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Minor Surgery and Bandaging. By H. Morriston Davies, M.D., M.C., F.R.C.S. London: J. & A. Churchill. 1917. (8s. 6d. net.)

Mr. Morriston Davies is again responsible for a new issue of the little book so familiar in our student days under the title of Heath’s Minor Surgery, and all the words of praise bestowed on earlier editions may deservedly be repeated for this, the sixteenth. The scheme of the present edition is generally similar to that of its immediate predecessor, although a drastic revision has been carried out. The type is entirely new, a fair amount of pruning has been resorted to, and there have been additions. Notable among these is a chapter on the general principles of treatment of gunshot wounds of the limbs, which brings the work right into line with the times. Drs. Dudley Buxton and Felix Rood have again produced the section dealing with general anaesthesia and local analgesia.

Manual of Operative Surgery. By J. F. Binnie, A.M., C.M. Aber., F.A.C.S. Seventh Edition. London: H. K. Lewis & Co., Limited. 1916. (32s. net.)

When Mr. Binnie first published his Operative Surgery in 1904, it was his intention to devote space to unusual operations rather than to “those ordinarily thoroughly given in the usual text-books on general surgery.” In this, the seventh edition, the statement of his intention is repeated, but fortunately does not materialise. A book which contains details of operations for appendicitis, and the radical cure of inguinal hernia, to take two of the commonest as examples, can hardly be said
to carry out the aim specified. Nor is this to be regretted, since a work on operative surgery specialising in unusual operations would so limit its reading public as to bring its existence to an early close. Mr. Binnie's Manual is a good one; as it stands it is suitable alike for surgeon, general practitioner, and student, so despite the author's repeated statement of his intentions to delimit its utility we have pleasure in recommending it to all three classes of readers.

Military Surgery. By Dunlap Pearce Penhallow, S.B., M.D.Harv. With Introduction by Sir Alfred Keogh, K.C.B., Director-General, Army Medical Service. London: Henry Frowde and Hodder & Stoughton. 1916. (15s. net.)

Wounds in warfare are much more severe than those met with in the course of civil practice, and this for obvious reasons. "Complications have usually arisen before adequate surgical aid can be given."

The present work is designed, therefore, with a view to presenting and discussing the many new problems which face the military surgeon. The author is chief surgeon to the American Women's War Hospital at Paignton, and much of the work has been compiled from observations made there. At the same time current literature on the subject has been laid under contribution, with the intention of increasing the value of the book.

Sir Alfred Keogh contributes an Introduction in which he points out that, while the author has reached conclusions on some points considered debatable by many British surgeons, he affords his readers opportunities of examining the grounds on which he bases his opinions. Sir Alfred also refers to the disadvantages, inherent in military surgery, of the lack of continuity of treatment. A book such as the present will, he considers, be of interest to those surgeons called on to treat wounds in the earlier stages. We would go further, and say that the work will to such prove profitable reading.

The earlier chapters deal with general subjects such as projectiles, condition of the wounded, the wounds themselves, and
infection. Wounds of joints and of long bones are then considered, and under the latter the questions of bone-plating and bone-grafting are gone into. As regards bone-plating, the author strongly favours the procedure, even in the presence of sepsis. He gives details of technique recommended in septic cases, and the evidence he adduces would seem to favour this practice. More observations will be required before the matter can be placed beyond dispute, but we are inclined to support the author's conclusions until the work of others has shown them to be insufficiently well founded.

In this connection the author has rightly drawn attention to the danger of secondary operation lighting up severe latent infection. On the other hand, he counsels, in bone-grafting, a delay long enough to minimise the risk of such lighting up of sepsis.

In the chapter on wounds of the head he rightly draws attention to the prognosis, and warns his readers that when there is much laceration of brain tissue patients usually do badly in spite of all treatment.

In wounds of the nerves he demands, as one of the first requisites of treatment, patience both on the part of the surgeon and on the part of the patient.

The remaining chapters deal with wounds of the trunk, wounds of the blood-vessels, orthopaedics at a base hospital, &c.

The volume is enhanced by many illustrations, and the matter is clearly written. The work is eminently practical, and we can confidently recommend it to our readers.

The Student's Text-Book of Surgery. By H. Norman Barnett, F.R.C.S. London: William Heinemann. 1916. (21s. net.)

Mr. Norman Barnett is to be congratulated on breaking through some of the restricting conventions that have done so much to impair the value of the text-book as a vehicle of education. Recognising that a man can be an authority on only one or two subjects, and feeling called upon to issue a work on surgery, he has enlisted the services of well-known specialists to deal with sections which are covered by their
own work. As a result, there is offered to the student a volume, every division of which may be taken as written by an expert out of the fulness of his experience. The order of sections is different from what is customary, and there are subjects discussed which are usually relegated to special treatises. Two of these are "Genito-urinary diseases in the female," and the "Surgical aspect of infective fevers." We consider, however, that the reasons given in the preface for these departures from use and wont justify the arrangement. Thirteen authors collaborate with Mr. Barnett, but the work of all of them is good and so much on a level that it would be very difficult, even if it were desirable, to assign to them an order of merit. We have pleasure in recommending Mr. Barnett's Student's Text-Book of Surgery as a sound work.

Collection Horizon. Précis de Médecine et de Chirurgie de Guerre. Paris: Masson et Cie.

Messrs. Masson et Cie, with their wonted enterprise, have arranged with distinguished physicians and surgeons to deal with particular problems in war medicine and surgery. The results are shown in the Collection Horizon, some of the numbers of which are now to hand.

Les Blessures de l'Abdomen. Par J. Abadie (d'Oran). 1916. (4 fr.)

In this most interesting work M. Abadie adopts a judicial attitude in attempting to decide between the claims of surgical operation on the one hand and of medical or abstention treatment on the other, for penetrating wounds of the abdomen.

He points out that on the outbreak of the present war surgeons had two sources of information for guidance—(1) experience in times of peace, and (2) experience gained in previous wars. To obtain a ruling from peace-time lessons was no easy task. Good results followed operation in some cases, disaster in others. No more and no less could be said of the
abstention method. The champions of operation, however, were numerous and their opponents few. Notable among the latter was Reclus, who taught that in perforated intestine the herniated mucous membrane (bouchon muqueux) blocked the escape of bowel contents, and that the adherence of wounded organ to neighbouring parts permitted recovery in the case of even large tears. Statistics, unreliable as usual, were produced in support of their contentions by partisans on both sides.

M. Abadie, for his part, is of opinion that the case for operation in times of peace was established, and that we may accept the equation—"En paix, plaie du ventre = laparotomie." Later he deals with what he calls the classic aphorism of M'Cormack—"En guerre, plaie du ventre = abstention."

Statistics gleaned from reports of earlier wars—the War of Secession (1866), the Transvaal and Russo-Japanese Wars, the Campaign of Morocco, and the Balkan Wars—throw the scale down heavily against operation. But our author is not discouraged. He shows how these figures are to be construed, and we may sum up in a word what we take to be the burden of his message, viz., that operative treatment is the treatment of choice in penetrating wounds of the abdomen, provided that operation is carried out at the earliest possible moment.

All the statistics of mortality after operation in the campaigns mentioned dealt with cases which were received too late. In Manchuria Princess Gedroïtz opened the abdomen of a colonel within five hours of his being wounded. There were two perforations of intestine and a mesenteric artery was ruptured, but the patient recovered. In the Balkans Cohen sutured seven or eight perforations in a patient who had been wounded only one hour and a half before. Recovery took place.

Another important argument put forward by the author is that when recovery has taken place after medical treatment, the missile has generally been a rifle bullet, and seldom a grosser projectile such as shrapnel ball or shell splinter.

Such, in the barest outline, is the scheme of M. Abadie's summing up and judgment. He then goes on to the actual conduct of cases. Many specific lesions are described in anatomical detail. Conditions of environment for operation are
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dealt with, advice is offered on diagnosis and indications for intervention, and the author concludes with details of operative technique.

Professor J. L. Faure, in an inspiring preface, congratulates the author and earnestly voices his hope—"Puisse ce petit livre . . . contribuer à conserver à la France la vie de quelques-uns de ses meilleurs enfants."

*Les Séquelles Ostéo-Articulaires des Plaies de Guerre.* Par AUG. BROCA. 1916. (4 fr.)

Professor Broca, in an important monograph, deals with the late effects or complications of war injuries to bones and joints.

Too many cases, he thinks, are submitted to insufficient treatment, and the small discharging sinus is too often left in the hope that non-operative therapeutic measures will complete the cure, regardless of what the insignificant persisting lesion is pointing to. In such manner chronic osteomyelitis and imprisoned sequestra are unrecognised or their importance underestimated, and concurrent vicious articular attitudes neglected.

The author prepares us for his treatment of these conditions by bringing forward, in thoroughly scientific fashion, what is known of the laws of bone-healing and the mechanics of limb-function, and, having established his preamble, proceeds to give us of the fruits of his experience in the form of reliable procedures. In this way he disposes of the results of vicious callus and osteomyelitis of various types, with articular and musculo-tendinous complications.

The concluding section of the book is devoted to a very interesting discussion of medico-legal matters in which the laws governing the refusal of operation by the military patient form the largest part.

Professor Broca is evidently a worker of strongly individualistic type. He bows to no one. If a method of diagnosis or of treatment does not satisfy him after thorough tests he says so, no matter how eminent the authority who taught it, and there are many condemnations in his book. As a result, every method he uses has been found satisfactory by himself, and nothing is put forward solely on the testimony of others.
Les Formes Anormales du Tétanos. Par M. Courtois-Suffit et R. Giroux. 1916. (4 fr.)

In this little work on abnormal forms of tetanus the authors draw a very clear distinction between partial tetanus which is merely a phase of a generalised condition and tetanus confined to, say, a single limb, and having a different pathogeny from the other.

They devote the first part of the book to a rapid review of the forms of partial tetanus already well recognised, mostly involving the cephalic extremity, with or without various paralyses. The second part is really the body of the work, and here the authors discuss atypical tetanus of the limbs in some detail.

Opening with an analysis of some sixteen actual case-histories or "observations," they proceed to a systematic examination of the whole subject. Etiology and bacteriology do not present any strikingly new features, but the short section on the particular pathogeny of atypical tetanus is interesting. The appearance of such forms is, in a word, the result of attenuated infection. This, of course, may be due to bacilli less virulent than usual, fewer in numbers or secreting enfeebled toxins. A most important factor, also, is incomplete immunisation of the patient by serum. How much of the condition of organism and toxins is due to insufficiency of treatment is not quite clear, but the authors point out that the two factors (attenuated bacillary action and insufficiency of preventive sero-therapy) may be present singly or in association.

Considerable space is devoted to treatment, prophylactic and curative. Prophylactic treatment—that adopted after infection of the wound and before the onset of symptoms—is carried out under two heads—(1) thorough cleansing of the wound, and (2) administration of serum. For treatment of the wound itself they describe chemical and physical processes—tincture of iodine, oxygen-liberating substances, hot and cold air, exposure to rays of the solar spectrum and to ordinary sunlight. They do not believe in amputation:—"La pratique a heureusement montré que ce procédé vraiment trop radical ne donne aucun résultat."
The history of the serum and experiments proving its efficacy are next dealt with, and at this point the authors are at pains to insist upon the intrinsic innocuousness of serum, though they do not deny the occurrence of "accidents consécutifs à une première injection;" indeed, they describe some of these.

In discussing curative treatment they examine many procedures—use of serum, colloidal metals, carbolic acid, alcohol, ascitic fluid, &c., and some consideration is given to sedative medication.

Professor Widal is responsible for the preface, and accords the work his cordial commendation. This we heartily support. In a crisis such as the present it cannot be too strongly urged upon those taking part in military surgery that they are bound, in justice to their patients, to avail themselves of all reliable information on what Widal calls "la plus redoutable complication des plaies de guerre."

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The Basis of Symptoms: The Principles of Clinical Pathology.
By Dr. Ludolph Krehl. Authorised translation from the Seventh German Edition by A. F. Beifeld, Ph.B., M.D. Third American Edition. London: J. B. Lippincott Company. 1916. (21s. net.)

This third edition is a new translation from the seventh German edition of the work hitherto known as Clinical Pathology in its translations from the third and fourth German editions. For these Professor A. W. Hewlett was responsible, and his renderings of Krehl's well-known work have proved of much service to those unacquainted with the original. So much alteration, however, has taken place in the later German editions, so much in the recent growth of pathology required to be incorporated, and correlated, in its bearing on symptomatology, with clinical medicine, that an entirely new translation from the seventh German edition has now been made by Dr. A. F. Beifeld. The object of the book is the study of disease as an expression of perverted function, the recognition, that is, that morbid alterations in structure express themselves symptomatically through the alterations of function which they induce, and that in consequence the physicians must think "not in terms
of diseased structure alone, but also in terms of diseased physiology.” From this standpoint its author seeks to interpret the various symptom-complexes observed in practice. The popularity of this book, both in the original language and in translation, is sufficient evidence how successfully he has done so. The present translation, published at an interval of nine years after the last translated edition, reflects in its numerous alterations and expansions the large additions to medicine and pathology which the last decade has seen, and includes the newer work on the cardiac arrhythmias, on the leukemias, on infection, immunity, and chemotherapy, on gastric secretion and mobility, on the renal functional tests, and on the glands of internal secretion. Dr. Beifeld’s work has been well done, and his style is so easy that the reader does not suspect that he is reading a translation. It should secure for the present edition as great and well-deserved a popularity as has attended its predecessors.

Extra-Ocular Pressure and Myopia. By ISLAY B. MUIRHEAD, M.D. London; John Bale, Sons & Danielsson, Limited. 1916. (3s. 6d. net.)

This book to the present reviewer has a two-fold interest—first, on account of the subject matter, and second, because he remembers its author as a very brilliant and scholarly student in the University of Glasgow about forty years ago, whose acquaintance he to some extent made when the author was demonstrator to the late Professor Allen Thomson. The small volume before us goes far to show that forty years of work as a general practitioner have by no means blunted the intellect.

The book is written for a special purpose. It is written as a protest against the theory that myopia in highly civilised communities is due to the constant use by civilised men of the function of convergence. That is an explanation of the increasing prevalence of myopia which has obtained great prominence in Germany, and the present work is an attempt to prove that convergence is not an etiological factor in the production of this somewhat prevalent malady. Dr.
Muirhead indicates his belief that the action of the internal rectus muscle of the eyeball in convergence is to shorten rather than to elongate the antero-posterior axis of the eye. The reviewer has not investigated the problem himself, but he would be much surprised to learn that the pressure of the extrinsic muscles of the eye were so great as to cause any alteration in the length of the ball. So far as is known, such action does not in health cause any increase in the intra-ocular tension, and we can scarcely conceive of any muscular action so strong as to deform the eyeball which would not cause at the same time, be it only temporarily, an increase in ocular tension. We cannot help regarding the action of the muscles as purely rotational and not compressant.

Before the days of Helmholtz and Donders there was a theory explaining the act of accommodation by imagining that when accommodation took place it was caused by the four recti muscles compressing the eyeball, thus causing elongation and allowing of vision at near distances. That theory was of course knocked on the head by the researches of Helmholtz. It is a new experience to find a thoroughly good observer predicating a shortening of the eyeball, when on the other hand we have Mr. Thomson Henderson holding very strongly the view that the ball is incompressible. We are at one with Dr. Muirhead in thinking that the convergence theory of myopia has not been proved, but all the same we cannot agree with a great deal that is in Dr. Muirhead's book, although we frankly admit that it is an excellent and scholarly production.

The only other remark which we think of making is that in very many cases of myopia there is not the weakening of the external rectus muscle which Dr. Muirhead talks of, for in a very large number of such cases we do not find any latent esophoria.