a mortality of 34.5 per cent, in place of the mortality of 2 per cent which prevails if carried out when forceps have not been applied, and hence we are driven back on craniotomy, with no living children and a mortality of 12.5 per cent. In occipito-posterior cases, forceps are often applied too early. Munro Kerr, in his book on *Operative Midwifery*, points out that 93 per cent of such cases rotate anteriorly, and that most do not rotate till the head is well down in the pelvis.

Too early delivery is responsible for many and severe injuries to the soft parts, many dead children, and a maternal mortality of 1.5 per cent. Early interference in face and breech presentations likewise leads to mischief. Manual removal of the placenta, it should be remembered, is a dangerous procedure, fraught with a mortality of from 8 to 13 per cent—more dangerous than many an abdominal operation—hence we should hesitate long before carrying it out.

The danger of rupture of the uterus in performing version after the liquor amnii has drained away was dealt with, and the importance of not leaving a patient after labour until satisfied that the uterus has contracted and retracted sufficiently to make the occurrence of post-partum hæmorrhage improbable.

Drs. Stewart, Leask, Lamb, Paton, Miller, Dunlop, Graham, and Peden took part in the subsequent discussion.

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**REVIEWS.**

*The Teratology of Fishes.* By James F. Gemmill, M.A., M.D., D.Sc. Glasgow: James MacLehose & Sons. 1912.

Monstrosities, both in man and in the lower animals, have long been subjects of interest, and much time and labour have been expended in investigating their anatomical structure and in speculating on their causation.

The volume before us is the most recent in this field of research. As its title indicates, it deals exclusively with fishes, but the fact that “in their major abnormalities” these
animals “show surprisingly close relationships with the mammals” suffices to indicate its importance to workers in human and general teratology.

In his introduction Dr. Gemmill states that the main content of the work is structural. He has, also, dealt briefly with other aspects of major and minor monstrosities in fishes, and their relationships with higher vertebrates are pointed out.

As regards origin and causation, we have not yet reached a firm basis whereon to build a superstructure. As the author points out, a great deal of the data required before properly founded generalisations can be formulated are still in process of accumulation. The present work is a good example of the accurate observations which go to form the necessary data. To anyone who has even the slightest knowledge of laboratory work it will be plainly evident that pains of a no ordinary kind must have been taken before the detailed observations now published could have been completed.

The author has not, however, confined himself to observations. He has, in the introduction, formulated certain conclusions of far-reaching application regarding the relations between malformations of spontaneous, or autogenetic, and those of acquired origin. Again, for example, we may quote the concluding sentences (on p. 18) of the “Summary” for Class I of double monstrosities:—“Important evidence on this vexed question [the influence of sensory nerves on growth] is afforded by the monstrosities just described. No trace exists of inner or adjacent fifth and seventh cranial nerves. Yet the inner sides of both heads are perfectly well developed wherever they have sufficient space for growth. It is thus evident that, here, the absence of a sensory nerve-supply has neither hindered nor disturbed the natural course of the development.”

The arrangement of the matter is excellent, and makes for easy reference. Following on the introduction is a bibliographical list of close upon three hundred works and articles, arranged alphabetically according to the names of the authors. The subject-matter is in four chapters dealing respectively with double monstrosity, triple monstrosity, cyclopia, and minor abnormalities, and the system followed in considering the various monstrosities is easily grasped by reference to the table of contents.

Of the different abnormalities, double monstrosity occupies most space. Preliminary sections dealing with literature, records, classification, causation, &c., are followed by detailed
descriptions of the various forms which the author has come across, and the descriptions are supplemented by numerous plates giving reproductions of photographs of the specimens, reconstruction-drawings, &c.

The plates are twenty-six in number, and contain in all one hundred and fourteen figures. An outline-tracing of each figure, with pointers indicating the various parts, is printed on tissue-paper, and can be superimposed on the actual figure in the plate. In this way the original figure, being unimpaired by lettering, gives a more accurate representation of the specimen.

The work, which will doubtless become a classic, is a monument to the perseverance and skill of the author, and reflects credit on the Embryology Laboratory of the University. As regards typography, it is a good example of the work of the University Press.

The volume is appropriately dedicated to Emeritus Professor Cleland.

Medical Benefit: A Study of the Experience of Germany and Denmark. By I. G. Gibbon, B.A., D.Sc., Author of Unemployment Insurance. London: P. S. King & Son. 1912.

At the present time this book will be found of more than ordinary interest. The author claims that it is a strictly scientific inquiry, and it exhibits evidence of painstaking endeavour to state the actual facts, and to make the comments on these and the conclusions drawn from them as fair as possible. While reading the book one wishes that it had been possible to publish it a couple of years ago, for it supplies much information that would have been of the utmost service to the profession in the controversy over the National Insurance Act.

A number of general impressions are formed as one goes along; one is that "medical benefit" is a very difficult thing to arrange for. In Germany and Denmark, in spite of years of experience, things are not yet settled between doctors and societies; one sees that at the beginning the doctors were very badly treated indeed, and that only by uniting and fighting solidly did they get things improved. The cost of "medical benefit" has increased year by year as time passed, and insurance for this has been steadily extended to more and more people. There seems grave danger, not so much of actual
malingering, but of an extension among insured persons of what the author calls valetudinarianism, with increasing demands on the sick funds and on the doctors' services. He thinks it "highly probable that the days of the voluntary philanthropic hospital is passing. It has many hours more to run, fortunately so, for the community cannot do without it for a long time yet, and the system is capable of further extension still. But the general trend is against it." In the countries dealt with, the societies, many of which are very small, administer the medical benefit, and the State only steps in under special circumstances. This strikes one as having worked unsatisfactorily.

The plan of the book is excellent. First there is an introduction which discusses who are insured, the organisation of these, contributions, public subsidy, administration, and benefits. In Germany, insurance is compulsory on certain classes with incomes up to £125 per annum, and the numbers have increased from 10 per cent of the population in 1885 to 22 per cent in 1910. In Denmark, sickness insurance is voluntary, and in 1909, 23 per cent of the population were insured. The succeeding chapters deal with medical benefit in general, choice of doctor, remuneration of the doctors, control of medical service, supply of medicines and surgical requirements, institutional benefit, insurance and public health authorities, and lastly, general conclusions. In the chapter on general conclusions the author summarises thirty-one conclusions, which he draws from the facts as he goes along, and there is really not one of these with which a doctor should not find himself in accord in this country if we except control by societies, and emphasise that confidential medical advisers of insurance authorities should not be allowed to interfere unduly with the practitioners who treat patients. One of the conclusions states that there are considerable advantages in making the insured person pay for part of the cost of medical benefit out of his private resources, and one of the reasons for this is that it would help to check valetudinarianism. On analysing his conclusions the author goes on to state six principles, viz., (1) needs should be met by corporate provision; (2) corporate responsibility requires to be tempered with a dash of individual liability; (3) just as there is required corporate provision for needs, so also is there required corporate provision for functions; (4) the corporate groups, whether provided to meet needs or functions, must be democratically organised and administered; (5) a generous measure of
freedom must be allowed; (6) emphasis is laid on educational work in insurance.

Eleven appendices are added to the book which are of as much importance and interest as the rest of it. These deal with the organisation of the doctors, proportion of doctors to population, conflict between Leipsic District Sickness Society and the organised medical practitioners, conflict at Cologne, agreement at Leipsic (with regulations), Munich arrangements, Frankfort-on-Maine arrangements, particulars of some German district societies, 1910, Copenhagen reports for 1909 and 1910, and Copenhagen arrangements (agreement with doctors).

An index is provided, in which the items are arranged in groups under headings such as institutional benefit, remuneration of medical practitioners, &c.

It is well worth while for every medical man to read this book, even at this late stage of negotiation with the Government, for from what can be gathered from it, one thing is quite certain, namely, that even if an agreement is come to with the Government, our own scheme of medical benefit will take many years to arrange properly for the good not only of the doctors, but also of the general public.

Daily Register for the Use of Patients attending Tuberculosis Dispensaries or in Private Practice. As suggested by DR. H. DE CARLE WOODCOCK. London: Parke, Davis & Co. 1912.

We would draw attention to a new Daily Register that Messrs. Parke, Davis & Co. have just introduced at the suggestion of Dr. de Carle Woodcock, of Leeds, for the use of patients attending tuberculosis dispensaries or undergoing treatment by private practitioners. The Register, intended to be sold at sixpence per copy, is sent out in a varnished envelope, which keeps clean, and which is washable should this be necessary.

The patient is his own book-keeper, jotting down each day answers to some forty questions, a task quite easy of accomplishment if the clear instructions given are followed. There is also space on each sheet for notes by the doctor as to the dose of, and reaction to, tuberculin; respiration, weight, and appearance of the patient. In addition, at the beginning and end of the book, there is a form for case-taking, with diagrams
on which to mark the results of the physical examination of the chest. There is a sufficient number of pages for the records of thirty weeks.

The Register is quite admirable in its own way; but we are suspicious that it is not good for the consumptive to have "all his faults observed, set in a note-book, learn'd and conn'd by rote;" and, although it is difficult to see how home-treatment is to be carried on without the serious collaboration of the patient, there is, we fear, a danger that the beneficent spes phthisica may be frittered away in this daily marshalling of credit and debit.

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Elements of Practical Medicine. By Alfred H. Carter, M.D., M.Sc. Tenth Edition. London: H. K. Lewis. 1912.

Though no man can make a mole-hill out of the mountain of medicine, this is a brave attempt to do so; and that for thirty-two years Carter's Medicine has been in steady demand shows that the attempt has been appreciated by many generations of students. Even had this book been bad to begin with, which it was not, it has passed through so many editions, and has run the gauntlet of such a host of reviewers, that it could not now be anything but good.

The present volume contains about seven hundred pages, included in which are a section on diseases of the skin, a therapeutic index, and an appendix describing the technique of some clinical methods.

If the student will not begin with one of the Osler type, then he cannot do better than buy a Carter, or a Wheeler.

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Immunity: Methods of Diagnosis and Therapy and their Practical Application. By Dr. Julius Citron. Translated from the German and Edited by A. L. Garbat, M.D. Philadelphia: P. Blakiston's Son & Co. 1912.

This is a practical book designed for the laboratory worker, and treats in the main of the technique of the various reactions employed in the diagnosis of disease, especially tuberculosis and syphilis. The theoretical aspect of immunity is not, however, ignored, and therapy and prophylaxis are glanced at. The volume is well illustrated with figures, charts, and coloured plates.
The American editor and translator informs us that he has adhered to the original text, with the exception that the chapter on vaccines has been slightly revised and elaborated in order to make it conform more closely to the methods most recently advocated by Sir A. E. Wright, and that “here and there some features of special interest to the English reading public have been inserted.”

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**Medical Gymnastics and Massage for the Treatment of Disease, Deformity, and Injury.** By Frederick F. Middleweek, L.R.C.P., L.R.C.S.E. London: Bale, Sons & Danielsson, Limited. 1912.

While this extremely tenuous volume (viii and 33 pages) may possibly serve as a useful introduction to its subject for those to whom that subject has been previously terra incognita, it can hardly convey more real knowledge of the country to be explored than does a colonial agent’s preliminary pamphlet. Certain comparatively simple exercises are perhaps adequately described, and we are told, without any condescension upon principles, that they are good for certain classes of disease. The writer then goes on to say, for example, that the “skilled operator makes use of stomach-shaking, stomach-pit shaking, abdominal shaking, transverse abdominal shaking, tremble-shaking, abdominal kneading, colon stroking and tremblings, and sacral beating,” and after introducing us to these and other mysterious terms he turns his back upon them and us without further elucidation. The book may awaken curiosity, but does not satisfy it.

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**Health Resorts of the British Islands.** Edited by Neville Wood, M.D. With the assistance of an Advisory Committee appointed by the Council of the Section of Balneology and Climatology of the Royal Society of Medicine. London: Hodder & Stoughton. 1912.

“The present volume has had its origin in the belief that there was room for a work on the model of those manuals published on the Continent, in which health resorts as such, and matters of interest in relation to them, are the subjects exclusively dealt with.”
Reviews.

It can be truthfully said that this book fills the void indicated by the editor. Practically all that is of importance concerning the balneology and climatology of the British Isles will be found here; and, what with the text, what with the index of health resorts, and what with the index of maladies, it should be an easy matter for the doctor to select the appropriate locality for every condition of patient. Further, since the inclusion of any place in this book is a guarantee as to its sanitation being satisfactory in all essential details, the sick man need be under no apprehension of contracting a beam while curing a mote.

Scotland receives generous treatment, and justice is done to the richness of the West in spots suitable for the treatment of all sorts of convalescents and invalids. This is a fact that cannot be sufficiently insisted on, since ignorance of it leads to many a weary journey. Even yet, Rothesay, for example, though styled—the Madeira of Scotland, is by a goodly number of practitioners regarded not so much as a health resort as a place in which to hear the chimes at midnight.

The book is lavishly illustrated with forty beautifully executed photographs.

Direct Laryngoscopy, Bronchoscopy, and Esophagoscopy.
By Dr. W. Brüning. Translated and Edited by W. G. Howarth, M.A., M.B., B.C. Camb., F.R.C.S. Eng. London: Baillière, Tindall & Cox.

It is thirteen years since Professor Killian, at that time in Freiburg, first removed a foreign body from the bronchus by direct upper bronchoscopy. At the British Medical Association meetings at Manchester in 1902 Killian showed his instruments and explained his method. At first the method made slow progress. Now it has a literature devoted to itself.

This advance in popular favour is no doubt partly due to the fact that the tubes and other instruments have been improved by Dr. Brüning, the author of the present volume and at one time assistant in the Freiburg Clinic. A perusal of the work reveals the remarkable ingenuity which has been expended in devising appropriate mechanical appliances.

As the title suggests, the subject divides itself into three parts, but the fundamental rule which guides the whole procedure is that the hand should in every case be guided by the eye.
In the first chapter—the endoscopic technique—the instruments and sources of light are discussed in an exhaustive fashion, great stress being laid on preliminary practice with the phantom and on obtaining a complete mastery of the instruments.

Of local anaesthetics the author prefers cocaine, with which he has had most experience, and regarding the dose and absorption of which he has performed various interesting experiments. He paints the surface with cocaine in preference to the use of the spray or syringe, as being more definite in dosage and more potent in effect.

For general anaesthesia the author prefers chloroform or chloroform-oxygen. He discusses the indications for its use under three headings: (1) Reflex movements of resistance; (2) reaction to the pain of pressure and stretching; (3) psychical reactions (fear, &c.) The first is held to constitute no indication for general anaesthesia, because while it cuts off cerebral control it heightens reflex irritability, and when all reflexes are abolished anaesthesia becomes dangerous. In the second general anaesthesia may be allowed, but each case must be decided on its own merits. In the third class, if sufficient fortitude cannot be secured, general anaesthesia is indicated, and especially so in children.

The direct method of laryngoscopy is fully explained, with the aid of plates, so as to render it easy for even a beginner to follow.

The anatomy of the trachea and the bronchial tree, the position of the right and left bronchus with their measurements and relationships, are discussed and illustrated by numerous skiagrams.

In the chapter on direct tracheo-bronchoscopy clear indication is given regarding the employment of the upper and the lower method. The upper method is more used now than formerly, owing to the advance in the mastery of methods and the more complete set of instruments. Still, lower bronchoscopy has its advantages, as it is technically much easier to carry out and guarantees greater certainty and safety. In young infants the preference should be given to the lower method. Even in adults the author holds that it is "not right to endeavour at all hazards to avoid tracheotomy in favour of the more elegant upper method or even to force the latter in a manner not favourable to the interests of the patient."

A chapter is devoted to the direct examination in children, where it is mostly performed for foreign bodies. Of foreign
bodies removed from the bronchi 69 per cent are in children under 12 years of age. The dangers of a too-prolonged bronchoscopic examination and the possibility of a subsequent subglottic swelling are pointed out.

The historical survey of oesophagoscopy is interesting. It is a little difficult to understand the author's position regarding the use of the pilot bougie. In the section, "Introduction by Feel," he explains the method of using the mandrin, but in the following section condemns its use. We have all felt that in some cases it is easier to pass the tube with the mandrin, though it violates the law that the eye should always guide the hand.

There is an excellent chapter on "Bronchoscopic Operations and Methods of Treatment." The tubes are most frequently used for the removal of foreign bodies from the bronchi, and their employment is of the utmost importance as a life-saving device. The diagnosis is often a matter of extreme difficulty. The history of having swallowed a foreign body is often defective, and this is especially so in children. Suspicion may be aroused by the spasmodic cough and suffocative attacks. Even the Roëntgen rays only show about 50 per cent in the skiagram, whereas with bronchoscopy 90 per cent can be located. The author affirms that it is better to examine ten times too often than once too little. He emphasises early bronchoscopy, and that attempts should be made at once to remove the foreign body. The hope of a spontaneous expulsion is small, for out of 1,064 collected cases only 218, or 20.5 per cent, were spontaneously expelled. The presence of an acute pneumonia is no contra-indication. If tracheotomy has to be performed, treatment is best carried out at once, as next day sensibility and painfulness are increased.

Regarding what may be called chronic foreign bodies—those lying behind a bronchial stenosis—the peculiarity is that the foreign body lies in a bronchiectatic cavity beyond the stenosis, and the difficulties connected with the removal are the constant cough and the increased secretion. Here there is an ingenious arrangement for dilating the stenosis and removing the foreign body. After the removal there is the question of keeping the stricture dilated, and this is accomplished by introducing, through the bronchoscopic tube, permanent tubes of suitable size. These stenosis-tubes are removed at first daily and then kept in for longer periods. The history is given of a case where, even after the removal of the foreign body, the purulent expectoration amounted to-
about 100 c.c. daily. When the stenosis-tube was used the expectoration lost its fæctor and diminished to about 20 c.c. At the end of three months the patient was scarcely coughing at all, and he was able to return to work. After the tube had been out for half a year, the stenosis showed a tendency to contraction. The treatment was resumed. At the present time, three years afterwards, the stenosis has a lumen wide enough to admit a thick pencil, and the patient's general and lung condition are so good that he blows a bugle in the town band.

The volume is worthy of the highest commendation. We have evidence of the immense amount of scientific work which has been done to try and solve the problems raised by the introduction of rigid tubes into soft yielding tubes.

Those in this country are specially indebted to Dr. Howarth for his excellent translation. The work will be found invaluable by the specialist and indispensable by the beginner. Both will find hints as to how to overcome difficulties which are inseparable from the method. Even those not specially interested in bronchoscopy will find the volume well worthy of perusal.

Medico-Legal Examinations and the Workmen's Compensation Act, 1906. By Sir John Collie, M.D. London: Baillière, Tindall & Cox. 1912.

This little book of 128 pages embodies the views of a medical examiner of great experience, as to the difficulties which beset the surgeon in the course of his examinations of claimants under the Act, and, in the second section of the book, regarding amendments to the 1906 Act calculated to avoid many of the hardships and anomalies which presently exist.

The hints to examiners are essentially practical, and are illustrated by cases which have come under the author's ken. As is common to such books, there is much space devoted to the detection of malingering and simulation. The methods and precautions adopted by the author seem to proceed on the assumption that each applicant is at least guilty of exaggerating his complaint. Many cases are given in which the pursuer's medical advisers were wrong, but there are no examples to the contrary. On the other hand, it must be admitted that each examiner should take every precaution against deception, and he will find much valuable food for thought in this book.
The proposed amendments of the Act are eminently sensible. In particular, the simplification of reference to the medical referee (on the application of one party to the cause), whose decision shall be final; and the proposal that in each case submitted to the arbiter (sheriff or county court judge) a medical referee should be present to advise on technical points, are not only reasonable suggestions, but much needed reforms.

The legal aspects of the Act are discussed only in so far as they affect the medical examiner's relation to the intentions of the Act, and its modification by decisions of the higher courts.

The New Physiology in Surgical and General Practice. By A. Rendle Short, M.D., B.S., B.Sc.Lond., F.R.C.S.Eng. Second Edition, Revised and Enlarged. Bristol: John Wright & Sons, Limited. London: Simpkin, Marshall, Hamilton, Kent & Co., Limited. 1912.

The exhaustion, within a few months, of the first edition is a striking tribute to the satisfactoriness of this work, and shows that our laudation of it was amply warranted. In the present issue several chapters have been considerably extended, and a new one—a thoughtful digest of Sir William Macewen's recently-published researches on the growth of bone—has been added. Notice is taken of the newest teaching on the uses and dangers of saline infusions, the movements of digestion, and the relation of carbon-dioxide to shock. New paragraphs are also introduced treating of gastric secretion in man, the pituitary gland and the uses of pituitary extract, sensory localisation in the brain, the innervation of the pleura and the referred pain of pleuritis, and fibrinolysis.

Primary Malignant Growths of the Lungs and Bronchi.
By I. Adler, A.M., M.D. London: Longmans, Green & Co. 1912.

Perhaps the first question which suggests itself from a glance at the title of this book is the one which forms the first sentence in the author's introduction, "Is it worth while to write a monograph on the subject of primary malignant tumours of the lung?" Of necessity the answer
to this must be "yes," as it is no argument to say that as such tumours are very infrequent the subject is not big enough.

The pathological and clinical aspects of the malignant growths referred to are taken up by the author in considerable detail, and this is followed by 212 pages of tables. These tables include 374 cases of carcinoma, 90 of sarcoma, 99 of doubtful nature, and 18 of "miscellaneous" growths.

At the end of the book are sixteen plates showing photographic illustrations of various forms of the growths described: these are excellent, but the frontispiece, which is in colour, is very poor.

Essentially the book is a collection, from wide sources, of cases of primary growths of malignant nature occurring in the lungs and bronchi, and may be useful for reference in this connection.

Pharmacology and Therapeutics. By Horatio C. Wood, Jun., M.D. Philadelphia and London: J. B. Lippincott Company. 1912.

This book is well printed on good paper, and extends to almost 450 pages. Apparently it has been written for use in the medical schools of the United States, for almost the first thing that strikes one is that the weights and measures given are not those official in this country. The preparations given are apparently those of the U.S.P.

The arrangement is quite up to date. After a chapter extending to 25 pages devoted to the usual general introduction to the subject, one finds eight other chapters, entitled—Drugs used to affect secretion, Drugs used to affect nervous system, Drugs used to affect circulation, Drugs used to affect the alimentary tract, Drugs affecting metabolic processes, Drugs acting on causes of disease (anthelmintics, antimalarials, disinfectants), Extraneous remedies, Drugs of minor importance.

In these chapters materia medica proper is not, as a rule, discussed at any great length, and it might, with advantage to the size of the book, be placed in smaller type. Physiological action is discussed more or less systematically. Therapeutic uses are given pretty fully, and where necessary toxicology is alluded to.

After carefully going over the book, one concludes that it is a plain, up-to-date text-book, suitable for use where the
U.S.P. is official, but possessing no special advantages over one or two well-known books on the subject in this country; and, further, that it is somewhat bulky, and a little expensive, compared with these books.

Quinquennium of Medicine and Surgery (1906-1910). Edited By J. W. Ballantyne, M.D., F.R.C.P.E. Edinburgh: William Green & Sons. 1912.

Within the 400 pages of this book is compressed a mine of valuable information. After a most careful perusal of it we have come to the conclusion that its value can scarcely be exaggerated. The general practitioner, without much trouble, will find himself armed with the latest theories of both medical and surgical conditions, and with the most recent ideas with regard to treatment and prognosis. In those days of quick advance of medical research this volume is as necessary in the equipment of the practitioner as the elementary text-book is to the student preparing for examination. The index is very complete, and enables one at a moment's notice to get the information he desires. Considering the purpose of the book it could not have been prepared in a more condensed form.

We have the greatest pleasure in recommending this volume to the practitioner, whether engaged in private or in hospital practice.

ABSTRACTS FROM CURRENT MEDICAL LITERATURE.

EDITED BY ROY F. YOUNG, M.B., B.C.

MEDICINE.

Cutaneous Symptoms of Lymphadenoma. By F. H. Watson, M.B., B.C. (The Medical Chronicle, September, 1912).—The skin may be affected in various ways in lymphadenoma, such as alterations in colour (pigmentation, growth, hæmorrhages), or cutaneous irritation. Only a small proportion of cases show any cutaneous changes. Most patients are anæmic, due to the ordinary blood changes occurring during the disease. The blood