Modern Advances in Diseases of the Throat. By Arthur Miller, F.R.C.S.Ed., D.L.O. London: H. K. Lewis & Co. 1934. (10s. 6d. net)

This book is one of 115 pages, containing one coloured plate and 40 illustrations. When we consider that each of the seven chapters has a list of references of its own and that the total reaches 140, the enormous work it represents can be understood. The work is intended for the specialist and deals almost entirely with the faucial and pharyngeal tonsils.

The anatomy, physiology, and bacteriology of the tonsil receive much attention. The supra-tonsillar fossa is shown in Fig. 2 to be really within the tonsil, and might be called more correctly the crypta magna. Even the specialist would do well to make note of what is said regarding the function of the tonsil under five years, so as to avoid removing an organ which is enlarged, because doing extra immunizing work and doing it well. Speaking of tubercle of the tonsil (p. 25), the author states that "the infection reaches the tonsils by the blood or lymph stream, or else via the sputum." It has not been proved that there are any afferent lymph vessels; Waldapfel's experiments almost prove their absence (see p. 13). Tonsillectomy by a haemostatic guillotine which cuts and also crushes is spoken of and the instruments described, especially La Force Guillotine. The consensus of opinion, however, seems to be that for the adult, enucleation by dissection is best. Removal of tonsils by diathermy claims a section. When dealing with haemorrhage, Howard's method of testing "the clotting time" of the blood might be very useful in certain cases. For those in charge of large clinics, what is said about scarlet fever following operation and its prevention may be well worth reading. The diabetic patient gets very special attention. In the discussion on adenoidectomy, the reader is warned against the old form of curette, which may remove mucosa as well as adenoids, leaving post-nasal catarrh behind, or may injure the Eustachian cushion, leading to deafness by scarring. To obviate such additional troubles, there is recommended La Force Adenotome. We have, however, heard of some surgeons who actually curette the sodden mucosa in a post-nasal catarrh, with improvement, if not cure. The book finishes with
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sections dealing with the mycoses of the pharynx, and tonsillar factor.

*Modern Inhalation Therapy for the General Practitioner.* By C. H. Auty, M.R.C.S., L.R.C.P. London: William Heinemann (Medical Books), Limited. 1933. (3s. 6d. net)

This little book is designed to assist the general practitioner in the treatment of intractable diseases by inhalation therapy. Brief but clear details are given of the apparatus employed, as well as a list of the drugs recommended and of the diseases that may be beneficially influenced by this mode of treatment.

The claims of the author are modest, and there is a pleasing lack of dogmatism in the case reports. Those who are interested in this form of therapy will find this brochure a useful approach to the subject.

*The Anaemias.* By Janet M. Vaughan, D.M.Oxon., M.R.C.P. Lond. London: Humphrey Milford (Oxford University Press). 1934. (7s. 6d. net.)

This book provides a useful description of current views on the anaemias. Since the application of cell measurements to the diagnosis of the anaemias a good many new terms have been introduced which made the haematological terminology of even a few years ago seem obsolete. The present volume, by Dr. Janet M. Vaughan, gives an exposition of the views regarding the nature and classification of the anaemias which are now fashionable. The work has been well carried out, and the book can be relied on as a guide to those who wish to be brought into touch with the newer ideas on the subject.

The general scheme of classification followed here by Dr. Vaughan is, in the first place, an aetiological one, viz., (i) the dyshæmatopoietic anaemias due to failure or abnormality of blood production; (ii) the post-hæmorrhagic anaemias due to abnormal loss of blood; (iii) the hæmolytic anaemias due to excessive destruction of blood in vivo.

It is the first of these three groups that has most interest for the clinician, for it is in relation to the classification of its varieties and their diagnosis, prevention and treatment that so many notable advances in knowledge have been made within the past few years. Here we have the (i) group of deficiency dyshæmatopoietic anaemias due to (1) deficiency or iron, (2) deficiency of P.A. factor, (3) deficiency of vitamin C, or (4) deficiency of thyroxin; (ii) toxic dyshæmatopoietic anaemias due to chemical and physical
or radioactive influences; and (iii) the unexplained dyshæmato-poietic anaemias, including not only the anaemias associated with chronic sepsis and chronic nephritis but also such clinical curiosities as Cooley's erythroblastic anæmia and the anæmia of marble bone disease of Albers-Schönberg.

Much prominence is given throughout the volume to the use of red cell diameter measurements in the recognition of the various types of anæmia.

This is a clearly written book, which we can recommend as a useful summary of present-day ideas about the anæmias. The very moderate price is noteworthy in view of the excellent way in which the book has been printed and produced.

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St. Bartholomew's Hospital Reports. Vol. LXVI, 1933. London: John Murray. (Subscribers, 15s.; Non-Subscribers, 21s.)

A symposium on sympathectomy and a report from the "follow-up" department dealing with (1) an investigation into the end-results in the treatment of cancer of the breast; and (2) a study of cancer of the buccal cavity with the end-results of treatment, occupy almost half of the volume. Shorter articles on "Observations on the Health of a Nursing Staff," by William P. S. Branson; and "Pre-Reformation Nurses in England," by Miss M. H. Hart, also appear. At the end of the volume is a well-written article on the "Life and Works of Percival Pott," by C. Warner Lloyd.

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The Relief of Pain in Childbirth. By F. Neon Reynolds, M.C.O.G., F.R.C.S.Ed. London: Medical Publications, Limited. 1934. (10s. 6d. net.)

In a small book with the above title, Dr. Neon Reynolds has given a short but very clear account of the present position with regard to drugs for the relief of pain in childbirth. The first chapter is introductory and the second deals with minor ailments occurring during pregnancy which are not strictly within the scope of the title. The drugs dealt with in the succeeding chapters are morphia and scopolamine, avertin, nembutal, pernocton, sodium amytal, paraldehyde and nitrous oxide. Dr. Reynolds concludes that paraldehyde given per rectum, preceded in the case of primigravidæ by an injection of morphia and scopolamine, is the best method of relieving pain during the first stage of labour. During the second stage he recommends either chloroform given through a Jenkin's inhaler or gas and oxygen, if a skilled
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anaesthetist is available. He suggests that scopolamine combined with rectal paraldehyde could be suitably used by midwives, but he does not approve of them using chloroform capsules. Dr. Reynolds’ book can be confidently recommended to all those interested in midwifery practice at a time when the question of anaesthesia and analgesia during labour is receiving a great deal of attention.

St. Thomas's Hospital Reports. Vol. LVI, 1932. London: Adlard & Son, Limited. 1934.

These reports are published annually, and on this occasion consist of a statistical review of the work done in all departments of the hospital during the year 1932. Although at first sight the mass of tables and figures might fill one with awe, there is no doubt that a study of these is both instructive and interesting.

NEW EDITIONS

Recent Advances in Ophthalmology. By Sir Stewart Duke-Elder, M.A., D.Sc.St.And., Ph.D.Lond., M.D., Ch.B., F.R.C.S. Third Edition. London: J. & A. Churchill, Limited. 1934. (15s.)

The third edition of this remarkable book redeems the promise made in the previous one to drop a considerable number of subjects and to deal with fresh ones which have become of interest owing to recent advances therein. The subject-matter of two chapters only has been retained, and the book now consists of thirteen chapters in place of the eight in the earlier editions. There is no great increase in size. It is now divided into two parts; the first deals with the physiology of the eye and the second with diseases of the eye. The first part gives a brilliant summary of the recent work on the vascular circulation, the intra-ocular fluid, the vitreous body, the intra-ocular pressure and the effect of drugs upon the eye. This last chapter appealed particularly to the reviewer, showing as it does how fundamentally our ideas must be altered by recent work. The author’s gift of exposition is well illustrated by the fact that in its context the phrase “under most conditions isolated protein ions react stoichiometrically with acids and alkalis” is made comprehensible to one ignorant of any real biochemical knowledge. The second part opens with an excellent chapter upon intra-ocular infections which summarizes our hopeful ignorance of the subject. It is
followed by those dealing with the ocular pigment, conjunctiva, cornea, retina, cataract, glaucoma, and sympathetic ophthalmitis. The modern treatment of detachment of the retina and the problems of corneal grafting are given detailed consideration. This book is now an essential link between the text-books and the periodic literature; it enlivens the former and shows the significance of the latter. It is strongly recommended to all interested in ophthalmology.

**Experimental Physiology.** By Sir E. Sharpey-Schafer. Revised with the co-operation of W. A. Bain, B.Sc., Ph.D. Fifth Edition. Longmans, Green & Co. (6s. net.)

This work is devoted very largely to experiments on cats, dogs and frogs. The book is stated to be intended primarily for medical students. In an overcrowded curriculum it does seem an irrational proportionment of the time if all these experiments are to be performed, as presumably the authors expect. Certainly if the student were to follow all the instructions he should gain some manual dexterity, but the amount of physiology which he would learn might possibly be small in relation to the time spent. A small proportion of the work is devoted to experiments with the human subject, but these might be amplified with much benefit to the student who is to proceed with the study of clinical medicine. Moreover, in at least one important respect, the instructions are not in accord with usual practice. In the determination of arterial blood pressure more emphasis appears to be placed on the oscillatory than on the auscultatory method, while with the latter method we are instructed to take the reading for diastolic pressure when the "blowing" sounds disappear on deflation. The book is well produced and is published at a reasonable price.

**Cushny's Text-Book of Pharmacology and Therapeutics.** Tenth Edition. Revised by C. W. Edmunds, A.B., M.D., and J. A. Gunn, M.A., M.D., D.Sc. London: J. & A. Churchill, Limited. 1934. (25s. net.)

The first edition of Cushny's well-known book on Pharmacology appeared in 1899. It very soon attained a well-merited popularity, and was generally accepted as the finest exposition of the subject in the English language. When the book had reached the eighth edition its distinguished author died suddenly. Professors C. W. Edmunds and J. A. Gunn thereupon assumed the responsibility of preparing the ninth edition. In presenting now
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the tenth edition they have of necessity introduced many changes in order to bring it into line with the tenth revision of the United States Pharmacopeia and the British Pharmacopeia of 1932. Notwithstanding these changes and the introduction of new matter they have successfully maintained the spirit of the earlier editions as well as the text, and this latest edition still bears the imprint of the master hand.

The new subjects discussed include sections on liver and stomach preparations; and the sections dealing with vitamins, iron, hypnotics, bismuth in the treatment of syphilis, and the chemistry of digitalis, have been revised and extended. At the end of the book there is an interesting and helpful section entitled "Classification of drugs according to their therapeutic uses."

A careful perusal of the contents of this volume will reveal a wealth of detail, lucid and exhaustive, which should appeal to the student as an admirable presentation of the subject of pharmacology.

The Essentials of Histology. By Sir E. Sharpey-Schafer, F.R.S. Edited by H. M. Carleton, M.A., B.Sc., D.Phil. Thirteenth Edition. Longmans, Green & Co. (15s. net.)

Probably no other book on histology has ever created for itself the reputation of "Schafer." This is fully maintained in the new edition before us, which has been brought up to date by revision of certain passages which have called for this in view of recent work. Many new illustrations appear, and these take the form of excellent photographs of microscopic preparations. When these are good, as they are here, how much better they are than any diagram! The continued success of this work is assured.

The Science and Practice of Surgery. Vols. I and II. By W. C. H. Romanis, M.B., M.Ch.Cantab., F.R.C.S.Eng., F.R.S.Edin., and Philip H. Mitchiner, M.D., M.S.Lond., F.R.C.S.Eng. Fifth Edition. London: J. & A. Churchill, Limited. 1934. (Two volumes, 28s.)

These books first appeared in 1927, and some indication of their popularity may be obtained from the fact that within seven years the fifth edition has been published. The paragraphs on the treatment of peritonitis, fractures, burns and varicose veins have been re-written. This is praiseworthy, but we venture to suggest that more thorough revision and rewording is still necessary. Let us take one or two examples from subjects referred to almost
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daily. In Vol. II, p. 504, Battle’s incision is regarded as being unsatisfactory, yet on p. 708, it “has much to recommend it.” Again, on p. 504, McBurney’s incision is vertical, yet on p. 708, it is parallel to Poupart’s ligament. Such conflicting statements are rather apt to create chaos in the minds of readers, who for most part will be undergraduate students. Now, what do we find stated on p. 621 of Vol. II regarding the pathology of gastric carcinoma? Further contradictory statements. How can pyloric tumours occur more frequently than fundic, if spheroidal-celled growths are more common than columnar-celled, and the former are seen more often at the fundus?

Apart from such inaccuracies, we consider that these volumes are well written and illustrated, that they occupy a high place amongst other text-books of surgery, and are remarkably good value.

_**Medical Bacteriology.** By L. E. H. Whitby, C.V.O., M.D., F.R.C.P., D.P.H. Second Edition. London: J. & A. Churchill. 1934. (10s. 6d.)_

Whitby’s *Medical Bacteriology* has already established itself as a text-book for students, who find it interesting as well as suitable for examination purposes. In this second edition the original format is preserved, the first part being “descriptive” bacteriology illustrated by numerous clear and instructive drawings and figures, while the second part is “applied” bacteriology with an alphabetical list of diseases in which the bacteriologist may be of help to the clinician. In a new chapter on “Bacterial Variation” the author gives a readable and not too complicated review of the subject, while the chapter on viruses has been expanded. The following minor criticisms may be made:—P. 86—decolorization in Gram’s method of staining may be done effectively, and much more cheaply, with methylated spirits instead of absolute alcohol; p. 106—the green pigment formed in blood-agar by the pneumococcus is not due to the production of methæoglobin; p. 139—a table contrasting _B. anthracis_ with anthracoid organisms might have with advantage been given here; p. 245—no mention is made of nasal or aural carriers of _B. diphtherie_; p. 259—the value of 30 per cent glycerine in 06 per cent NaCl as a preservative for pathogenic bacteria in feces might have been mentioned; p. 279—positive blood-culture in subacute bacterial endocarditis is a constant finding in the majority of cases, and the organism usually appears within two to four days’ incubation.