NEW BOOKS

Modern Clinical Syphilology. By John H. Stokes, M.D., University of Pennsylvania. Pp. 1144, with 865 illustrations. London and Philadelphia: W. B. Saunders Company, Ltd. Price 55s.

A most stimulating book on Modern Syphilology and one which will undoubtedly "ferment and mobilise rather than merely crystallise thought," which is the author's aim. The chapter on "Fundamental Diagnostic Tests" requires special notice. The advice given is sound and well reasoned. The interpretations of the various Wassermann reactions, from false negatives to strong positives—and a very full interpretation of the spinal fluid findings—should be most helpful and instructive to the general practitioner. As regards treatment the chapters on "Reactions and Complications of Treatment" and "Collateral Factors in Treatment" are well worthy of study. The advice given on the prevention and treatment of reactions is practical and good, but in this connection it is noticed little is said of the life-saving effects of lumbar puncture in cases of haemorrhagic encephalitis. Diagnosis is fully and carefully considered—typical cases given, and well illustrated by photographs, histories, and comments. Exception might be taken to some of the conclusions, but a careful perusal of this book should certainly tend to lessen diagnostic errors.

Difficult Labour. By Sir Samuel J. Cameron and John Hewitt. Pp. xii + 305, with 33 illustrations. London: Edward Arnold & Co. 1926. Price 10s. 6d.

Those for whom this manual is intended will find in it much help and guidance of an essentially practical nature. The book is concerned mainly with the management of the more serious emergencies of obstetric practice, though the final section is devoted entirely to antenatal supervision under the appropriate title "Prevention of Difficult Labour." The subject-matter is for the most part classified in the orthodox way, though it is difficult to understand the inclusion of "Transverse Presentation" under Abnormalities of the Foetal Body, rather than along with the other malpresentations.

The pathology of concealed accidental haemorrhage is discussed at some length; the authors believe that the uterus in such cases is in a condition of spasm and advise the exhibition of morphia and later pituitary extract as a routine, Caesarean section being reserved for cases in which conservatism fails. It is of interest to find no more than a
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guarded and lukewarm advocacy of the lower uterine segment operation as the result of abundant opportunity of assessing the value of this procedure. The work is obviously the outcome and expression of the authors' wide personal experience, and as such is warmly commended as a concise and safe guide to the management of complicated labour.

*Aphasia.* By **S. A. Kinnier Wilson**, M.D., B.Sc., F.R.C.P. Pp. 108. London: Kegan Paul, Trench, Trubner & Co., Ltd. 1926. Price 2s. 6d.

Aphasia is not a disease; it is a symptom or rather a symptom complex, and thus classification is by no means an easy matter. Each case presents three aspects:—first, what is the anatomical site of the lesion? second, what are the physiological mechanisms involved? and third, what is the nature of the psychological disorder? It may thus be regarded as forming a common meeting place for the psychologist, the physiologist, and the clinico-pathologist. Whether we regard aphasia as a cerebral symptom or as a psychical disturbance, there is no doubt that varieties of speech impairment do occur, are recognisable, can be differentiated, and are of practical and localising significance. The author considers the most suitable classification is physio-pathological, and proposes the term "expressive" aphasia and "receptive" aphasia for what are usually termed "motor" and "sensory" aphasia. Careful discrimination is required to distinguish aphasia symptoms from those of general intellectual deterioration, with which they are often found in combination.

As regards treatment, the more advanced the age of onset, the less likely is improvement to occur; but perhaps even more depends on the severity of the attack. The outlook is better if there is little or no indication of generalised, cardiac, arterial, or renal disease, and if unaccompanied by any paralysis. It must be remembered that the right hemisphere has speech potentialities to which insufficient attention has been paid, and that its re-education is neglected by the profession to a surprising extent. It is possible the right hemisphere is more concerned with automatic than with creative action, and that some at least of the imperfect speech of the aphasic is the outcome of the incompletely equipped right hemisphere trying to make up for what is wanting on the left.

*Neuritis and Neuralgia.* By **Wilfred Harris**, M.D., F.R.C.P. Pp. xiv + 418, with 45 illustrations. London: Oxford Medical Press. 1926. Price 12s. 6d.

This book may be regarded as a treatise on diseases of the peripheral nervous system. It commences with a description of the various forms of multiple neuritis, and passes on to neuritis of the cervical
plexus, including phrenic paralysis and hiccough, and of the upper and lower extremities. A chapter then follows on the neuralgias of the head and neck, with special reference to chronic paroxysmal trigeminal neuralgia. This condition is certainly peripheral in origin, and seems to be the result of a septic infection of the dental nerve filaments following dental caries. Extraction of teeth is only beneficial if it is carried out before this infection has taken place; if carried out later it may even aggravate the pain. The only treatment in ordinary severe and inveterate cases is neurolysis by alcohol injections or a Gasserian ganglion operation, a separate chapter being devoted to the path of the taste fibres. Migrainous and allied neuralgias are then discussed, although migraine is very superficially dealt with; and then come geniculate neuralgia or otalgia, glosso-pharyngeal and other cranial nerve neuralgias, including facial paralysis and chronic facial spasm. The final chapters are devoted to visceral neuralgias, chronic disease of the spinal cord, vasomotor disorders, and neuro-fibrositis. There is a good index.

The book is practical and detailed in its descriptions and outlook, numerous clinical cases are quoted, and it is a valuable contribution to our knowledge of the diseases of the peripheral nervous system and their treatment.

Finlayson's Clinical Manual. Fourth Edition, edited by CARL H. BROWNING, M.D., E. P. CATHCART, M.D., F.R.S., LEONARD FINDLAY, M.D., D.Sc. Pp. xvi + 815, with 147 illustrations. London: G. Bell & Sons, Ltd. 1926. Price 18s.

This fourth edition is a revival of the late Dr James Finlayson's "Clinical Manual for the Study of Medical Cases," which was published in 1878 and reached its third edition in the nineties. The appearance of the fourth edition after a lapse of thirty-five years is significant, testifying to the enduring vitality and high quality of the book, and also to its power to serve the needs of the present generation of medical students. In the interval the methods of diagnosis have increased in number; instruments of delicate precision have been introduced, and elaborate chemical and microscopic procedures have been devised. But the editors of the fourth edition are persuaded that the primary basis of clinical training is the skilled use of the unaided senses, that this essential training has become endangered by the newer laboratory inventions. They have therefore brought into service again this book, retaining its title and even its plan and chapter headings. It is a pious tribute by the present members of the Glasgow Medical School to the sound training received from their old teachers, and it also indicates a certain degree of reaction against the emphasis given to laboratory methods in modern clinical
teaching. This restoration of an old book to life and active circulation is an interesting experiment, backed as it is by many distinguished members of the Glasgow School, and it begins its new career with authority and with every promise of success. The editors have done wisely in placing in the forefront Sir William Gairdner's essay on "The Physiognomy of Disease": for the face of disease has not changed, and this account of it is the work of a master mind. And in the following chapters there will be still found some of the old wine in the new bottles, something of the wisdom of Finlayson and Sampson Gemmell blended with modern knowledge.

*The Surgery of Gastro-duodenal Ulceration.* By Charles S. Pannett, M.D., F.R.C.S. (Eng.). Pp. x + 154, with 55 illustrations. London: Humphrey Milford. 1926. Price 10s. 6d.

In this volume no attempt is made to deal exhaustively with the subject—it is rather a critical survey of the problems which confront the surgeon in gastro-duodenal cases. Throughout the book frequent reference is made to the recent work of other writers, and a short bibliography is appended to each chapter.

The pathology and etiology are first dealt with and in the latter sections all the recognised theories are discussed. The author has repeated the experimental work of Rosenow, but has been unable to corroborate his findings.

Under symptomology the importance of careful X-ray examination is stressed, and several plates illustrating typical lesions are included.

A large part of the volume is devoted to methods of treatment. The treatment by recognised procedures and the results obtained are given, the author's own statistics and those of other surgeons being quoted. The author prefers the Péan operation (Bilroth I.) when an excision of the pyloric portion of the stomach is to be performed, while in cases of duodenal ulceration he has recently been employing the method of partial duodenectomy. Referring to this procedure he states that it is now proved to be practicable and justifiable on the score of immediate risk.

Chapters on perforation, haemorrhage, and post-operative complications are included, and nearly thirty pages are devoted to a consideration of the technique of various operative procedures. This section is profusely illustrated.

The book is an eminently practical one, and will be particularly useful to those who are responsible for the operative treatment of this condition.