

symptoms under salvarsan and mercury. He related the following case as an instance:

A discharged soldier, aged 49 years, but looking much older, with marked signs of tabes, practically crawling, with loss of control of bladder and rectum, presented himself for treatment, giving a history of syphilis contracted nine or eleven years before. He was treated as an outdoor patient after being detained a couple of days for spinal puncture—Wassermann positive. He was put on potassium iodide for a fortnight, and then attended weekly for kharsivan and mercury. The drug was given intramuscularly; after five injections he was walking much better, and had recovered the control of his bladder and rectum, was in good health, and looked much younger.

Major Donald thought that all cases of parasyphilis of the nervous system should be treated by salvarsan and mercury, even though at times the treatment seemed to aggravate the symptoms. He would begin by giving a course of potassium iodide and mercury for a fortnight, and then doses of 0.1, 0.2, 0.3 gram salvarsan weekly, allowing fourteen days' rest between each seven injections until four to five grams had been reached. Potassium iodide should be given in the intervals.

Captain H. S. LAIRD, R.A.M.C., said that he preferred the intravenous method of injection, on account of the pain and the liability to abscess which followed the intramuscular method. Mr. G. PUGIN MELDON considered that the treatment should continue for three months; three weekly injections of salvarsan should be given and then three at fortnightly intervals, combined with mercury during the whole period. He believed that if parasyphilitic diseases were treated early, that is to say, before actual destruction of the nerve cells and while the disease was still confined to the vascular and intercellular tissues, good results might be expected.

## Reviews.

### BLOOD PRESSURE.

THE third edition of NORRIS's textbook on *Blood Pressure*<sup>1</sup> is in every way a most complete and admirable work. After an account of the physiology, which, with the chapter on the venous pressure, is contributed by Dr. J. H. Austin, a fully illustrated description is given of the various forms of sphygmomanometers, and for ordinary work Nicholson's new instrument, a portable mercurial apparatus enclosed in a metal case, is recommended. The five phases of the auscultatory method, described by Korotkow in 1905, and introduced to the notice of the profession in this country some years later by the late Dr. George Oliver, are explained and illustrated by diagrams; this method is simple, rapid, and accurate, gives the diastolic as well as the systolic blood pressure, and among those familiar with it has supplanted all others for clinical work. Although those interested in blood pressure estimations may regard this as a truism, we believe that its adoption by those who possess and often use a sphygmomanometer is not so general as the value and easy application of the method deserve.

While admitting that there is no entirely satisfactory blood-pressure test for determining the functional efficiency of the circulation, the author considers that some of those described may throw some light on the question; he has used extensively Crampton's test for vasomotor efficiency, and places some reliance on its results. It consists in a comparison of the pulse-rate and systolic pressures in the lying-down and in the erect postures, there being normally an increase of about seven beats a minute and 10 mm. Hg in the latter. The systolic and diastolic pressures being commonly 120 and 80 with a difference, or pulse pressure, of 40, the "cardiac load" has therefore been considered to be  $\frac{4}{5}$ , or 50 per cent. of the diastolic pressure; in hypertension this pulse pressure percentage of the diastolic pressure may be greatly raised, and prognostic importance has been ascribed to it; but the author has not found "the cardiac load" of any value in the estimation of circulatory efficiency. A systolic pressure constantly at 160 mm. Hg or above, and a diastolic of 100, is regarded as definitely pathological at

<sup>1</sup> *Blood Pressure: its Clinical Applications.* By George William Norris, A.B., M.D., Assistant Professor of Medicine in the University of Pennsylvania. Third edition. Philadelphia and New York: Lea and Febiger. 1917. (Med. 8vo, pp. 448; 110 figures, 1 coloured plate. 3.50 dollars.)

any age, and as the diastolic is far less subject to temporary variations and a better index of the mean pressure than the systolic, it is often the more important of the two; thus a constant diastolic pressure of 100 mm. Hg indicates high blood pressure, whether the systolic is 180 or 140.

The thoroughness of the review of the whole subject is further shown by the summaries of the changing phases of opinion as regards the significance of blood pressures in various conditions; thus the view that a low blood pressure exists before the appearance of physical signs of tuberculosis is rendered more than doubtful, the author quoting Janeway's observations, and concluding that hypotension is seen in the later stages when it is due to toxæmia, and that the stethoscope is a much better means than the sphygmomanometer for diagnosing incipient tuberculosis. Again, Gibson's law, that when the blood pressure expressed in millimetres of mercury does not fall below the pulse-rate the prognosis of pneumonia is good, and conversely, is certainly far from infallible. Enough, perhaps, has now been said to show the character of this valuable book of reference, and it need only be added that it is well written and appropriately illustrated.

### HEWLETT'S "BACTERIOLOGY."

SINCE its first appearance twenty years ago Professor HEWLETT's admirable *Manual of Bacteriology*<sup>2</sup> has been in constant demand and now is in its sixth edition. As the fifth edition came out in 1914 many changes have been necessary, and these have been incorporated clearly and succinctly, as is seen in the sections on septic wounds and gas gangrene. In the section on spirochaetosis icterohaemorrhagica the mode of infection is said to be uncertain, probably by water or by contact, possibly by insects, and no mention is made of rats. The work is so fully up to date as a whole and is so clearly written that it may be confidently recommended to the student as well suited to his needs.

### NOTES ON BOOKS.

THE small book on the irrigation of wounds by the Carrel method, by J. DUMAS and ANNE CARREL,<sup>3</sup> a short review of which was published in the *JOURNAL* of March 31st, 1917, p. 426, has been translated by Dr. A. V. S. Lambert, of Columbia University, New York, and issued with an introduction by Dr. W. W. Keen. It was intended by Madame Carrel primarily for the instruction of nurses, but it will be found useful by surgeons also who wish to make themselves acquainted with the details of the method.

Dr. TINEL's excellent manual of *Nerve Wounds*<sup>4</sup> has been translated from the French by Mr. ROTHWELL and Mr. JOLL. The original work was reviewed in the *BRITISH MEDICAL JOURNAL* of September 30th, 1916 (p. 465). The translation has been well rendered and printed.

The second edition of *The Panel Doctor: His Duties and Perplexities*,<sup>5</sup> by Dr. T. M. TIBBETTS, has appeared. The first edition, reviewed in our columns of February 10th, 1917, was, we learn, very quickly exhausted, and the author has taken the opportunity of revising the matter and bringing the subject generally up to date. The book has proved very useful to medical practitioners working under the Insurance Act, and we again commend it to their attention.

The *Minutes* of the General Medical Council for the year 1917 have been issued in a volume (Constable, 12s.), which contains also the minutes of the branch councils, of the executive and other committees, and various reports,

<sup>2</sup> *A Manual of Bacteriology, Clinical and Applied.* By R. Tanner Hewlett, M.D., F.R.C.P., Professor of Bacteriology in the University of London. Sixth edition. London: J. and A. Churchill. 1918. (Pp. 769; 31 plates and 69 figures in the text. 14s.)

<sup>3</sup> *Technic of the Irrigation Treatment of Wounds by the Carrel Method.* New York: Paul B. Hoeber. 1917. (Cr. 8vo, pp. 90; 11 plates. 1.25 dols. net.)

<sup>4</sup> *Nerve Wounds: Symptomatology of Peripheral Nerve Lesions Caused by War Wounds.* By J. Tinel, Ancien Chef de Clinique et de Laboratoire de la Salpêtrière. Authorized translation by Fred. Rothwell, B.A. Lond. Revised and edited by Cecil A. Joll, M.B., M.S., B.Sc. Lond., F.R.C.S. Eng. London: Baillière, Tindall, and Cox. 1917. (Sup. roy. 8vo, pp. xii+317; 323 figs. 15s. net.)

<sup>5</sup> *The Panel Doctor: His Duties and Perplexities.* By T. M. Tibbetts, M.D., M.R.C.S., L.R.C.P., D.P.H. London: John Bale, Sons, and Danielsson, Ltd. 1918. (Cr. 8vo, pp. 59. 2s. 6d. net.)