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The author begins his preface, or as he prefers to call it, "Foreword," with an apology for adding a new work on Sanitary Science to the long list of volumes on that subject, and it is difficult to avoid agreeing with him on this point at least. He states "that he has endeavoured to make it thoroughly practical, so that it shall be as useful and indispensable in the laboratory as it is in the study." As regards its utility in the first-named place it is only necessary to point out that on two occasions he confuses a normal solution with a standard one. Thus, on p. 114 occurs the remarkable statement that a solution containing 4.78 grammes of nitrate of silver to the litre is a normal solution of that salt, and a similar mis-statement is made on p. 121. In describing the manufacture of nutrient media no allusion at all is made to the necessity of "standardising" all media used for accurate work, a process now, it is to be hoped, universal in all well-conducted laboratories, while all the directions given for the pouring of agar plates are contained in the brief statement that "the process is the same as for gelatine plates." It is to be feared that the student who takes this book as his sole guide in the laboratory is preparing himself for a course of instruction under the hard, but most efficient, instructress, experience. He will, at the least, have an opportunity of learning from his own mistakes, since Dr. Brooke does not trouble to warn him of the innumerable pitfalls of minor bacteriological technique. So much for the laboratory. As regards the study, the position is not much improved. On p. 145, under the heading Diet Scale Calculations, occurs the following table:—

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ounce albumin</td>
<td>N. 70 grains, C. 212 grains.</td>
</tr>
<tr>
<td>1 ounce fat</td>
<td>N. 70 grains, C. 336 grains.</td>
</tr>
<tr>
<td>1 ounce carbohydrates</td>
<td>N. 70 grains, C. 190 grains.</td>
</tr>
</tbody>
</table>

It is almost impossible to believe that the table means, what in plain English it only can mean, namely, that in 1 ounce of fat there are 70 grains of nitrogen, and the same in 1 ounce of starch or sugar. It is to be feared that the student who calculates his diets by the use of the above scale will arrive at results more interesting than accurate. It is hardly necessary to go further. Dr. Brooke concludes his "Foreword" with a reference to books of "such questionable value to the student, and of such uselessness to the practitioner." It is safe to say that this book can never come under this category, since, however useless it may be to the practitioner there can be no possible question as to its value to the student.

C. H. M.
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Hints to Ships' Surgeons. By J. F. Elliott, L.R.C.S., L.R.C.P.Irel.
Price 2s. net.

This little book should be useful to medical men who contemplate accepting an appointment in the Mercantile Marine. The usual amount of pay and the cost of outfit might, perhaps, have been given. No mention is made in the two chapters devoted to duties at sea of any special supervision of hygienic conditions—an occupation in which, we should have expected the surgeon to take a lively interest.

The author has found the following treatment in obstinate cases of seasickness to be better than any medicine: "Rest in a prone position in a swinging cot in a darkened cabin well amidships, away from noise and smells." We would substitute "supine" for prone, and add "with an abundant supply of fresh air." A few grammatical errors are noticeable, e.g., p. 29, "each may know how many of their men are ill."

The book is well printed and readable. It should serve the purpose for which it is intended.

W. W. P.

Infected Ears (Intrameatal Treatment). By F. Faulder White, F.R.C.S.Eng.
Price 5s. net.

Recognising how proverbially unsatisfactory the treatment of suppurative otitis of the middle ear is, and the large number of people who daily, without mentioning other risks, are running that of poisoning, by chronic absorption from foul ear conditions, any contribution to our present limited knowledge of how to lessen these dangers should be greatly prized. Mr. Faulder White's small work (pp. 100) is an effort to supply this.

The author is, and has been for years, an enthusiastic believer in the intrameatal method of treatment. Holding the view that in the great majority of cases the middle ear is the seat of disease to be attacked, his methods are directed to this end. His treatment may be described as "otectomy," or "cutting out" of any obstacle interfering with the freest drainage from the middle ear through the external auditory meatus. Thus tympanic membrane, ossicles, granulations, or bony walls, may require "cutting out." This is followed up by careful irrigation of the middle ear by non-poisonous warm antiseptic solutions. The authoritatively states that the great majority of chronic suppurative otitis cases can be cured in this way, and furnishes notes of results of many successful cases he has so treated.

He states, moreover, that in his private practice in the last three years, he has neither once had to perform or advise the radical mastoid operation. It must be admitted that his treatment, devoid as it is of serious risks (mortality nil), is well worth the fullest trial, it will doubtless commend itself to many patients who, from fear of the more severe and lengthy radical mastoid operation, have given up all hope of ever obtaining relief. To those who have treated old-standing cases of chronic suppurative otitis by the radical mastoid operation, with a result of the renewal of health to the patient, and no further loss of hearing, and who are convinced that the mastoid antrum is the seat of disease to be first dealt with, these views may perhaps prove unconvincing. In the last two years, however, the tide of feeling on this subject has undoubtedly
Reviews

changed. Otologists in daily increasing numbers now hold that the radical mastoid operation has been used more frequently in the past than was necessary, and that equally good results would have followed measures less severe and of less risk to the patient. Such measures Mr. Faulder White now proposes.

A good many pages are occupied in drawing attention to the regrettable non-recognition and indifference of many public bodies, school authorities, and parents, to the gravity and evil consequence of neglected running ears.

His suggestion of the provision of large institutions, in healthy localities, for the treatment of otorrhœa under skilled supervision, is a most excellent one, which we trust we may one day see carried out.

To all interested in ear affections and their treatment, this little book eminently practical, well written, and moderate in price, will be welcome.

G. A. M.


This useful book is an eminently practical guide to the practitioner in the diagnosis and treatment of the fevers of Great Britain. The photographs and diagrams are excellent. In the opening chapters, many pages of which are devoted to bacteriology, it is pointed out that one fever increases the susceptibility of the individual to another. Two per cent. of the admissions to the London fever hospitals are cases of concurrent infections. While treating of the modes of conveyance of contagion, the reviser makes no allusion to the classical researches of Flügge and his pupils, by which they proved that the infecting agent may be disseminated in the droplets of mucus and saliva emitted in the acts of speaking, crying, sneezing, &c. Now the reviser quotes the experiments of Stickler who induced scarlet fever in ten healthy children by inoculating them with mucus from the fauces of scarlet fever patients, and the similar positive results obtained by Franz Mayr with the nasal discharge of children suffering from measles. The importance of Flügge's investigations, therefore, is obvious.

Sore throat, influenza, tubercle, whooping cough, mumps, diphtheria, cerebrospinal meningitis, in like manner may be disseminated in the spray of the sufferer. The decrease in the virulence of scarlet fever is noted. Stress is laid on the diagnostic value of the circum-oral ring of pallor in marked contrast with the flushed cheeks. The reviser is of opinion that the desquamating cuticle of scarlet fever is no longer infectious after four or five weeks. Isolation should be continued from eight to twelve weeks if any nasal or aural discharge persists. He advocates the use of anti-streptococcic serum in the septic complications of this fever in doses of 10 to 20 cc. only. Crompton injects 50 cc. intravenously. Most foreign observers employ doses of 100 to 200 cc. Egis and Langovoy claim to have reduced the fatality considerably by the administration of Moser's serum in this quantity. No mention is made of Franklin Roger's favourable experience of chloral hydrate with which he treated 800 cases of scarlet fever, nor do we find any note of the importance of reducing the chloride input in nephritis with dropsy. In mastoid abscess an incision down to the bone is often all
that is required in infancy. In the chapter on diphtheria, the ripe experience of the reviser is displayed. He deprecates the isolation of children whose fauces harbour the pseudo-diphtheria bacillus. Full details of intubation are given, it has been practised 625 times since 1898 at the Eastern Hospital. No reference is made to Marfan’s method of extubation, which is performed with the child on his face with his head hanging over the edge of the table; the dangers of the sitting position are avoided. Anaphylaxis is described: This means the occurrence of grave symptoms, collapse, pyrexia, rash, &c., after the administration of antitoxin to those who have received an injection of horse serum more than a fortnight previously. Hence, before giving an antitoxin it is always necessary to ascertain if the patient has thus been rendered hypersensitive by a former dose of serum. The prophylactic use of diphtheria antitoxin should be limited to those cases in which the risk of infection has been great. As an alternative preventive measure, a reference to the use of rectal injections of sterilised cultures of the diphtheria bacillus recommended by Breton and Petit might have been included in the text. In discussing measles the reviser relates how Franz Mayr demonstrated the infectivity of the nasal secretion in 1852 and quotes the epoch-making experiments of L. Hektoen, in which measles was transmitted to two healthy men by inoculating them with twenty-four hour old broth cultures of the blood of measles cases. We look in vain, however, for any mention of the extensive investigations on the blood and discharges of this disease carried out by Giarré and Carlino, Borini, Czajkowski and Zlatogoroff, and Pacchioni and Francioni, without which no article on measles can be considered complete. The presence of Koplik’s spots is stated to be pathognomonic of this disease. It should have been added that a leucocyte count is of value. There is leucopenia in the eruptive stage and a mononuclear increase during convalescence. Scarlet fever, diphtheria, syphilitic roseola thus may be excluded, since leucocytosis occurs in all these infections. According to the reviser the isolation of measles patients should be enforced for three weeks from the appearance of the rash. A week or ten days is deemed sufficient by many. The pathology of whooping cough is hastily dismissed by saying that the microbe has not yet been isolated. Now, D. J. Davis cultivated it in 1906, and proved its pathogenicity on man. Since then it has acquired a considerable literature, to which Bordet and Gengou, Soulima, and Klimenko have made recent contributions. Wollstein has shown that the serum of children suffering from whooping cough agglutinates suspensions of the bacillus. Since the microbe exists in the sputum, it is thrown out with the spray emitted while coughing; the fact that whooping cough is a close range infection, established clinically, thus receives an explanation. Among methods of treatment which might have been given are: the administration of milk of cows or goats which have received injections of antitetanic serum, advocated by Bloch, and the use of fluoroform which, according to Tessier, exerts a specific action. The reviser states that the infecting agent of mumps has not been discovered. Laveran and Catrin isolated the coccus in 1893. Their observations have been confirmed by Tessier and Esmein, and in 1907 by Korentschesewsky who obtained the microbe from the saliva, the blood, and from Stenson’s duct of affected persons. The serum of such patients agglutinates the coccus.