The Caecocolic Sphincteric Tract. By I. Seth Hirsch, M.D., New York (Medical Journal and Record, 4th June, 1924).—This paper was written to call attention to certain anatomical, physiological, and clinical data in reference to a certain portion of the colon just distal to the caput colli known as the caecocolic sphincteric tract. This tract is but one of a variety of anatomical formation which, both in the lower animals and in man, has for its important object the retention of the caecal content for such time as is necessary for the complex digestive changes to take place. Its significance in man has not been appreciated until now. X-ray studies, however, indicate that this tract functionates to a greater or lesser degree in human beings, and that it must be taken into consideration in studies of the caput colli, a portion of the bowel of great importance, which may be said to bear the same relation to the large bowel as the stomach does to the small bowel.

Dr. Hirsch in his paper discusses the anatomy, physiology, and pathology of the caecum. He illustrates his article by means of some twenty diagrams, photographs, and x-ray prints. The findings are summarised under the following heads:

1. The caput colli may be divided into the caecum and caecal colon.
2. The retinacular bands, supposed to be vestigial strips, may actually functionate, and by spasm partly or completely shut off the true caecum from the caecal colon.
3. The caecal colon acts as an imperfect distributing chamber between the caecum and the caecocolic tract.
4. There is anatomical, comparative anatomical, physiological, and pathological evidence pointing to the existence of a region in the human colon which corresponds to the proximal part of the colon in most herbivorous and omnivorous air-breathing vertebrates, which is normally in tonic contraction.
5. This caecocolic sphincteric portion of the colon exhibits an active repulsion of the intestinal contents, until such time as cecal digestion and absorption are complete.
6. The contraction and relaxation of this portion of the bowel is undoubtedly regulated by chemical changes in a manner similar to the control of the pyloric opening and closing.
7. The sphincter may be thrown into the spasm with the production of cecal distension and stasis, and thus initiate inflammation and ulceration.
8. The cause of the spastic condition is not always removed by appendectomy,
for it may be demonstrated in cases in which there is a reappearance of symptoms after removal of the appendix.

9. The pathological lesions of the alimentary tract are more likely to occur at the points at, or just proximal to, regions of anatomic constriction, as in the oesophagus and stomach. The caecocolic sphincteric area may be considered to be one of these areas.—WALTER W. GALBRAITH.

Control of Hæmophilia and other Hæmorrhagic Conditions.

By A. L. Soresi, M.D., New York (New York Medical Journal and Record, 2nd July, 1924).—This paper is a preliminary report of a new method which mechanically reduces the coagulation time of the blood. The method consists in autotransfusion of a great quantity of the patient's blood by means of tubing from either end of a divided vein through a special two-way syringe. So far the method has only been tried on a dog. The jugular vein was severed, the distal end being used as donor, the proximal as recipient. The total blood of the dog was passed through the syringe in twenty minutes, with the result that the coagulation time of the blood was reduced from ten minutes to one minute. Section of the femoral vein thereafter caused only slight bleeding owing to the rapid formation of a large clot. The author considers this to be of the greatest clinical importance, because it demonstrates that, by shortening the coagulation time, there is practically no hæmorrhage from so large a vessel as the femoral vein. He expects, therefore, that, in cases of capillary hæmorrhage as occurring in hæmophilia and other hæmorrhagic conditions, the procedure mentioned above will cause early coagulation of the blood, stopping the hæmorrhage, and saving the patient's life.

—WALTER W. GALBRAITH.

BOOKS, PAMPHLETS, &c., RECEIVED.

Organic Substance, Sera, and Vaccines in Physiological Therapeutics, by D. W. Carmalt Jones, M.D.Oxon., F.R.C.P.Lond. London: William Heinemann (Medical Books), Limited. 1924. (15s. net.)

A Descriptive Atlas of Radiographs of the Bones and Joints for Students and Practitioners, by A. P. Bertwistle, M.B., Ch.B., Leeds. Bristol: John Wright & Sons, Limited. 1924. (17s. 6d. net.)

Venereal Disease: Its Prevention, Symptoms, and Treatment, by Hugh Wansey Bayly, M.C. Second edition, with 58 illustrations. London: J. & A. Churchill. 1924. (7s. 6d. net.)

The Medical Annual: A Year Book of Treatment and Practitioners' Index. Forty-second Year. 1924. Bristol: John Wright & Sons, Limited. (25s. net.)

Medical Hydrology: Outlines for Practitioners and Students. Based upon Lectures given at the University of London, by R. Fortescue Fox, M.D. London: J. & A. Churchill. 1924. (6s. net.)