

Reviews.

NOTES ON LAW AND PROCEDURE AS APPLIED TO COURTS-MARTIAL. By Lieutenant-Colonel St. J. A. Cox, C.M.G. (late Royal Irish Regiment), Courts-Martial Officer, Aldershot Command. Gale and Polden, Ltd. Price 3s. 6d.

This is a carefully compiled handbook of sixty-eight pages giving in convenient form all the important principles of law and procedure arising in the ordinary course, in trials by General and District Courts-Martial.

The author has been guided by errors discovered in the course of review of some thousands of proceedings, and has presented his facts in clear concise form, giving ample references to official manuals.

There is a useful index.

These notes should be invaluable to officers who have limited knowledge of court-martial procedure.

A. D. S.

STUDIES ON INFLUENZA AND ITS PULMONARY COMPLICATIONS. By D. Barty King, O.B.E., M.A., M.D. Edin. M.R.C.P. Lond. and Edin. London: J. and A. Churchill. Pp. 88 + vi., with 31 illustrations. Price 7s. 6d.

This work consists of three studies:—

Study I.—Influenza (1918) and malaria; 150 cases of malaria were received in September, 1918, from Salonica, and influenza broke out among them.

The difficulty of differential diagnosis is insisted upon, and the author rightly observes that the difficulty can be overcome by a combined research from the clinical, bacteriological and hæmatological aspects.

Analytical tables and temperature charts of fatal cases are attached. Of the total, in 110 the type of parasite is recorded; 71 of the 150 developed influenza; 54 of these are classed as follows: malignant tertian, 38; benign tertian, 15; combined infection, 1. Severe and fatal cases of influenza among malignant tertian infections were more than three times more common than benign tertian.

The author is inclined to blame the previous administration of quinine as an important factor in determining a severe or fatal issue of the added influenza infection, by reducing the oxygen carrying capacity of the red corpuscles. This is only a surmise and he admits that oxygen inhalations were also unsuccessful in the treatment of ordinary cases.

The incubation period in ward infections of influenza is given as three to four days. This observation is in accordance with experience elsewhere.

The author discredits quinine in the treatment of the cases of influenza under consideration. He rightly insists on the importance of microscopical examination of the blood for malarial parasites at the outset in a suspected case. He admits that he has never seen quinine fail to lower the temperature at the onset of a case proved microscopically, but denies the value of the drug when influenza-pneumonia is firmly established, on a malarial ground, with or without parasites in the blood. He further categorically condemns the continuous administration of the drug in cases without active malaria as harmful. Though no statement is made as to method of administration adopted, it is presumed that the oral method was uniformly used. This may explain the writer's prejudice against quinine, even apparently in cases where malaria is active or if latent still present beyond doubt.

The analytical tables are certainly instructive, but the following additional information would have been valuable:—

(a) A complete blood examination at the outset of the case, bearing on (1) the presence or absence of malarial parasites and type; (2) total and differential count of white blood cells; (3) hæmoglobin percentage; (4) results of blood culture.

(b) The organisms obtained from throat swab by culture on blood agar.

(c) Results of spleen palpation.

It is noticeable that malarial parasites hardly appear at all as findings in the tables dealing with severe, moderate and slight cases. The date of the last malarial attack is hardly a reliable evidence of malarial infection. The author does not succeed in discriminating between latent and active malaria as a concomitant factor, nor does he make his case against quinine, which, granted the correctness of the diagnosis, may be inefficient merely from non-absorption.

It is unquestionable that in such cases one or two intramuscular injections often succeed, and after that oral quinine seems to act more readily. It is equally well known that the gastro-intestinal tract is often involved in both diseases under review, in some cases indeed it dominates the clinical picture.

Study II.—The after-effects of the acute pulmonary complications of influenza as revealed by clinical, radioscopic and post-mortem examinations.

The author dwells on the importance of combined clinical, radioscopic and radiographic examinations during the period of convalescence. He insists on the frequency of bronchiectasis, fibroid changes, chronic pleurisy as sequelæ, so often considered the result of tubercular infection and the patients, as a result, sent to sanatoria.

A number of interesting cases with their interpretation is given to the reader. The importance of early breathing exercises in all cases of delayed resolution, non-tubercular, is rightly insisted upon. He advocates sterilization of the respiratory passages early in convalescence.

This study is most interesting to the clinician, especially to the beginner, who is apt to concentrate his mind too much on tubercular infection, to the exclusion of many other morbid conditions. It brings once more to our mind the necessity for the closest co-operation between the clinician and the pathologist.

Study III.—The epidemic as it affected the hospital nursing staff:—

This study makes sad reading, and is an incentive to the student in preventive medicine. Of a total of 329 nurses and 49 maids in residence, no less than 84 of the former and 21 of the latter contracted the disease between September 22, 1918, and April 3, 1919, with an average of 4 daily casualties during one period. The author makes out the following points:—

(1) Ward infection was common. The duration of contact was on an average longer for nurses attending serious cases in medical wards than in surgical wards; also, nurses employed in wards for slight and moderate cases generally were infected after a shorter period of contact.

(2) Fatal cases among nurses were traceable to fatal cases nursed. A case of acute broncho-pneumonia is mentioned, which was apparently responsible for the death of two nurses, the chaplain and the aural surgeon.

(3) Previous attacks, if recent, conferred a certain degree of immunity on the nursing staff.

(4) The maids who were not working in the wards, showed a higher incidence of infection and contracted a more severe type.

The author rightly attaches importance to nasal douching and gargling as preventives, but no mention is made of the value or otherwise of preventive inoculation, if judiciously carried out at an interval of three to four weeks before contact.

The slow and automatic process of immunization incidental on daily contact coupled with the higher standard (hygienic) of living in the case of the nurses may explain why they generally fared better than the maids.

The author's statement on page 78, to the effect that "many more cases of influenza than is generally believed have at their onset a nidus infection in the lungs," may mislead the student and even the general practitioner in the sense that the very important primary localization in the naso-pharyngeal region may be

completely overlooked at a time when treatment directed to these parts must make a material difference to the patient and those in his immediate neighbourhood. It is practically certain that the lung infection is secondary to the above, from which it proceeds by the lymph paths or blood-stream and not by direct inhalation, but possibly by direct downward extension.

J. E. H. G.

A SYNOPSIS OF MEDICINE. By H. Letheby Tidy, M.A., M.D., B.Ch.Oxon., F.R.C.P.Lond. Bristol: J. Wright and Sons. Second Edition. Cr. 8vo, Pp. 972. 25s. net.

The manner in which this excellent synopsis has been appreciated is shown by the appearance, in about eighteen months, of a second edition.

The only serious revision that has been undertaken is of the portion dealing with encephalitis lethargica, which instead of occupying nine lines as formerly is now more adequately summarized in a chapter of four pages.

LECTURES ON THE SURGERY OF THE STOMACH AND DUODENUM. By James Sherren, C.B.E., F.R.C.S. London: H. K. Lewis and Co., Ltd., 1921. Pp. 96. Price 4s. 6d.

The author has conferred a real benefit to the profession by the publication of these seven lectures delivered to the students of the London Hospital in 1920—1921.

We have not seen, within the same compass, such a masterly review of the pathology, symptoms and diagnosis of the surgical affections of the stomach and duodenum.

Too much stress cannot be laid on the contention of the author, that it is the history of the case which gives us our best guide to the diagnosis, and, that apart from the cases where gross tumour or secondary deposits are present, physical signs may be entirely negative.

He gives a further necessary warning regarding the dangers of accepting a negative X-ray result as sufficient reason for refusing operation if the history and signs point to a surgical lesion.

The occurrence of malignant disease as a sequel of chronic ulcer of the stomach is strongly emphasized and the change in the character of the symptoms when malignancy has occurred is well shown.

From the point of view of the student it is hoped that the author may see his way to include in future editions a comparative table of the signs and symptoms of the various affections described. From the point of view of the surgeon we regret that there is no description of the actual technique employed by the author in the various surgical procedures advocated.

We specially recommend this little book to the physician and general practitioner as a warning against the continued treatment by medical means alone of cases of recurrent dyspepsia or dyspepsia which resists rest in bed and medicinal treatment. As the author points out, in the large majority of cases of carcinoma of the stomach where operation is likely to be beneficial the diagnosis can only be made by exploratory laparotomy. We also agree with his contention that we ought not to be satisfied with the diagnosis of appendix dyspepsia until we have examined the stomach and duodenum at operation.

The little book is well produced by the publishers, excellently printed and free from errors.

J. W. W.