therefore, blood is carried from the right side of the heart through the systemic circulation, and returns to the right side. The pulmonary artery transports blood from the left side of the heart to the lungs and the blood returns to the left side.

The clinical manifestations are as follows. Cyanosis occurs shortly after birth; if the ductus arteriosus is patent, cyanosis is less intense in the lower extremities than in the rest of the body, because aerated blood entering the aorta through the ductus is distributed chiefly to the lower half of the body (Tausig). Clubbing of the fingers and dyspnea are present. Murmurs may be present, but not sufficiently typical in quality or location to be of diagnostic value.

A number of investigations were carried out. The hemoglobin value was 19.2 grammes per centum, the mean cell diameter was 7.3μ, and a blood film revealed no abnormality. An X-ray examination of the chest revealed no abnormality in the lung parenchyma. The heart appeared normal.

The baby was given oxygen continuously, and with this treatment the cyanosis diminished slightly. During its stay in hospital the baby had periodic attacks of acute respiratory distress, these being particularly noticeable after feeding. The baby died in such an attack twenty-seven days after admission to hospital.

At the post-mortem examination a complete transposition of the great vessels was found, with a patent ductus arteriosus, but no other abnormalities of the heart itself.

**Case II.**

Baby K., aged two months, was admitted to this hospital twelve hours after the death of Baby T. An accompanying letter stated that the baby had been cyanosed since birth, that it was starting to lose weight, and that it was not taking its food properly. There was no history of a difficult labour, and the baby was breast fed.

On examination the baby was cyanosed, the cyanosis being more pronounced in the head and upper extremities than in the trunk and lower extremities. The baby’s respirations numbered 100 per minute; its temperature was normal. A soft systolic murmur was heard to the left of the sternum in the fourth left intercostal space. Apart from these, there were no other abnormal physical signs.

A provisional diagnosis of congenital transposition of the great vessels was made.

An X-ray examination of the chest revealed no abnormality.

The baby was given oxygen continuously, but its condition did not improve and it died twelve hours later.

**Post mortem** complete transposition of the great vessels was found, with a patent ductus arteriosus and a semipatent valve in the interauricular septum.

**Summary.**

Two cases of complete transposition of the great vessels of the heart, confirmed by post-mortem examination, are reported. The cases occurred within one month of each other.

**References.**

Abbott, M. E. (1936), "Atlas of Congenital Cardiac Disease", "New York American Heart Annual".

Gibson, S., and Clifford, W. M. (1928), "Congenital Heart Disease. A Clinical and Postmortem Study of 105 Cases", American Journal of Diseases of Children, Volume LV, page 761.

**Reviews.**

**CLINICAL NEOLOGY.**

In preparing "A Textbook of Clinical Neurology" Nielsen was clearly aware of his difficulties, and in the preface he outlined the method he would follow. Since the birth of neurology as a specialty almost exactly a century ago the subject has grown beyond the capacity of any one human mind. The book aims to present the subject of clinical neurology working from the simple to the complex (from below upwards anatomically) in so concise and clear-cut a manner and in sufficiently small volume that it may be used as a text of the subject during the time allotted to neurology in a general medical course. To facilitate comprehension without commitment to memory, intimate correlation of symptomatology with the basic subjects of anatomy, physiology, pathology and pharmacology has been stressed.1

1 "A Textbook of Clinical Neurology", by J. M. Nielsen, B.S., M.D., F.C.P.; Third Edition, 1951. New York: Paul B. Hoeber, Incorporated. 10½ x 7¼, pp. 724, with 312 illustrations. Price: $16.00.
It may be said that the author has succeeded to some extent. In his high aim of factual comprehension without commitment to memory, yet contrary to his expressed statement, this is partly at the expense of the basic sciences. Every page is more readable and a few, at a later and more critical stage of development than that of the usual student, would not benefit from reading it. The student if he had time could read part of the book and profit. The index, following "no rule except that of ready reference", is excellent. The production of the book, of standard American type, is excellent.

**EYE, EAR, NOSE AND THROAT DISEASES.**

The section on the ear, nose and throat in "The 1951 Year Book of the Eye, Ear, Nose and Throat" has a new editor, John R. Lindsay, who has taken over from the previous editors, Samuel J. Crowe, and his collaborator, Elmer W. Hagen, and Derrick Vail continues to edit the section on the eye, in which he has arranged his material in a manner substantially the same as that in the previous year book. Chapters are devoted to the eyelids and lacrimal apparatus, the orbit and exophthalmos, the conjunctiva, the cornea, the lens and cataract, the iris, ciliary body and choroid, the optic nerve, the retina, neurology and visual fields, glaucoma, refraction and motility, surgery, therapy, and miscellaneous subjects. Many subjects are touched on; amongst those that seem to have attracted most attention during the year are retrolental fibroplasia and treatment with ACTH and cortisone. In his "Clinical Notes in Inflammations of the Ear, Nose and Throat" the editor gives valuable information and advice to the practitioner, physician and the pediatrician. The production of the volume is in accordance with the high standard of the whole series.

**A PIONEER OBSTETRIC NURSE.**

It is not yet fully recognized that the profession of nursing has shared in an expanding tradition of noble achievement; and we are apt to overlook the fact that for the last eighty-four years Australian nurses have been carrying up a tradition of obstetrics, of which every reason to be proud. So much has been written about the history of nursing in the last few years that training schools might with advantage impart some of this knowledge to their young neophytes; it should give them a higher sense of their vocation to be made aware of the fine traditions established and maintained by their worthy predecessors.

A valuable addition to the literature of this subject appears in the form of a small book entitled "Alice and the Stork", written by Dr. Robert Morland, sometime editor of The Lancet. He gives an interesting account of the life and work of Miss Alice Gregory (1867-1944) whose unrettaining efforts in introducing modern methods of obstetrics coincided with the gradual rise in the status of the midwife in England. The whole story serves to emphasize the value of modern training in midwifery and obstetrics, and the well established and maintained by their worthy predecessors.

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1. The 1951 Year Book of the Eye, Ear, Nose and Throat (October 1950-September 1951); The Eye, edited by D. Vail, M.D., D.Oph. (Oxon.), F.A.C.S.; The Ear, Nose and Throat, edited by R. Lindsay, F.R.C.P., F.A.C.S., J. Excerpt Books. The Sea, and Eye, Ltd., London, and Stoughton, Limited. 8" x 5¼", pp. 456, with 131 illustrations. Price: $5.50.

2. Alice and the Stork: Or the Rise in the Status of the Midwife as Exemplified in the Life of Alice Gregory, 1867-1944", by Egbert Morland; 1951. London: Hodder and Stoughton, Limited. 8" x 5¼", pp. 88, with 14 illustrations. Price: 7s. 6d.

3. The 1951 Year Book of the Eye, Ear, Nose and Throat (October 1950-September 1951).