor in causing lice to seek another host. Special chapters deal with relapsing fever and typhus fever, and the important part which lice play in the causation and spread of these diseases. Major W. Byam,
R.A.M.C., contributes a chapter on trench fever, and indicates the possibility of getting trench fever in those who have not been in the trenches by means of infected lice.

Though based on war experience, this book is not entirely a war book, for the diseases spread by lice occur apart from war, and only by dealing with the lice problem in an effective manner can they be eradicated.

War Neuroses and Shell Shock. By Fredk. W. Mott, M.D., LL.D., F.R.S., F.R.C.P. Oxford Medical Publications. London: Henry Frowde and Hodder & Stoughton. 1919. (16s. net.)

This is an interesting book. The author has had great opportunities of observing the conditions of which he writes in the Neurological Section of the 4th London General Hospital, and at the Maudsley Neurological Clearing Hospital. Five years ago, this compact volume would have seemed to treat of diseases which to most medical men in Scotland were largely clinical curiosities. At the present day it contains a fund of information, valuable to every physician both for diagnosis and for treatment. The author treats principally of hysteria and neurasthenia. He discusses the question of shell-shock, describes several cases, and records the results of post-mortem examinations. While some of the "shell-shock" patients can properly be described as cases of shell-shock in that gross anatomical changes, haemorrhages for the most part, have occurred in the nervous system (commotional shock), the large majority are true cases of hysteria (emotional shock). There is no simple division between the two, for the latter may be grafted on the former to any extent. To account for these phenomena, Colonel Mott adopts the theory of diaschisis, a term applied by von Monakow to the temporary dissociation by shock of anatomically and functionally correlated systems of neurons. "The researches of Ross Harrison on the living neuron and its growth render it possible to accept as a provisional hypothesis the theory of attraction and retraction of dendrons as an explanation of association and dissociation." The various forms which hysteria may assume in soldiers are described
in detail, and numerous cases are analysed. The question of neurasthenia and its diagnosis is fully treated.

Colonel Mott touches on the different forms of mental disease which are found in the army just as they are in civil life, and agrees with the general view that, contrary to popular opinion, war of itself cannot be considered an important cause of insanity. He is particularly sceptical with regard to epilepsy, as distinct from hystero-epilepsy. "... Cases which were said to have developed true epilepsy as a result of shell-shock were either nearly always individuals who had previously suffered from true epilepsy, or an anomalous form of it, or were potential epileptics prior to the shock. This might be assumed from the fact that they had suffered with slight faints or automatisms, or that there was a history of epilepsy or insanity in the family."

After a section on CO poisoning and its *post-mortem* appearances, the methods employed in the treatment of hysteria and neurasthenia are described at length, and this is one of the most useful parts of the book. An appendix contains a summary of methods for the complete examination of cases of nervous disease.

The book is well illustrated by photographs and diagrams, and there is a good index. It should be in the hands of every medical man who is concerned with the treatment of disabled soldiers or with the assessment of their pensions.

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*Anaphylaxis and Anti-Anaphylaxis.* By Dr. A. Besredka. English Edition by S. Roodhouse Gloyne, M.D. London: William Heinemann, Limited. (6s. net.)

When Richet published his first account of the phenomenon to which he gave the name of anaphylaxis, it was realised that the essential facts about a peculiar biological reaction, hitherto only vaguely known, had been demonstrated in a convincing manner. Richet found that a certain proteid poison (congestin) could be injected in the dog in a small dose without causing any symptoms, but that if this injection had been preceded a few days earlier by a similar small injection, the animal might die within a few minutes. This was in 1902. It was soon found
that a similar result could be brought about with other proteid substances, and in other animals, if two injections were given with an appropriate intervening interval. The question in all its aspects has been the subject of much study in the past seventeen years, and its applications are far more widespread than at first was apparent.

This book of Dr. Besredka's, with an additional chapter by the translator, gives an admirable summary of the investigations carried out by the various workers on anaphylaxis. The author shows that the state of anaphylaxis can be brought about with any proteid, if suitable methods are used, and he is inclined to think that the sensitiveness of some individuals towards certain drugs, such as iodoform and quinine, may be examples of a reaction of a similar nature. There is a full description of the different ways in which the two injections may be given—the first, or sensitising, and the second, or exciting. The matter is one of great practical importance in connection with the use of curative sera in man. This importance has been increased of recent years because, during the war, so many men have received, chiefly in the form of anti-tetanus serum, a sensitising injection, and another injection of horse serum at some subsequent date might have the effect of producing anaphylactic shock. It is often pointed out, and rightly, by makers of serum and others, that injection intravenously, or in some cases intrathecally, will give the most rapid and best results, but they omit to state the fact that a large intravenous injection of serum in a sensitised man may produce alarming symptoms, and possibly even death.

Not the least merit of this book is the space devoted to a description of the methods, simple and easily carried out, by which desensitisation can be effected. Briefly, these consist in the injection, at intervals of a few minutes, of a series of small increasing doses of the serum to be given.

The main facts about anaphylaxis are universally accepted, but there has been no general agreement as to the mechanism by which the symptoms of anaphylactic shock are produced. Besredka sums up the main views fairly, and gives his own, which supposes that the essential changes occur in the cells of the nervous system, and not in the blood. The last chapter contains an interesting account by the translator of recent work on anaphylaxis.
The book is valuable, not only as a lucid account of an important and difficult subject, but also as summarising and criticising the numerous contributions to the literature, some of them difficult of access.

The translation is well done, but there is a curious use of "anodyne" in the sense of "innocuous" (p. 3), and on p. 108, "de Witte" has not been translated to "Witte's." On p. 88, 1, 4, "passive bacterial anaphylaxis" is apparently written for "active." We have noticed one or two misprints—"0.05 to 0.6 c.c." for "0.05 to 0.06 c.c." (p. 34), and "140° F." for "104° F." on p. 46.

Prothèse Fonctionelle des Blessés de Guerre: Troubles Physiologiques et Appareillage. Par le Dr. Ducroquet, Chirurgien Orthopédiste de l'Hôpital H. de Rothschild. Préface du Pr. Aug. Broca. Avec 218 Figures. Paris: Masson et Cie. 1919. (5 fr.)

In this little monograph Dr. Ducroquet offers to his readers a study of functional prosthesis as applied to those who have suffered from disability from war wounds more or less. The work, while directly a result of the war, is really an "after the war" book, and comes at an opportune moment as a useful guide to surgeons. It will be of great service to them in giving advice for a long time to come to those patients whom war wounds have badly lamed.

Professor Broca contributes a truly graceful preface, in which he declares that any knowledge he possesses, regarding apparatus, he owes to the author. At the same time he expresses himself as being happy if, in compensation, the latter has been able, during their long intimacy, to derive from him any practically useful instruction in anatomy and operative surgery. Professor Broca considers that musculo-articular, or mechanical, physiology is no longer in fashion, having been "dethroned" by chemistry. He adds that if medicine has profited, surgery has suffered by this revolution. The great value of this monograph, in his eyes, lies in the recognition, by the author, of the facts of mechanical physiology as a proper base for functional prosthesis.
Coming to the subject-matter of the volume we find that Dr. Ducroquet has arranged his chapters very systematically. He begins with the general principles of prosthetic apparatus. Such apparatus must rest solidly on the limb to which it is applied, and this requires the judicious choice of "points of fixation." These points are considered according as we have to deal with lower or upper limb, and they fall into three groups or classes—of support, of counter-ascension, and of counter-rotation. The application of these principles to the limbs is next detailed. The descriptions in the text are very precisely given, and are well illustrated in the various figures.

As an example of the author's method of dealing with the three groups of "points of fixation," we may quote what he says regarding the lower limb:

"The points of support will be represented generally by a conical surface with its base below, e.g., the dorsum of the foot, the upper part of the femoral condyles and the dome or crest of the haunches. The points of counter-ascension are formed by a flat surface, or by a cone with its base above, e.g., the sole of the foot, the tuberosities of the tibia (plateaux tibiaux), and the ischium. The points of counter-rotation are formed by the outline of the segment to be embraced by the apparatus. The knee, for example, shows on transverse section a triangular outline. An apparatus moulded on these osseous parts will thus be prevented from slipping round the limb." The various articulations of the limb are then passed in review, and the details of suitable apparatus are indicated.

The next chapter is concerned with the subject of articular mechanics. Very full instructions are given as to finding the physiological axes of the joints, and wherein they differ from the axes of apparatus. The discrepancies are fully considered, and indications are given of what is found in practice to be the best working apparatus. The reader will find in the series of knee-joints shown in Fig. 27 (p. 23), and the relative test thereto, a good example of the author's method.

In succeeding chapters will be found descriptions of various apparatus for immobilising, for limiting movement,
for paralyses, and for ambulatory treatment (*appareils de décharge*).

Chapter IV deals with boots, normal and orthopædic. The various forms of orthopædic boot required for talipes, and for shortening of the lower limb are figured and described.

Chapters V and VI present a kinematic study of normal walking and of walking with a shortened limb, and this is followed by a consideration of ankyloses of the joints of the lower limb. Fractures, pseudo-arthroses, paralyses, and contractures are successively taken up in the concluding chapters of the book.

It may seem that we offer a rather lengthy notice of Dr. Ducroquet's little book; but we feel that the volume is one which should be studied by all who practise orthopædics. There is no doubt that a translation would be welcomed by those who have not an opportunity of perusing the original work.

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*Les Lésions du Corps Thyroïde dans la Maladie de Basedow.*

Par G. Roussy. Paris: Masson et Cie. 1914. (3 fr.)

Although this work, which was prepared for the fourteenth congress of alienists and neurologists of France to be held in August, 1914, bears on its title page the date 1914, it has been long delayed in publication by the exigencies of the war. Its subject is the pathology and morbid anatomy of exophthalmic goitre, and it opens, after a brief discussion of the nosological position of the disease and its accessory types, with a prolonged and minute investigation of the morbid changes which it produces in thyroid, parathyroids, thymus, lymphatic glands, sympathetic system, and blood. On the basis of these researches M. Roussy concludes in favour of the thyroid origin of the disease, the part played by other glands such as the thymus being merely accessory. He admits the importance of nervous phenomena, particularly those depending on the sympathetic system, in the clinical picture, but he points out that similar phenomena are equally prominent in Addison's disease, of which no one disputes the place among the affections of the endocrine glands. His discussion of the different
pathogenic conceptions leads him to a study of the various therapeutic means employed, and among these he gives the preference, both on theoretical grounds and as a result of experience, to radiotherapy, which he considers to furnish better results than surgical intervention. The volume is illustrated by numerous admirable plates in colour and black and white, and forms an important contribution to a much debated field of pathology.

_Bipp Treatment of War Wounds._ By Rutherford Morison, Professor of Surgery, Durham University. Oxford War Primers. London: Henry Frowde and Hodder & Stoughton. 1918. (2s. 6d. net.)

This small book has been written by request, as a war contribution, and is an account of what the author knows as regards this particular method of wound treatment. He holds that the method is "so simple that a clever surgeon is unnecessary for the achievement of the best results, though a careful one is essential;" and that the war has once more taught surgeons the value of Lord Lister's work on the use of antiseptics in the treatment of wounds.

Mr. Morison's conclusion (p. 9) is that if it is possible to get to the bottom of an infected wound so that it can be thoroughly cleaned mechanically, and suitable antiseptics be applied, the wound can be closed at once with interrupted sutures, always with impunity, and many times with the prospect of finding it healed when the dressing is removed for the first time at the end of three weeks. This fact establishes, he holds, a new principle in surgery.

In his summary of technique he gives the formula of an antiseptic paste, "Bipp," which he rubs well into the wound. Waiving the questions of the bacteriology and pathology of wounds, he offers clinical observations, the first of which is the absence of the ordinary signs of inflammation in wounds which have been so treated. Next he finds that catgut sutures, smeared with Bipp, are absorbed, showing that phagocytosis is not seriously interfered with by the antiseptic. Bipp would also appear to stimulate osteogenesis, a fact of importance
in fractures. In connection with the latter, he states that the results in war, as in civil cases, are not so good now as they were thirty years ago, when surgeons were less interested in the abdomen and more in the limbs. Accordingly, he formulates rules as a guide for the treatment of fractures. He thinks operations in fracture cases will be more frequently performed in the future; and that if his method of wound treatment be employed compound fractures may be safely and successfully plated.

The treatment of wounds of joints is given in some detail, and the results appear to be most satisfactory.

In the treatment of suppurating lymphangitis and cellulitis, results have been obtained which indicate the spreading effects of Bipp. This is confirmed by finding iodide of potassium in the urine during treatment.

The use of Bipp is not advisable at the Front; and for a first dressing the author recommends magnesium sulphate cream. Bipp can be used after the fourth day, after which time the danger of gas gangrene developing would appear to be small.

The question of poisoning from absorption of Bipp is gone into, and indications for the removal of the paste are given. In any case, excess of Bipp should always be removed from the wound.

This is a most interesting little book, and, like all Mr. Morison's writings, it is worth reading and digesting.