ACCIDENTS AND EMERGENCIES. By A. T. Gooding. London: John Bale, Sons and Danielsson, Ltd. 1930. Pp. 62. 1s. net.

This small book is compiled from the instructions laid down by the St. John Ambulance and British Red Cross textbooks, and is designed to be of assistance to those who have already studied these manuals and who wish to consolidate or refresh their knowledge of first aid.

It is often a great help to the student to find his subject matter presented from a fresh point of view and in a novel form. In this respect the book will be found most useful. A glance down the large print headings will suggest questions, and gaps in knowledge can be quickly discovered and remedied.

The sections on injuries and poisons are arranged in alphabetical order, and the section entitled "Important Memory Notes" has a separate detailed index, so that there is no waste of time in searching for references.

The medical officer who is concerned with the examination of Voluntary Aid Detachments will find in this book many suggestions for questions, together with the answers which he might expect to get from a well-instructed candidate.

DEMONSTRATIONS OF PHYSICAL SIGNS IN CLINICAL SURGERY. By Hamilton Bailey, F.R.C.S.Eng.. 2nd Edition. Bristol: J. Wright and Sons, Ltd. 1930. Pp. xviii + 268. Price 21s.

The author is to be congratulated upon having produced a book which fills a definite gap. It is profusely illustrated with excellent photographs, some coloured plates and line sketches, which add very greatly to its usefulness. Produced primarily for the use of fourth-year students, it may well be read by candidates for higher examinations and practitioners.

J. M. W.

## Correspondence.

### THE ADMINISTRATION OF QUININE.

TO THE EDITOR OF THE "JOURNAL OF THE ROYAL ARMY MEDICAL CORPS.

SIR,—The education of one's grandmother is an ancient, evergreen and pleasurable pastime. Mutually pleasurable. Fortunately, Youth never realizes what an immense amount of enjoyment Age derives from the process. Were it otherwise, the fun would stop. What old stager has not hugged himself on hearing a youngster deride the monaural stethoscope, or scorn the recently revived word "diathesis," or explain why no one should smoke before the port is stoppered, or deny that there was a war of any consequence prior to April 1, 1916—the day on which the colt landed at Boulogne?

Many years ago, during my first tour in India, we were absolutely forbidden to administer quinine by the intramuscular route. Lately, it has been most refreshing to have this prohibition explained to us by one of the boys; and especially so because I, and many others, have saved a goodly number of patients' lives by this method. Theorists and experimenters notwithstanding, and as matters stand at present, intramuscular administration is far and away the most valuable weapon which the general practitioner possesses when malaria is doing its worst.

Take another example: vaccination. For the past twenty-six years I have vaccinated many infants with three neat, circular marks. Effectual and artistic. But now a young friend of mine earnestly urges me to drop the habit of a life-time. Pointing to the error of my ways, he implores me to adopt the thin red line—two of them. Long practice and experience still incline me to favour the avuncular sign, and to distrust the formation taken up by the infantry at Waterloo. My young friend is distressed.

In your issue of April, 1930, under "Clinical and Other Notes," there appears an article entitled, "Forenote on an Alternative Method for the Administration of Quinine in the Treatment of Malaria." It seems that "The theory has been discussed at various times, but I do not know that it has been given any serious trial."

If by this the writer means that the method which he advocates has not yet been rationalized, has not been reduced to pH values and decorated with numerous plus and minus signs, he may be right. But when he talks of it as a theory, and his application of it as an experiment, he is entirely wrong. I do not object to the contents of the article any more than I object to being slapped on the back and addressed as "old cabbage" by a major of twenty-four months' standing; in fact, the enthusiasm and ingenuousness of the writer are as delightful as the confidential hilarity of the newly-fledged F.O. What I dislike is the transference of this ancient educational process to public print. As a disgruntled senior officer (to apply the popular modern cognomen) I firmly and good-humouredly beg to protest.

Freed from its trimmings—which, by the way, are admirable—the essence of the article is this: "The underlying idea was to administer the quinine at a time when the malarial organisms would be most susceptible to its effects."

Lay down your barrage when the enemy is coming over the top; not when he is lying snug in his dug-outs.

I first heard of this in 1900 or 1901; class of Therapeutics and Pharmacology; Professor Ralph Stockman. Again in 1906, when I was a lieutenant (O.P.) at the Royal Army Medical College. Since then I have met it, in theory and practice, wherever I have been in India, over a period of about eleven years. It is common knowledge to, and extensively used by, our officers and the members of the I.M.D.

Why, then, is it not the routine method of administration? Because, although it is the logical method, it is not always—or even often—practicable. Practicability depends on two factors: (*a*) The eccentricities of the disease. The attack may occur two hours before, or two hours after, scheduled time. Often the varying time factor makes it difficult to register a bull. (*b*) Clinical and nursing exigencies. Under suitable conditions, when there is no great rush on beds, when nursing is allied to trained and intelligent clinical observation, and when M.O.'s are able personally to give a good deal of time and attention to their patients, the method advocated is *the* method. But during the malaria season in India hospitals are working under pressure, they are not all staffed by Q.A.I.M.N.S., or even by R.A.M.C. orderlies, and M.O.'s do not find it easy to devote as much time to individual cases as they would like. Under these conditions the method is beset with pitfalls which are so obvious that they need not be detailed.

However, we are delighted to inform your correspondent in Egypt that we know all about this method, and that we use it as frequently as possible—to our own satisfaction, to the benefit of our patients and to the glory of a not so very archaic Corps.

I am, etc.,

A. C. AMY,
*Major R.A.M.C.*

*N.W.F.P., India.*
*May* 24, 1930.

## Notice.

### PHOTOGRAPHY SIMPLIFIED—DEVELOPMENT.

THE second of a series of interesting booklets, published by Burroughs Wellcome and Co. under the title of "Photography Simplified," has just been issued; this edition deals with the question of development by the most scientific and safe method—the time and temperature method—as well as the relationship between exposure and development.

The after-treatment of negatives by intensification or reduction is also described, the illustrations showing the difference between correct development, over- and under-development, and the improvement in faulty negatives which can be effected by using "Tabloid" Reducers or Intensifiers. Notes are included on developers in relation to particular classes of work.

This booklet is artistically printed and is of interest and value to those desirous of getting the best results from their exposures. To any reader mentioning this Journal the booklet will be sent post free by the publishers. Burroughs Wellcome and Co., Snow Hill Buildings, E.C.1.