acidosis, Sohn warns against the administration of benzol, especially in large doses, for the treatment of leukaemia.

**Mode of Administration.**—Koranyi gave benzol in gelatine capsules, each containing 0.5 gramme of benzol and 0.5 gramme of olive oil. Ten capsules were taken daily. As this method frequently caused eructations and nausea in Klein’s cases, he now gives 15 drops of benzol in olive oil dropped into milk, ten times daily. This approximately equals 5 grammes daily. This method was well borne in most cases, but many cases bear the treatment so badly that it must be discontinued. Tuberculosis and bronchitis are contra-indications. In recent cases the combined treatment with 3 to 4 grammes should be tried, as 5 grammes are apt to influence erythropoiesis harmfully. For subcutaneous use the maximum daily dose is 1.5 gramme, with olive oil.

J. E.

**NEW BOOKS.**

_The Principles and Practice of Obstetrics._ By Joseph B. De Lee, A.M., M.D., Professor of Obstetrics at the North-Western University Medical School, Chicago. Pp. 1060, with 913 Illustrations, 150 in Colours. Philadelphia and London: W. B. Saunders Co. 1913. Price 35s. net.

To the long list of manuals on Midwifery written by American authors there seems to be no end. And each large work of this kind is, if possible, more lavishly and elaborately illustrated than its predecessor. It cannot be said that Dr. de Lee, like some authors, has fallen into the error of over-illustrating his book, for there is no doubt that good illustrations are eminently serviceable to the student, and in such a subject as obstetrics impress on his mind the really important principles of diagnosis and treatment much more vividly than pages of text would do. In this respect we congratulate Dr. de Lee. The illustrations, carried out by leading American artists, are exceedingly well done, and are in most instances of a thoroughly practical character.

It is, of course, impossible in a short review to criticise, even very briefly, the various parts of this colossal work, so we may be allowed to refer to a few points relating to the important matter of treatment in some of the obstetric emergencies and difficulties.

In the treatment of eclampsia it seems clear that the author agrees with Dührssen’s _dictum_—“after the first convulsion put the patient into a deep sleep, and deliver at once.” He says that experience is accumulating to prove that the rapid emptying of the uterus in deep narcosis gives the best results. Now a large number of very eminent authorities would absolutely deny that it is the best treatment to be in any special hurry to empty the uterus in these cases. Forcible delivery certainly saves more children, but does not, in our opinion, give appreciably better results so far as the recovery of the mother is
concerned; and Caesarean section, by far the most rapid method of delivery known, does not lead to a cessation of the fits in any greater proportion of cases than after natural delivery. When Dr. de Lee comes to consider the medical treatment of eclampsia his account of it is most disappointing, and the practitioner who wishes to treat a case on these lines will find no definite rules laid down for his guidance. The author has no belief whatever in morphia for this disease. He says it increases the coma, and kills many of the children. Now we believe, with many others, that no single drug is so valuable in eclampsia if enough of it is given. Professor G. Veit, who was mainly responsible for introducing this treatment, had a series of 60 patients with only two deaths. Has any other treatment ever yielded such excellent results? The experience of the Rotunda Hospital, Dublin, fully confirms the value of morphia in eclamptic cases. Dr. de Lee, like many other obstetric surgeons, will not look at eclampsia in its physiological aspect, and he therefore fails to appreciate the significance of certain striking clinical features in this condition which point very clearly to the adoption of definite principles of medical treatment. Of course the fits, if numerous, must be controlled, and morphia is more and more supplanting chloroform for this purpose. But after that comes the really vital question—how shall one establish the renal secretion? In practically every case of eclampsia the secretion of urine is, at some stage of the disease, suppressed or nearly suppressed. Morphia, venasection, saline infusions, washing out the stomach with very hot water, and saline cathartics all exert a powerful influence in starting off the secretion of urine when it is suppressed, as it is in eclampsia and uræmia, from intense vasomotor spasm.

In the treatment of a moderately severe case of accidental haemorrhage, and when the cervix is slightly opened up, we are glad to see that the author advises that the membranes be ruptured before packing the vagina and applying counter-compression by means of a firm abdominal binder. He points out what most authorities now recognise, that the rupture of the membranes, by securing uterine retraction, is soon followed by stronger and more efficient pains, and he inculcates the main principle of treatment in these cases, which is to compress the bleeding uterus firmly between a cervico-vaginal tampon and an abdominal binder until delivery can be safely accomplished. We notice that he introduces a colpeurynter instead of gauze through the cervix before inserting the vaginal packing, and, in our experience, gauze or cotton-wool for both cervix and vagina is a better method.

In difficult occipito-posterior positions, with the occiput persistently backwards, we note that the author very properly believes in correcting the position manually. This is undoubtedly the scientific treatment for these troublesome cases; it is hardly ever good practice to deliver a child with the occiput behind. Dr. de Lee speaks highly of a method which we have frequently used with signal success under
specially difficult circumstances. The procedure consists in passing
the hand over the child's face and getting the tips of the fingers on
to its posterior shoulder. Then the child's body is swung round to
the front, past the promontory of the sacrum, while the foetal head,
fitting into the palm of the hand, naturally goes with the trunk. In
the usual method of manual rotation it is easy to turn the occiput to
the front, but the body of the child is not always easily turned
simultaneously through the mother's abdominal wall. It is a better
method to rotate the child's body by means of the intra-uterine hand.

The section dealing with the use of the forceps is very full and
well illustrated, but the author is not at all enthusiastic about the
axis-traction instrument. By means of the Osiannder manoeuvre he
says he is better able to give the foetal head a direction which a
knowledge of the mechanism of labour indicates. But the newly-
fledged doctor does not always know very much about the mechanism
of labour, and then a good axis-traction forceps is remarkably useful.
We think the admirable scientific demonstrations of the physics of
the axis-traction instrument given by the late Dr. Milne Murray have
placed his forceps in an unassailable position.

As regards the question of early rising in the puerperium, the
author is quite unconvinced by the arguments of those who advocate
this principle of treatment. Like the vast majority of physicians, he
does not condemn his patients to such absolute rest in bed as formerly;
nevertheless he states that the perfect condition of the patient and
her frequent requests to be let out of bed should not lead the doctor
to permit it until the ninth or tenth day. In cases of early rising he
holds that fever is more common, while severe prolapses and cystoceles
occur in a larger proportion of cases.

Taking this text-book as a whole we must congratulate the author
on the scientific spirit in which it is written, and we can confidently
recommend it alike to the student and practitioner. A special word
of commendation is also due to the publishers for the attractive way
in which the work has been produced.

Surgery of the Brain and Spinal Cord, Based on Personal Experiences. By
Professor Fedor Krause, Berlin. English Adaptation by
Dr. Max Thorek, Chicago. Vols. II., III. Illustrated.
London: H. K. Lewis. 1912. Price 30s. net per volume.

In the volumes now before us we have the completion of the English
translation of Professor Fedor Krause's work on the Surgery of the
Brain and Spinal Cord. The first volume, which we noticed a little
over two years ago, was devoted to a description of the technique of
intra-cranial surgery, and reflected the practice of the author in great
detail. The impression left after a careful perusal of it was that we
were in touch with a master in his subject, and this impression is
deepened when we study the succeeding parts of his work. It is impossible within the space at our disposal to do more than indicate the lines on which Professor Krause presents his material. The surgery of the brain is discussed under the main headings of "Epilepsy," "Neoplasms," "Intracranial Suppurations," and "Injuries." The subject of epilepsy receives most exhaustive treatment, over 100 pages being devoted to its consideration. The physiology of the brain in its bearings on Jacksonian and general genuine epilepsy is fully described, and in addition to the description of laboratory experiments numerous clinical observations are given in support of the author's conclusions. Some of the results obtained by cortical excisions are most striking, and in Jacksonian epilepsy the ultimate results are most encouraging. The author adopted operative measures in general epilepsy only after much hesitation, and expected little from it. He is therefore not disappointed that the results have not proved satisfactory.

The section on Intracranial Tumours begins with an analysis of the symptoms and their bearing on localisation and the question of operability. Thereafter each form and site of neoplasm is considered, and abundantly illustrated from personal clinical records. The section on the Surgery of the Spinal Cord, which runs to 230 pages, is the most complete and satisfactory consideration of the subject with which we are acquainted, and it amply repays the most careful study.

The work throughout is illustrated by a series of coloured illustrations, made at the operating table, which are as nearly perfect as book illustrations can be made. Dr. Max Thorek of Chicago has placed English readers under a deep debt of gratitude by the able way in which he has accomplished his task of adapting this great work to their requirements. A complete index to the three volumes renders the work easy of reference.

**Modern Wound Treatment and the Conduct of an Operation.** By Sir George T. Beatson, K.C.B. Pp. 106. Edinburgh: E. & S. Livingstone. 1913. Price 2s. net. In this useful little volume Sir George Beatson pays his tribute "of gratitude and reverence to the memory of Lord Lister," and tells in plain language the story of the introduction and development of the antiseptic method of wound treatment. The author is eminently qualified for his task, as he served as a dresser in Lister's wards in 1871, and has followed in practice all the changes in technique which have since taken place. We endorse his protest against the prevailing tendency "to elevate this so-called 'aseptic surgery' into the rank of a new system of wound treatment when it is nothing of the kind." There is no such thing as aseptic technique practised to-day. The
methods employed are essentially antiseptic; it is the results that are aseptic, and this was Lister's original ideal.

After giving a short outline of Lister's life the author discusses the principles of wound treatment, and then goes on to describe the present-day methods of applying these principles. This is a most useful and instructive work to place in the hands of those who are commencing their surgical studies in hospital.

NEW EDITIONS.

Human Embryology and Morphology. By ARTHUR KEITH, M.D., LL.D., F.R.C.S. Third Edition. Pp. 475. With 442 Illustrations. London: Edward Arnold. 1913. Price 15s. net.

In preparing a new edition of this work Mr. Keith has taken the opportunity to recast its whole form. "In place of beginning with a well-known part of the body, such as the face, the history begins with the formation of the embryo from the fertilised egg, and is continued in subsequent chapters by an attempt to give a consecutive picture of the origin of the human body, and of the several systems which make the body a physiological whole." The result is that we have before us what is practically a new work on embryology, and we can confidently recommend it to our readers as one which not only gives a most complete and intelligible description of the development of the human frame, but in addition throws many interesting and valuable sidelights on questions of surgical pathology which can be interpreted in terms of embryology. The text is copiously illustrated by simple yet instructive diagrams.

Diseases of the Stomach, Intestines, and Pancreas. By ROBERT COLEMAN KEMP, M.D., New York. Second Edition. Pp. 1021. With 388 Illustrations. Philadelphia and London: W. B. Saunders Co. 1912. Price 28s.

The comparatively short time which has elapsed since we had occasion to notice the former edition of this work shows that it has met with acceptance at the hands of practitioners, to whom it is addressed. We can only repeat our appreciation of Dr. Kemp's work, which has been thoroughly revised and amplified in the light of recent work.

Clinical Medicine: A Manual for the Use of Students and Junior Practitioners. By JUDSON S. BURY, M.D., F.R.C.P., B.Se. Third Edition. Edited by JUDSON S. BURY and ALBERT RAMSBOTTOM, M.D., M.R.C.P. London: Charles Griffin & Co., Ltd. 1912. Price 17s. 6d.

This book fulfils a useful purpose by being a link between the very large and small books on Clinical Medicine. The present edition has