

to make a compilation attractive from a literary point of view, and much of the book necessarily consists of abstracts from the work of others. The printing and paper are excellent, and the illustrations, many of them original, are very fairly good. The book should prove very useful to the specialist in nervous diseases and to teachers.

A review of the second German edition of Dr. R. BING'S *Compendium*⁸ has already appeared in this JOURNAL (1911, vol. ii, p. 218). Dr. ARNOLD'S translation has been made from the first German edition, which is but a little less complete than the second. As to the merits of Dr. Bing's book, little further need be said. The translation has been well done in most respects, but there is one in which he might have effected an improvement on the German original; and that is the textual explanations of some of the figures. A single example may be given. In Fig. 37, which gives a characteristic transverse section of the mid-brain, a certain nerve tract is labelled with the letters "F. c. p.;" the text beneath the figure does not explain what these letters mean, but adds, "Other abbreviations as in Fig. 36." Referring to Fig. 36, one finds no explanation of these letters in the text beneath it, but the words "Other abbreviations as in Fig. 35." Reference to Fig. 35 leaves "F.c.p." unexplained, but the reader finds "Other abbreviations as in Fig. 34." The letters are not explained in Fig. 34, but one is referred back in the same way as before to Fig. 33. Turning back to Fig. 33, one finds no explanation of "F.c.p.," but the explanatory text ends with the sentence, "Other abbreviations as in Fig. 32"—one begins to tire of this sentence. Fig. 32 gives no interpretation of "F.c.p.," but says "Other abbreviations as in Fig. 31." Fig. 31 leaves "F.c.p." unexplained—"Other abbreviations as in Fig. 30." Fig. 30 does not mention "F.c.p.," but says "Other abbreviations as in Fig. 29." It is not without emotion that one finds no reference at all to "F.c.p." in Fig. 29; and on looking carefully through the whole series of nine diagrams again one finds that "F.c.p." is a misprint for "F.l.p.," and that "F.l.p." is explained in the text beneath Fig. 31. It is only fair to say that the same series of errors occurs in the second German edition of the book, and that Dr. Arnold is doing no more than repeat the mistake made in the first instance by the artist who drew Fig. 37. But it is always irritating to a reader to be referred from one diagram to another in order to find out the meaning of the abbreviations employed in it, and we cannot help thinking that the publishers would do well to make the explanatory text of each figure complete in itself, should the opportunity be afforded by a second English edition.

In his essay on the symptomatology of the cerebral paralyses⁹ GUSTAF BERGMARK has devoted special attention to those which are a sequel to lesions of the sensory motor zone of the hemispheres or internal capsule. Professor Petren's observation that certain cerebral disturbances, notably those of cortical origin, may cause paralyses without increasing the reflexes, has been carefully controlled by Bergmark, whose own material and that gathered from the literature on the subject is considerable. He found that cortical lesions affect the reflexes less than lesions of the capsule, and that no correlation can be found between the sensory disturbances on the one hand and the reflexes on the other. With regard to the differential diagnosis of cortical and capsular lesions, he holds that, apart from the condition of the reflexes, there are certain sensory and motor phenomena which are characteristic of cortical lesions and are absent in lesions of the capsule. Many excellent illustrations are given, and the work bears witness to that thoroughness and attention to detail which is so characteristic of Swedish scientific literature.

⁸ *Compendium of Regional Diagnosis in Affections of the Brain and Spinal Cord: A Concise Introduction to the Principles of Clinical Localization in Diseases and Injuries of the Central Nervous System.* By R. Bing. Translated from the German by F. S. Arnold, B.A., M.B., B.Ch.Oxon. London: Rebman, Limited. 1911. (Med. 8vo, pp. 226; illustrations 70. 10s. 6d. net.)

⁹ *Bidrag till: De Cerebrala Förlamningarnas Symptomatologi.* By Gustaf Bergmark. Uppsala: Almqvist, and Wiksell, Boktryckeri. (Roy. 8vo, pp. 210.)

NOTES ON BOOKS.

THE third edition of *A Handbook of Medical Diagnosis*,¹⁰ by Dr. J. C. WILSON, of Jefferson Medical College, like the first, is divided into four parts—medical diagnosis in general, methods and their immediate results, symptoms from signs, clinical application—and is profusely and admirably illustrated by coloured plates and figures in the text. It appears, in short, to be fully equal in all respects to the first edition, which we described as about the best publication of the kind that had yet appeared in the English language. Certain of the sections are entirely new—those, for instance, dealing with Mexican typhus, the electro-cardio-diagram, and Brill's disease or pseudo-typhus.

A pamphlet of fifty pages, with the title, *Small-pox and Vaccination in British India*,¹¹ has been issued by the Antivaccination League. It consists partly of letters sent by the editor of the *Vaccination Inquirer* to various Indian newspapers; a reprint of a review of the work entitled *Small-pox and Vaccination in British India*, by Major G. P. James, M.D., the Statistical Officer to the Government of India; some excerpts from the works of Herbert Spencer, and various letters against vaccination. But the very first page of the pamphlet is a refutation of all that follows, for it gives, from a return laid before Parliament and from later statistics, the small-pox deaths, actual and per million of population, in each of the three great provinces, Bengal, Madras, and Bombay, and in India as a whole, from the year 1878 to the year 1909. The average annual small-pox death-rate per million living, which was 1,032 in the decade 1868-77, sank steadily in the three succeeding decades to 772, 466, and 374. This is a remarkable diminution in an immense country without universal compulsory vaccination, for vaccination is compulsory only in those municipalities which apply for this power; and Dr. James has informed us in his book that down to 1906 only 484 out of 719 towns had adopted compulsory vaccination. The Surgeon-General to the Governor of Bombay wrote in 1911: "Vaccination is not compulsory in India, or likely to be." And Mr. Montague, in Parliament last year, stated that vaccination is optional over the greater part of India, "including 93 per cent. of population." The vaccinations are over 9,000,000 yearly, but the vaccinated children under 1 year are only about 4,000,000. We are treated to the usual strong language adopted by many opponents of vaccination. The practice is called a terrible curse, and a letter by Lieutenant-Colonel Collie, I.M.S., to the *Times of India*, in which revaccination is strongly recommended, receives the following comment: "The fiendish spirit of tyranny that pervades this letter is as deplorable as its abysmal stupidity. We do not suppose that this vaccino-maniac has enough brains to understand the question." This is indeed unfortunate.

Both editors and publishers are to be congratulated upon the issue of a sixth edition of *An Index of Treatment by Various Authors*.¹² The great and deserved popularity of the book is proved by the fact that a sixth edition has been called for within five years of publication. The editors have taken advantage of the opportunity to subject the original articles to a thorough revision in order that the teaching may be brought absolutely up to date. In the majority of instances this result has been attained. Several new articles have also been added, the most important dealing with puerperal sepsis, hydrotherapy, phototherapy, and thermotherapy treatment by carbonic acid snow. These articles are lucid and comprehensive, and well sustain the general high standard of excellence to be found throughout the book. A glance at the list of collaborators is sufficient to assure the most sceptical that the information in the volume is thoroughly trustworthy. We know of no work which, within the same compass, contains such a mine of useful information, and none which could better repay the purchaser, especially if he be a busy practitioner. Of neces-

¹⁰ *A Handbook of Medical Diagnosis for the Use of Practitioners and Students.* By J. C. Wilson, A.M., M.D. Third edition, thoroughly revised. Philadelphia and London: J. P. Lippincott. 1911. (Sup. roy. 8vo, pp. 1460. 25s. net.)

¹¹ *Small-pox and Vaccination in British India.* Published by the National Antivaccination League, London. (6d.)

¹² *An Index of Treatment by Various Authors.* Edited by Robert Hutchison, M.D., F.R.C.P., Physician to the London Hospital, and H. Stansfield Collier, F.R.C.S., Surgeon to St. Mary's Hospital, Joint Lecturer in Surgery in St. Mary's Hospital Medical School. Sixth edition, revised and enlarged. Bristol: John Wright and Sons, Limited. London: Simpkin, Marshall, Hamilton, Kent, and Co., Limited. New York: William Wood and Co. 1911. (Med. 8vo, pp. 1113; figs. 67. 21s. net.)

sity in a book like this there are many omissions, but it is safe to say that no one who follows the rules of treatment laid down in this book can go far wrong. The continued success of *An Index of Treatment* may be confidently predicted.

During the past few weeks new editions have appeared of several of the booklets belonging to the Students' Aid Series,¹³ and the already lengthy list of volumes published under this general title has been increased by one dealing with histology. The author is Dr. ALEXANDER GOODALL, of Edinburgh, who, commencing with a short sketch of development and ending with a detailed description of histological methods, covers all the essential facts regarding the minute structure. The reissues are a fifth edition of *Aids to Ophthalmology* by Mr. Bishop Harman, and second editions of the corresponding books on *Bacteriology* by Messrs. C. J. Moor and W. Partridge, on *Practical Pharmacy* by Dr. A. Campbell Stark, and on *Pathology* by Dr. Harry Campbell. The latter includes an admirable exposition of the subject of immunity, in which the production and action of antibodies is illustrated by the Wassermann reaction; Mr. Bishop Harman's volume, in addition to other matter, provides a very succinct and yet comprehensive account of refraction work. Both these volumes, indeed, are notable for the amount of information the authors manage to afford despite the brief space at their disposal. The original idea of this series, we believe, was that its members should serve as examination cramb-books. As they now stand, most of them are much above the class of such works.

Sir GEORGE BEATSON, M.D., K.C.B., Chairman of the Council of the Scottish Branch of the British Red Cross Society, who takes a very grave view of the existing European situation, has in a pamphlet, entitled *The National Danger and the National Duty*,¹⁴ made a very serious appeal to the country. It is, he urges, essential speedily to come to a compromise on the questions of the strength, the training, and the mode of raising the Home Defence Army. The Territorial Force has never attained the establishment of 315,000 officers and men. The shortage at the beginning of 1911 was 50,000; it is calculated that in March next, when the recruits of 1908 have served their time, the Territorial Force will probably lose some 50,000 men, reducing the strength to 180,000, so that, allowing for new recruits to the extent of 25,000, the Territorial Force will still be 110,000 below the strength considered necessary by the military authorities. The scheme promoted by Lord Roberts, with the support of the Universal Service League, for 1,000,000 men has, Sir George Beatson thinks, stood in the way of the realization of the smaller scheme of the Territorial Force. The compromise suggested is on the basis of 500,000 men, raised upon the voluntary system. He does not accept the criticism that this could not be done, for the Territorial Force, he holds, has been the victim of a combination of circumstances unhappy but remediable. He says:

The County Associations have been deprived of all powers, the promise of ample pecuniary grants made four years ago have not been fulfilled, a parsimonious economy in the administration of the force has been substituted, while the officers and men of the force have had their enthusiasm damped by being furnished with inferior equipment and indirectly told that the present is a period of latent energy, and that the real training will begin when war breaks out. Nothing, in my opinion, has been so fatal to the progress of a force that depends for its success upon enthusiasm than to be told that the present period of service is only preliminary to real work.

He believes that if greater latitude were given to County Associations, and if more liberal pecuniary support were afforded, and if the National Service League were to agree to the compromise, a conference might be able to agree to a proper working programme. Sir George Beatson has worked so well and so disinterestedly during many years to maintain and improve home defences that his warning with its suggestion of a working scheme will not fail to be widely read, and may, it is to be hoped, lead to an early conference.

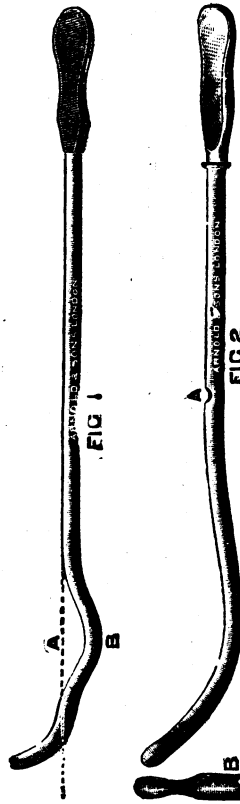
¹³ The Students' Aid Series. *Aids to Ophthalmology*. By N. Bishop Harman. Fifth edition. Price, 2s. 6d. net. *Aids to Pathology*. By Harry Campbell. Second edition. Price, 3s. 6d. net. *Aids to Bacteriology*. By Moor and Partridge. Second edition. Price, 3s. 6d. net. *Aids to Practical Pharmacy*. By A. Campbell Stark. Second edition. Price, 2s. 6d. net. *Aids to Histology*. By A. Goodall. First edition. Price, 2s. 6d. net. London: Baillière, Tindall, and Cox. 1912. (All fcap. 8vo.)

¹⁴ *The National Danger and the National Duty: A Plea for Compromise and Unity*. By Sir George Thomas Beatson, M.D., K.C.B., D.L. Glasgow: James Heddewick and Sons. (Cr. 8vo, pp. 16, with folding map. Price, 1d.)

MEDICAL AND SURGICAL APPLIANCES.

Urethral Sounds.

WITH reference to the instruments depicted in the annexed engravings, Mr. James MacMunn, of Finsbury Pavement, writes: Fig. 1 is of chief use when the meatus is narrow and when we wish to fully distend the urethra behind for the diagnosis and treatment of pathological narrowings, especially at the bulb, which, of course, is the widest part of the anterior urethra; the roof is straight and resistant, the floor expansile and uneven. Narrowings and infiltrations are mostly seated in the floor. Considering this character of the roof, it is apparent that the sound, Fig. 1, will exercise a distension from A to B. I use three sizes. Fig. 2 is a sound which will really fall into the bladder "by its own weight." It is remarkable how easily these spoon-shaped sounds will pass. The full curved sound, no matter what circle the curve presents, should be given up—for strictures at least. Passing sounds into the bladder for stricture is usually unjustifiable traumatism. Every sound should be marked at A, 7 in. from its tip. It should be 1½ mm. thinner at its beak and shaft than at the convexity of its curve. I find a flat-necked bulbous point to be the best form of wedge. Before passing instruments it is best to inject the lubricant. Sounds have been greatly superseded, because they have not been properly used; they are better than expanding instruments; they are sedative when cold, and press the contents out of veins, lymphatics, and follicles. These instruments have been long used by me, and are now neatly made by Messrs. Arnold and Sons.



THE WEST AFRICAN MEDICAL STAFF.

THE winter dinner of the West African Medical Staff took place on January 19th at the Trocadero Restaurant, when there was a large gathering of the past and present members of the Staff.

Dr. PROUT, C.M.G., of the Liverpool School of Tropical Medicine, late P.M.O., W.A.M.S., presided, and the guest of the evening was the Right Hon. L. Harcourt, Secretary of State for the Colonies. Other guests were Sir Ronald Ross, K.C.B., Messrs. Fiddian, Robinson, and Baynes, of the Colonial Office; Major Armitage, C.M.G., D.S.O., Chief Commissioner, Northern Territories, Gold Coast; and Mr. R. H. Maude, Solicitor-General, Gold Coast.

After the toast of "The King" had been duly honoured, the CHAIRMAN called upon Dr. Langley Hunt, who was leaving the Staff and proceeding to Ceylon. Dr. LANGLEY HUNT said that the members of the Staff had done a great work in West Africa, and it was only those who had come into close contact with the natives who could realize the great influence they had in gaining their confidence.

Dr. PROUT, in proposing the toast of "The Guests," said that they welcomed the Secretary of State, not only as the head of the Colonial Office, but because they recognized in him the actual head of the West African Medical Staff, and that he was the final arbiter to whom all questions connected with their profession on the Coast must in the last resort be referred, and by whom they must be decided. It was a matter for congratulation that they had had at the Colonial Office a succession of statesmen who had fully realized the vital importance of the great questions of medical research and tropical hygiene. He had been associated for over twenty-five years with the tropics, and had seen a great change come over the attitude of the public and of the official mind. Formerly tropical diseases were regarded with