In *An Ethiopian Diary* (Hodder and Stoughton, 5s.) Dr. J. W. S. MACFIE gives a vivid and impartial account of the formation and the work of the British Ambulance Service in Ethiopia. The unit was originally intended for the Ogaden front, where the author's experience of tropical diseases would have been of much value. The Abyssinian authorities, however, decided eventually to employ its services on the northern front, and after a considerable delay, entailed by the necessary reorganization and the difficulties of transport, an advance was made as far as Lake Ashanghi. Dr. Macfie writes with admiration of the stoical resignation with which the Abyssinian patients endured pain and discomfort. Nevertheless, he was disillusioned to discover that, despite their courage and brave independence, they were not a united people. He found them proud, intractable, and in most cases painfully lacking in gratitude. The excellent work which the unit was carrying on was reduced to negligible proportions by one morning's aerial bombardment, when much of the equipment was wrecked and the middle of the forty-foot square Red Cross ground flag formed the site of a bomb crater. Dr. Macfie describes the arduous retreat to Addis Ababa, whence he was invalided home a few days before the lamentable death of his leader, Dr. Melly. This unpretentious little book, illustrated by a series of interesting photographs, is one of the best that have been written on the Abyssinian War.

A second edition of Dr. BETHEL SOLOMONS'S *Epitome of Obstetrical Diagnosis and Treatment in General Practice*, in two volumes (Bale, Sons and Danielsson, 2s. 6d. each volume) proves, despite what might have been anticipated, that these little books have been appreciated. It is easy to understand that the "Pocket Monographs on Practical Medicine," in which series these volumes are included, are of value to the practitioner when dealing with subjects concerning which he only needs a rudimentary knowledge, but it is not easy to understand how they can be of much service to a man who proposes to practise midwifery. The description of the B.M.A. standard (p. 107) is inaccurate, and in any case it is impossible for "the temperature and pulse to rise to 100° F." It is not clear whether Dr. Solomons advocates the application of the forceps through the incompletely dilated cervix when the cord has prolapsed. Further, it is difficult to understand why so much space is devoted to the operation of pubiotomy. We are of the opinion that Dr. Solomons has attempted the impossible, but nobody could have done better.

The Collected Papers of the Middlesex Hospital Medical School, 1935–6, some fifty-two in number, have been issued by the Cancer and General Research Committee of the hospital. The volume may be consulted in the Library of the British Medical Association.

Preparations and Appliances

KNEE RETRACTORS

Mr. H. JACKSON BURROWS (London, W.1) writes:

More often than not the presence of a flange or lip on a retractor to go inside the knee-joint is an embarrassment; I do not refer to the retraction of the edges of the incision, but to the holding aside of extra-synovial fat pads projecting within the knee during the examination of the cartilages and other structures. To accomplish this adequately in the central part of the joint requires a wide blade, whereas only a narrow one can be inserted peripherally for what may be considered an adequate distance. In the inspection of a semilunar cartilage or the removal of the marginal part of a torn one it is an advantage to have the narrower blade curved to suit the margin of the tibial condyle. An unskilled assistant tends to let the handle of the retractor fall into the coronal plane so that the blade comes to lie in the sagittal plane, where it is not only ineffective but obstructive. This difficulty may be overcome by setting the blade at an angle of about 45 degrees with the shaft, so that when the assistant retracts in approximately the coronal plane the blade lies in the position required. The handles of retractors are often too small for the comfortable maintenance of grip with the gloved hand. With these thoughts in mind I experimented with various modifications of Nyström's retractors, a sample of which I had seen Mr. S. L. Higgs use in a knee, and finally evolved the pair of instruments shown in Fig. 1. That with the narrow curved blade (A) is used for the periphery; that with the broad straight blade (B) is used for the central part of the joint and for retracting the ligamentum mucosum during inspection of the front of the compartment opposite to that directly opened. I have to thank the Genito-Urinary Manufacturing Company for their ready help in all the stages of experimental instruments and for the production of the final model.

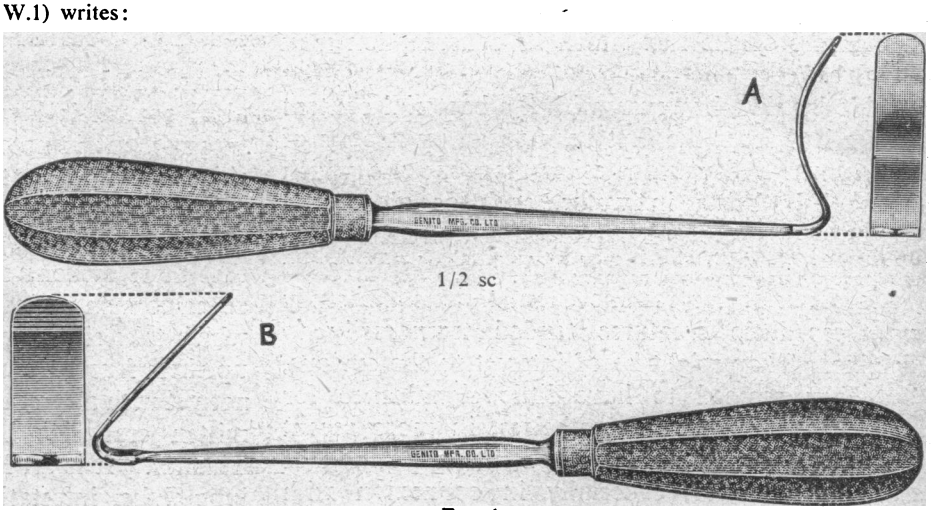

FIG. 1.

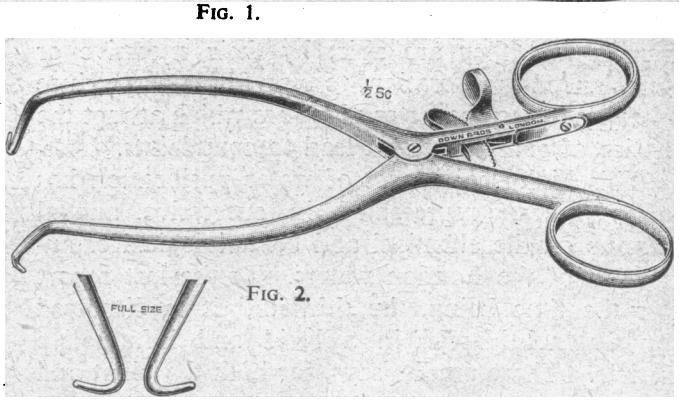

FIG. 2.

For the superficial part of knee and other orthopaedic operations I have found useful the self-retaining retractor shown in Fig. 2, a modification of Gelpi's vulval separator. It is preferable to Travers's or Weislander's retractor, usually adopted, because the single blunt prongs can be more precisely inserted in the correct layer and the cam action allows smoother and more accurate adjustment. This instrument has been made for me by Messrs. Down Bros.