Although it is a monograph yet any medical man who will study it will find his ideas about the human organism and its economy widened. The book is full of suggestions in the field of organotherapy.

To the growing subject of eugenics it will form a powerful ally and will aid it in formulating rules and laws. It is a book which no votary of science can afford to miss.

Epidemic Respiratory Disease.—By Eugene L. Opie, M.D., Francis G. Blake, M.D., James C. Small, M.D., Thomas M. Rivers, M.D., Published by C. V. Mosby Company, St. Louis, 1921.

This is a valuable record of the pathological investigation of some epidemics which occurred in military base hospitals in the United States of America, and deals especially with the respiratory sequelae in epidemics of influenza and measles.

It would be unprofitable to discuss in detail the facts on which the authors base their deductions, but these are fully recorded in this volume; and several of the post-mortem findings are illustrated by excellent photographs and photomicrographs. But, in view of the discordant opinions as to the etiology of influenza, it may be useful to summarise some of the opinions and the findings of the authors.

In the first place, B. influenza Pfeiffer was found present in all cases of uncomplicated influenza in the early stages of the disease. The main features of influenza are its epidemic character, involvement of the respiratory passages, profound prostration, short duration, and rapidity of recuperation; it was never fatal in the absence of a supervening disease of the lungs. The characters of B. influenza as regards habitat, toxin production, and variable virulence are such as would accord with the clinical symptoms of the disease it is supposed to cause.

An epidemic of this mild nature occurred in the United States' Army in the spring of 1918, but roused only slight attention, for comparatively few cases developed pneumonia subsequently. The epidemic in the same autumn differed in that from ten to forty per cent. of cases developed pneumonia, or bronchopneumonia, of such a
severe and often rapidly fatal type that less attention was attracted to the ninety to sixty per cent. of cases in which the disease was self-limited.

The nature of the lung complications which follow influenza is the next consideration. In the investigation of these, autopsies are of paramount importance not only because it may be impossible accurately to distinguish clinically between lobar and lobular pneumonia, but because the finding of a micro-organism, or failure to find it, in the secretions of the respiratory passages during life is no sure indication that it has, or has not, caused the pneumonia. The authors, accordingly, in dealing with the complications, practically confine their evidence to post-mortem findings.

No evidence was obtained that B. influenzae ever causes pneumonia by itself. It damages the ciliated epithelium of the air passages and can generally be found in these passages after death from a pneumonia following influenza; but very seldom does it enter the lung alveoli, or invade the pleura, or gain entrance to the blood. It does, however, prepare the way for secondary infections; and some experimental evidence is adduced that, assisted by other organisms, it may penetrate more deeply than it can by itself.

Lobar pneumonia after influenza was due to Pneumococcus of Type IV and Type II atypical, the common forms commonly present in the mouth of healthy persons and comparatively seldom by the pneumococcal types which generally cause pneumonia.

Pneumococci also frequently give rise to bronchopneumonia, purulent bronchitis, and peribronchial consolidation, generally in association with B. influenzae, and occasionally with other bacteria. Peribronchial pneumatic consolidation is shown to spread by direct extension from a damaged bronchiole to the surrounding alveoli, and onwards in an ever-widening zone, and does not affect the alveoli by travelling along the bronchioles which lead to them. Next to the pneumococci in importance is streptococcus hemolyticus: it was frequently found in the lung when death occurred during the early stages of lobar pneumonia, and like the pneumococcus invades the blood-stream; but it was found still more commonly producing bronchopneumonia and purulent bronchitis. It plays a predominant part in the causation of peribronchial hemorrhagic consolidation, a lesion Pfeiffer considered to be caused by B. influenzae. S. hemolyticus, a common saprophyte in the throat, was the main cause of the suppurative complications, such as suppurative pneumonia, lung abscess, and empyema. Lung abscesses were also caused by staphylococci.

In the epidemic of measles which was investigated, it was remarkable that few patients harboured S. hemolyticus on admission; it was much more common in the throats of healthy men in camp. This organism was found to be the cause of many of the complications of measles such as empyema, otitis media and one-sixth of the cases of pneumonia; but the patients who harboured the germ on admission did not suffer from these complications; it was the men whose throats were free on admission and who became infected during the course of their attack of measles.

An attempt was made to segregate carriers of S. hemolyticus from the other measles patients, by taking throat cultures on admission, and again by periodical throat cultures of all the patients in the wards to which no carriers were admitted. Such an undertaking requires the employment of a larger pathological staff than is generally available.

But the attempt was doomed to failure, for no sooner was it started than the wards had to be given up for the treatment of other patients on the outbreak of the autumn epidemic of influenza.

Practical Preventive Medicine.—By Mark F. Boyd, M.D., M.S., C.P.H. W. B. Saunders Company, Philadelphia and London, 1920.

The author has set out to provide the minimum information of preventive medicine which a practitioner of medicine should have; accordingly this book reads in many places like a series of notes for a course of lectures. The word “Practical” in the title is misleading; the most practical items in the book are the photographs which show various up-to-date methods of disease prevention, and with which the text is copiously illustrated.

Just as the author imagines that the ancients applied to the prevention of disease none but superstitious principles (he admits the Mosaic code to be rational when interpreted by the light of present-day knowledge), so the modern workers of the “Old World” are almost ignored in the references appended to each chapter. But the book is obviously written for the student in the United States of America: in India, where improvements in sanitation and hygiene are perhaps more necessary, the book will be of far less value.

A Practical Medical Dictionary.—By Dr. Stedman. Sixth Edition, Illustrated. Published by Bailliere, Tindal and Cox. Price 42/-.

This dictionary needs no commendation, its success is shown by the fact that a new edition has been called for every two years since it was first published.

It is possible to point to the omission of a few recent terms, but on the whole the dictionary will rarely fail to give the definition of any word connected with medical science.

It hardly seems necessary to introduce a coloured plate showing the various scarlatiniform eruptions and altogether the only possible criticism is that the book gives more information than can reasonably be looked for in a dictionary. The book will be of great value to the medical practitioner and also to the lawyer whose practice includes medico-legal work.