

Returning to Philadelphia to practise, he is described as a handsome, dignified, seriously minded young man not blessed with any sense of humour, who had become imbued with republican ideas when in Edinburgh. Philadelphia was then the clearing-house for anti-British feeling, and he became a leader among the rebels, though later he quarrelled with Washington. Originally a devoted follower of Sydenham and the humoral school, he adopted Cullen's solidist conception, and later the Brunonian method of treatment, but remained a vigorous advocate of bleeding. During the quarter of a century after the War of Independence he was a most influential teacher and popular lecturer. In 1803 he described oral sepsis as the cause of various diseases; before this he had advocated inoculation against small-pox, and at once recognized the future of Jennerian vaccination. He wrote a wise treatise on old age, and is described as "the first American psychiatrist."

Notes on Books

During the four years which have elapsed since the publication of *Diathermy in General Practice*⁷ the author, Dr. PAYTEN DARK, has had more extensive experience in the medical and surgical uses of diathermy, and has had the agreeable experience of finding his beliefs in its efficacy strengthened and confirmed. In the second edition he has added considerably to the most interesting part of the book—namely, the records of cases treated. All the cases of high blood pressure which the author has had under his care, and all those of sciatica, are included, and there is a special chapter on failures. Naturally, in short series of cases it is difficult to assess the actual part played by diathermy in any improvement that occurs, but where there is relief from pain this is distinctly noticeable. A chapter on diathermy in gynaecology has been contributed by a gynaecological surgeon, and one, on diathermy in the

⁷ *Diathermy in General Practice*. By Eric Payten Dark, M.C., M.B., Ch.M. Second edition. Sydney, Australia: Angus and Robertson, Ltd.; London: Australasian Book Company. 1934. (Pp. 213; illustrated. 17s. 6d. net.)

treatment of mental disorders, by the superintendent of the mental hospital at Parramatta, New South Wales. Dr. Dark writes with enthusiasm, and is to be commended for his enterprise in giving treatment by diathermy to patients many of whom had had no relief from any other measures. He has perhaps an exaggerated idea of the ease with which diathermy can be applied, for he says: "Anyone not worse than a half-wit can grasp the general principles from an hour's demonstration. The risks are practically nil." His book should arouse interest among his fellow practitioners in Australia. In this country the general practitioner anxious for information about diathermy has already a good choice of books in which to seek it.

In *Fit or Unfit for Marriage*⁸ Dr. TH. H. VAN DE VELDE, the author of several well-known books on the physiology and psychology of coitus and allied topics, states that this, though primarily addressed to the lay public, is secondarily intended for the medical profession, and particularly for family doctors when called upon to give advice on marriage questions. The book is divided into three sections, according as the problem is discussed from the biological, psychological, or social standpoint.

The second volume⁹ of "Biological Data for the Paediatrician," jointly the work of the editor, Professor J. BROCK and Professors E. THOMAS and A. PEIPER, deals with the respiratory apparatus, urinary system, the endocrine glands, nervous system, and metabolism of children. The third and concluding volume, promised for 1936, is to continue the account of metabolism in its special features. As a work of reference this book is a most useful store of information on the facts of physiology, anatomy, biochemistry, and biophysics as applied to the special problems of childhood. The bibliographies at the end of each section appear to offer a wide field for workers seeking more detailed knowledge.

⁸ *Fit or Unfit for Marriage*. By Th. H. van de Velde, M.D. London: Chapman and Hall, Ltd. 1934. (Pp. xii + 362. 10s. 6d. net.)

⁹ *Biologische Daten für den Kinderarzt*. Band II. By Professor Joachim Brock, Professor Erwin Thomas, and Professor Albrecht Peiper. Berlin: J. Springer. 1934. (Pp. 321; 38 figures. RM. 26; geb., RM. 27.20.)

New Preparations and Appliances

A SUBCUTANEOUS FASCIOTOME

Dr. H. A. D. SMALL (Queen Mary's Hospital for the East End) writes:

Providing that one admits Gallie's findings in regard to fascial healing, there is no argument for the open removal of fascia lata from the thigh with the accompanying ugly incision, other than the frequent inadequacy of the instrument available for its subcutaneous removal. The instrument illustrated here can, with the greatest simplicity, remove a strip of fascia lata as regular as a piece of tape, and from ten to eleven inches in length through an incision two to two and a half inches long at the lower end of the thigh and a tenotomy puncture at the upper end. The principle can best be understood by reference to the instrument.

A vertical incision two to two and a half inches in length is made over the anterior edge of the ilio-tibial band—its lower end being at the level of the upper border of the patella. A tongue of fascia is freed from the underlying tissues and turned upwards. It is about 0.4 inch in width. The free end of this is fed through the slot A and the aperture B (see figure), and is then firmly grasped by a pair of Kocher's forceps. The left hand keeps a gentle traction on this, while the right pushes the instrument upwards. The upper surface pushes up the subcutaneous tissues, while the lower pushes away the underlying tissues, one being above and the other below the

fascial layer, while the two vertical blades cut a strip from the fascia. When resistance is met with by the head striking the adherent fibres of tensor fasciae femoris (from ten to eleven inches up) the strip is freed at the top by a subcutaneous tenotome—or by a tiny incision if the patient is very fat—and the strip is drawn down.

The description may seem rather complicated, but actually the operation is simplicity itself. Points in technique are: (1)

The vertical rather than the transverse incision: this allows the tongue to be more easily and accurately cut. (2) To

keep close to the anterior margin of the ilio-tibial band, as here the fibres are practically parallel, and also the longest possible distance intervenes before the adherent muscle is reached: the track of the instrument should point to the anterior superior spine or just behind it.

(3) To keep the instrument nearly parallel to the surface of the limb and continue to cut with even pressure: withdrawing partially and then plunging forward should be avoided.

The width of strip can be varied within limits on the same instrument. I have chosen 0.4 inch as giving two 0.2 inch strips—enough for most purposes. I have now used the instrument, first in the cadaver and then in the living, with perfect success.

The makers are Down Bros. Ltd., London, S.E.

