express his thanks on the anniversary of his operation—
a very unusual exhibition of post-operative gratitude!

The book titled “An Introduction to the Study of the Nervous System” by E. E. Hewer, D.Sc. (Lond.), and G. M. Sanders, M.B., B. S. (Lond.), M.R.C.S. L.R.C.P. was published in 1928 by William Heinemann (Medical Books), Ltd. The book is part of a series known as the “Clinical Texts” and contains 324 illustrations, priced at £1.35 net. The second edition of the book was published in 1929 with 35s. net. The book is available from Butterworth and Co. (India), Ltd., Calcutta.

In the preface to this book, the author states, “I have endeavoured to present a practical guide to the differential diagnosis and treatment of indigestion.” This is a worthy aim, for it is probable that the general practitioner finds more difficulty in diagnosing the cause and directing the treatment of indigestion than he does in any other common complaint.

In the popular textbooks on diseases of the stomach are perhaps two of the most disabling. It is difficult to say why, but in the last few years, it seems that confusion has arisen.

Mr. Paterson has written his book in a different style. He gives us a classification which may not be perfect, but is certainly very useful as a basis for the argument of a differential diagnosis. First place is given to indigestion secondary to causes outside the stomach. This is admirable, for the majority of cases the symptoms are not due to any lesion in the stomach itself. Perhaps chronic appendicitis is a frequent cause of indigestion is exaggerated, but Mr. Paterson is a surgeon and to every surgeon the appendix is the fourth and fifth in the list of lesions of the abdomen. It may be for a similar reason that in the classification there is no mention of any gynaecological cause, and the reviewer wonders what the gynaecologists will say to this.

The importance of obtaining a detailed and accurate history of each case is emphasised. In this history the occurrence of pain as opposed to discomfort and its time relation to the ingestion of food is most important of all.

The physical examination must be thorough and complete. Mr. Paterson is in some degree a_ponent of the value of the test meal and gastric analysis. He states “It is quite wrong to attempt to treat chronic indigestion without a knowledge of what is happening in the stomach.”

This knowledge can only be obtained examining the contents of the stomach, their chemical composition and the rapidity of its evacuation. The Ewald test meal, stomach tube and Senoran’s evacuator are used by the author, and this method in most cases will give all the information required. But it is surprising to find that the method used in this book of Ryle’s tube and fractional analysis.

*Two copies of this book were received for review, and were inadvertently sent to two different reviewers. As, however, our readers may like to read both reviews, we publish both.—Editor, I. M. G.