

Bazar spirits are not much used; they are commonly so acrid, that only desperately vitiated palates, and men wavering between excitement and horror (the precursors of delirium tremens) could swallow them. I believe it is impossible to prevent their being smuggled occasionally into barracks, or even into the hospital, though it has the advantage of a high wall, with a sentinel at the gate, and a guard in the interior. It is concealed in parcels, bladders, intestines, twisted round the body, and even in their boots. Improper food is sometimes conveyed to the patients; it is generally very easily detected, by the quantity, and nature of the evacuations, combined with some unfavourable change in the symptoms of the case. I punish the consumer, at the same time explaining the injustice to the medical treatment, the loss to the service, and the chance of ruining their constitutions, and losing the service without a pension, independent of the immediate prospect of a court martial. When once detected they seldom repeat the offence.

(To be continued.)

Reviews.

THE PATHOLOGY OF GROWTH. Tumours. By Charles Powell White, M.D., F.R.C.S. London: Constable and Co. Ltd., 1913. Pp. xii and 235. Price 10s. 6d. net.

This admirable work should be of the greatest service to students and medical men anxious to get a clear notion of the problems connected with tumours, both benign and malignant. The literary form is so much better than that of most medical publications that we cannot resist our impulse to praise what perhaps ought to be taken for granted. Literary form in scientific work makes a much higher demand than mere elegance. It implies a lucidity and accuracy of thought underlying a lucidity and accuracy of expression. The merit of this book lies in clear thinking combined with concise and systematic treatment of a subject that has suffered much at the hands of its exponents. In the author's view, the essential factor in tumour formation is an intrinsic one, an unstable condition of the physiological equilibrium of the tissues or cells of the body. Owing to the want of those influences that normally regulate the relative position and amount of the component parts of the body, any disturbance may be followed by continued growth where such a condition of instability exists. Thus extrinsic causes, such as chronic irritation, acting under favourable conditions, are frequently able to determine the growth of tumours. We gather, too, that extrinsic causes may actually bring about "an unstable condition of physiological equilibrium," as in

the case of Kangri cancer, where repeated burning of the skin of the abdomen and thighs by a charcoal stove carried for warmth in a basket—the Kangri—by the inhabitants of Kashmir leads to abnormal proliferation of the epithelium and the formation of a carcinoma, the chronic burning being here not merely a determining but an actual cause of the tumour. While opposed to the theory that cancer is caused by a parasite invading the body from outside, the author admits that a tumour, malignant or otherwise, might correctly be regarded as an autochthonous parasite. In dealing with the relation of the tumour to the organism he says: "We may therefore consider cancer as a disease due to infection by cancer cells in the same way as we consider tuberculosis as a disease due to infection by tubercle bacilli. The cancer cells are, however, directly descended from the body cells of the infected animal, while the tubercle bacilli are foreign organisms altogether." In histiomata, the growth of parenchyma and stroma are co-ordinated *inter se* but are not co-ordinated with the growth of surrounding structures. A histioma can thus be considered as a multicellular individual dependent on its surroundings for its nutriment only. It thus resembles a metazoal parasite. In a cystoma the cells have become free from the control of the organism and behave as independent units, so that a cystoma is not an individual but a colony of individual cells, each of which may be compared to a protozoal parasite. The volume is of a convenient size, the print is good, the photomicrographs admirably illustrate the text, and the book is increased in value by a glossary in the form of an appendix. We have nothing but praise for this work, the reading of which has greatly interested us.

S. L. C.

EPIDEMIC INFANTILE PARALYSIS. By Professor Paul H. Römer. Translated by H. Ridley Prentice. London: John Bale, Sons and Danielsson, 1913. Pp. xi and 208. Price 7s. 6d. net.

Epidemic infantile paralysis has acquired a considerable access of importance of late years, not only on account of the occurrence of frequent epidemics, but also on account of the fruitful researches which have been made into its causation by Flexner, Lewis, Römer, and others; for these reasons the present monograph will be welcomed as giving an excellent résumé of the present state of our knowledge on the subject. The book commences with the history of the disease, then follows a very excellent account of the clinical phenomena; the great variability of the symptoms is brought out prominently, they vary from a transient fever with no paralysis to an acute ascending paralysis of the Landry type with fatal result. Some cases are spinal, some cerebral, some with both spinal and cerebral symptoms. The clinical picture is followed by a record of experiments by the author, which agree with those of Flexner and Lewis, and which go to show that the disease is infectious and is due to an ultramicroscopic filtrable virus. The virus behaves like that of rabies and can be kept in glycerine (33 per cent) at 4° C. for as long as ninety-five days. Römer has kept it in pure glycerine for one hundred and forty-two days; it can also be dried over caustic potash for at least twenty-four days without losing virulence. Most experiments go to show that animals other than monkeys are immune. The virus has been found in man in the affected tissues of the central nervous system and in the

mesenteric glands; in experimentally infected monkeys it has been found in these situations and in the mucous membrane of the nose though never in the mucus; when injected it apparently travels by the lymphatics and, apart from the central nervous system, shows a special affinity for lymphatic gland tissue.

With regard to methods of infection, apart from purely laboratory methods of infection, the only successful results have been through the mucous membrane of the nose, after using some violence to its integrity, and by feeding.

It is suggested on account of the presence of throat, respiratory and intestinal symptoms in the prodromal stages of the disease that infection occurs by these routes, but hitherto no proof has been adduced for this theory.

The author describes numerous epidemics which have occurred in various countries, and gives the evidence which goes to show that the disease is contagious from man to man. Successful immunization experiments on the lines of those employed in rabies are quoted, the serum of recovered cases contains specific antibodies which render the virus innocuous for monkeys, but attempts at securing a curative serum have, so far, been fruitless. The only drug that seems to offer prospects of usefulness is urotropine, as in cerebro-spinal meningitis.

The book has a large bibliography appended, it gives a very clear description of the present condition of our knowledge on the subject, and will be of great value to workers and to others who have to treat the disease.

W. S. H.

PROPHYLACTIC INOCULATION AGAINST CHOLERA. By W. M. Haffkine. Calcutta: Thacker, Spink and Co., 1913. Pp. 98. Price Rs. 3.

In this book Dr. Haffkine gives an account of his researches which led to the preparation of anti-cholera vaccine. In the first part of his work he discusses the relation between the virulence of a germ and its immunizing properties; the conclusion in brief is that the antigenetic power of a germ varies with its virulence. This is not in accord with our experiences with *Bacillus typhosus*. Originally Haffkine used a non-virulent strain of cholera for a first injection so as to avoid sloughing of the skin; he found, however, that sloughing did not occur in the human subject even when a virulent cholera culture was injected. Now he only uses the virulent culture (vaccine 2). The author gives numerous statistics; from these we take the following collected on the Cachar tea estates: Among 6,549 uninoculated coolies there were 198 cases (3.02 per cent), and 124 deaths (1.89 per cent); among 5,778 inoculated coolies there were 27 cases (0.47 per cent), and 14 deaths (0.24 per cent).

The writer also gives some account of the laboratory results from use of a devitalized vaccine, but so far this method has not been put to the practical test.

W. S. H.

HOW TO DIAGNOSE SMALLPOX. By W. McC. Wanklyn. London: Smith, Elder and Co., 1913. Pp. vii and 104. Price 3s. 6d. net.

This small volume is intended as a guide to general practitioners, post-graduate students and others. Smallpox nowadays has become so rare in this country that men may pass through a long career without ever

seeing a case; small wonder then that, with such a protean disease as it may be in its early stages, mistakes are made; and such mistakes are peculiarly disastrous because of the intense infectivity of the disease. For these reasons a guide by one of such large experience as Dr. Wanklyn, is welcome and necessary. A perusal of the volume will serve to shake the confidence of many in their powers of recognizing small-pox. The classical features of the rash may be absent in the early stages of difficult cases, and it is in these that mistakes occur. Dr. Wanklyn attaches great importance to the distribution of the rash, he considers this first, then deals with the character of the rash in detail; and lastly, goes into the history—an almost exact reversal of the usual procedure. A perusal of the book would be profitable to most of us, and might save us from a humiliating mistake later on. W. S. H.

INCIPIENT PULMONARY TUBERCULOSIS. By D. B. Lees. London: H. K. Lewis, 1913. Pp. 116. Price 5s. net.

This is a reprint of Dr. Lees's Bradshaw Lecture for 1912, together with abstracts of other lectures bearing on the same subject. Dr. Lees begins by insisting on the necessity for early diagnosis, and maintains that this can be made out by percussion over certain definite areas before any other physical signs are present. In percussion he insists on the patient being recumbent and completely relaxed, he also recommends the periodic examination of the sizes of the dull areas as a means of prognosis; he lays claim to a very extraordinary accuracy in this procedure, and maintains that with practice it is possible to gauge the size of a dull area to within $\frac{1}{8}$ or $\frac{1}{8}$ of a finger's breadth, i.e., $\frac{1}{9}$ to $\frac{1}{12}$ of an inch! This seems to be asking a good deal even from one blessed with the most acutely sensitive musical ear. For treatment he recommends continuous inhalation of a mixture of

Creasote	..	..	..	..	..	..	3ii
Carbolic acid	..	..	..	..	..	..	3ii
Tinct. iodi	..	..	..	..	..	..	3i
Spt. etheris	..	..	..	..	..	..	3i
Spt. chloroformi	..	..	..	..	..	..	3ii

The first three are antiseptic, the alcohol and ether are stimulating and the chloroform sedative, the antiseptics must necessarily reach the bacilli, and everyone knows that antiseptics kill bacteria; there are gaps in the argument! A list of cases is given, showing forty-eight complete recoveries, three probably complete recoveries and seven deaths, out of seventy cases. We note that in ten of these cases tubercle bacilli were found in the sputum, but only in nineteen cases does the sputum appear to have been submitted to bacteriological examination. The results would have been more convincing if more evidence had been given as to the actual presence of phthisis in the cases which are tabulated.

The antiseptic inhalation treatment of phthisis has numerous advocates, and this book will be useful to those who wish to try the method. W. S. H.

ORTHOPÆDICS IN MEDICAL PRACTICE. By Lorenz and Saxl. London: John Bale, Sons and Danielsson, 1913. Pp. xvi and 288. Price 7s. 6d. net.

This book, which has been translated by Dr. Peel Ritchie, deals with such parts of orthopædics as are of special interest to the general

practitioner. It commences with a discussion as to the action of deformities of the spine and thorax on the heart, lungs and other viscera. The authors draw attention to the fact that belly ache in a child even when it is definitely associated with feeding may be due to tubercular spondylitis, they also emphasize the danger of overlooking spondylitis in cases of neuralgic pains in various regions, arms, legs, &c. They associate certain cases of static albuminuria with lordosis and say that in such cases the albuminuria disappears when the lordosis is corrected. Among other useful hints which are to be found in the book are such things as the significance of pain on the outer side of the thigh (neuralgia) in cases of developing flat foot.

The portion of the book which will probably appeal most to general practitioners is that dealing with cases of anterior poliomyelitis; such cases often tax all one's ingenuity to devise arrangements which will enable the patient to take some part at any rate in the life of the world.

A note on typhoid spondylitis is of interest; for this condition the writers recommend fixation on a plaster-bed followed later by the use of a fixing corset for several months. The subjects dealt with in the book are inadequately treated in the ordinary textbooks; they are, however, of sufficient importance to demand a more than bowing acquaintance on the part of the general practitioner, and for this reason the volume will find an appropriate place in one's library.

W. S. H.

PRACTICAL PHYSIOLOGICAL CHEMISTRY. By Sidney W. Cole, M.A.
Third Edition. Cambridge: W. Heffer and Sons, Ltd. Pp. xi and 223.
Price 7s. 6d.

The present volume is the third edition of the author's well-known practical exercises in physiological chemistry, under a new name. The author is to be congratulated on improving what was always a sound and practical treatise on the subject. The microchemical methods of urinary analysis introduced by Folin have not received among teachers the attention they deserve, and it is satisfactory to observe that the author considers them reliable and easily carried out; he advocates their more general use. The whole of the exercises are put so clearly and are so well explained by additional notes, that the student or others interested can have no difficulty, with perseverance and the book before him, in thoroughly mastering what is often looked upon as a difficult subject. There are excellent descriptions of the method of using such instruments as the spectroscope, Beckmann's freezing point apparatus and thermometer, and Dubosq's calorimeter, accompanied by clear diagrammatic figures, which greatly enhance the value of the work. Bang's method for the quantitative estimation of sugar is considered by the author to be undoubtedly the most accurate. This has been our experience at the Royal Army Medical College, and it is surprising that it has not been more extensively used in other schools.

The last chapter of the book is devoted to some very useful tables for the detection of substances of physiological interest, and at the end spaces are provided on which the student can draw various crystalline forms from preparations made by himself; there is also a blank chart for recording the absorption spectra of various pigment solutions and colour reactions.

W. W. O. B.

IONIC MEDICATION. By H. Lewis Jones, M.D., F.R.C.P. London: H. K. Lewis, 1913. Pp. viii and 151. Price 5s.

This is an account of the principles of ionic medication, its technique and the clinical results obtained by it. As might be expected from an author who is thoroughly master of his subject, the teaching is clear and easily understood even by those who have little knowledge of electricity.

Those who have employed ionic medication know how useful it is, when properly applied, in the treatment of chronic inflammatory conditions, ulcers, various forms of arthritis and numerous other ailments which are often the despair of the physician or surgeon, and this book will serve a good purpose by extending the use of this valuable treatment. It deserves a wide circulation.

L. W. H.

1870-71, ERINNERUNGEN UND BETRACHTUNGEN (Memories of 1870-71). By Prof. Dr. Heinrich Fritsch, Geh.-Obermedizinalrat. Bonn: A. Marcus and E. Weber, 1913. Pp. 314. Price 5 Mark.

This book contains the reminiscences of a young German surgeon who as a regimental medical officer accompanied the German armies into France. Just qualified, the author volunteered for the front and was attached to an infantry battalion. He accompanied his regiment to Metz, and then after a short interval took part in the campaign in the south of France against Garibaldi. The book is full of vivid description. There is no writing for effect, but a simple recital of things as they were. And it is in this that the value of the book lies.

A famous general stated in his reminiscences that in a celebrated battle he found a long queue of men standing one behind another, with the foremost behind a small tree. They were sheltering from the enemy's fire! The author tells a similar story. In the middle of an engagement he heard groans proceeding apparently from under his feet, and finally discovered a dry water channel under the road simply packed with men, not wounded only, but unwounded also. He ejected the hale ones only to have others pressing in on him immediately. "The sound ones trod on the shattered limbs of the wounded ones. Here a man was weeping, there another yelling, there some one asked for water, another filled the air with curses. Some incessantly waved white handkerchiefs at the mouth of the tunnel, because they thought the French were already there." A little further on we read that: "A soldier had placed the butt of his rifle against his thigh, loaded it and fired straight up into the air. His major caught hold of the rifle and shouted at him 'stop firing.' 'Yes, sir,' said the man, and immediately mechanically put another cartridge in his rifle and blazed away into the sky. He did not in the least know what he was doing." It is only just to add that the regiment had suffered fearfully. It went into action three battalions strong with fifty to sixty officers. It came out with one field officer who commanded the whole, three captains who commanded a battalion each, and twelve company officers who were all second lieutenants, and of whom four belonged to the Reserve. Elsewhere we get a description of groping with loaded stretchers in the darkness through a wood, of tired bearers with no one to relieve them, for though there was a small crowd of unwounded men with them they themselves were too tired to have any sympathy left; they simply wanted rest. Then the arrival at a "dressing station" where there was

nothing, no doctors, no beds, simply the bare floors of a house with the wounded lying on them packed like herrings and overflowing into the yard. Then this personal touch: the author worn out by eighteen hours' work lying down among his wounded in the yard, a wounded horse *in extremis* next him kicking, a neighbour kindly warning him that he might be kicked to death and the author too tired to stir. Then in the morning the burying: a peasant as undertaker with a big cart horse, tying a rope to the leg of a corpse, and then away with it over roads and fields and ditches to the nearest grave trench. Almost Zolaesque these silhouettes. I will close the description of these battle scenes by the advice an old war-worn surgeon-major gave to the author who had lost touch with his regiment by staying behind to look after wounded: "You are doing wrong. Our functions in battle are purely decorative. Every soldier is to see: there is the man who will look after him if he is hit. But if you really attempted to apply proper dressings it would take too much time and you could not in any case do any good for want of the proper appliances. The first thing the next doctor who sees the man will do is always to take off the dressing and throw it away, be it well or badly applied. You will lose touch with your battalion which is now advancing, now retreating. If you thus get lost and the battalion does not see you, everybody will accuse you of funking, and you will lose your good name: Always remain with your battalion. Wounded men must simply be taken to the rear as soon as possible."

After the fights near Metz the author was stationed awhile in Saarlouis on the lines of communication. It contained several improvised hospitals; among these one was established in some new barracks in which, however, no sanitary arrangements had yet been put. For slight cases and orderlies there was a latrine in the yard, for the worst cases there were bed-pans, for intermediate ones there was a heap of sand in the corridor which was cleared away once daily. The "hospital" was equipped for 100 beds, the cases were often half or a quarter as many again, ten to twenty men often dropping in casually in the night from some field unit. When the author took over, typhoid and dysentery cases lay indiscriminately among wounded men. There were no case-sheets, in most cases no diagnoses. Besides him there were in the town an old surgeon-major whose whole time was taken up with returns, and a totally deaf retired medical officer who had been re-employed. Then there were periodical invasions of Berlin consultants full of theories, and full of horror at what they saw, and charitable ladies who wanted "to nurse" the poor soldiers, but would not do any real work. There was also a battalion not far off under the charge of an unqualified medical student who had not even passed his first professional, and knew nothing about drugs. His method of prescribing deserves mention. If he desired to give a drug he first tried the effect of a teaspoonful of it on a dog. If the dog survived then the patient got it in minim doses. Some of his most successful cures had been due to the internal administration of an insecticide. His method of filling in his returns was also original. He divided his sick fairly equally among the various diseases enumerated on the official form, of course avoiding such obvious absurdities as "sunstroke" in cold and wet weather. Only once did he get caught out. He had inadvertently put down five cases opposite the name of an infectious disease, and

immediately a special report on the "epidemic" was asked for. However, this did not defeat the gentleman in question. He quietly wrote in to headquarters that a regrettable clerical error had occurred and that the figure 5 should by rights have been opposite the heading "other external and internal diseases." The incident was at an end.

There is thus withal a rich element of humour in the book. There is the story how the author got into trouble with his official superiors which ended by the Surgeon-General sending him a severe reprimand with the final endorsement beloved by headquarter officers: "To be returned"; of how he then took counsel of a worldly wise major who said: "Don't you be such a fool as to return it. If you do, they will file it among your records of service and it will always go against you. Put it in your pocket and stick to it, and if you get any reminders treat them in the same way. Letters have a wonderful way of going astray on service and they will soon get tired of writing to you"; and of how he followed this advice with apparently perfect success. Then there are stories of his equestrian troubles; of his faithful servant, who, when his master was sick and trying to sleep would wake him up every half hour by tender inquiries as to whether he felt better. The book finishes with an account of the author's farewell to one of the old colour-serjeants. The war was over, demobilization was complete, and the author was returning to civil life. He walked across the barrack square to say good-bye to the colour-serjeant of the company to which he had been attached, when he heard that worthy haranguing the remnants of his command as follows: "You men seem to think you can carry on with the slack ways you got into during the war. You don't know what you are here for. That nonsense with the war is finished and you have got to take life seriously now. I'll teach you what soldiering is. The war has been the ruin of you damned scoundrels, you have lost all sense of discipline and order," &c., &c. How typical, as the author himself says, of the good old "backbone of the army," to whom war was a side issue and smartness on parade the main thing.

J. A. B.

