

curious that in the section on hyperpyrexia there is no mention of the Kettering hypertherm, which is the American apparatus found most useful in England for this form of treatment. But these exceptions are few, and the book certainly well fulfils the purpose of the author. It may therefore be recommended with confidence—primarily to general practitioners, but also to technical experts in this subject, whether consultants or medical auxiliaries.

A PARENTS' GUIDE

The Intelligent Parents' Manual. A Practical Guide to the Problem of Childhood and Adolescence. By Florence Powdermaker, M.D., and Louise Ireland Grimes. (Pp. 256. 10s. 6d.) London: William Heinemann Medical Books, 1944.

This is an American book, but it has been anglicized by Dr. Newfield—a necessary proceeding these days. As it stands it is a most admirable volume which gives sensible information on the upbringing of the child at all stages of its development. If every parent would behave in the way recommended here no young person could complain that he had not had every possible chance to start well in life, and if any difficulties remained they must be due to inherent defects of one sort or another in the child. The progress of mental and physical growth is dealt with in considerable detail up to 6 years of age; thereafter school life and adolescence are discussed in more general terms, though the answers to most of the problems which arise between 6 and 16+ are to be found. Perhaps the most important and necessary exhortation is that parents and elders generally should respect their children. Respect is generally demanded but seldom given. It would be easy for individual readers to pick on minor faults in the text, but these are of no significance when compared to the general excellence of the book. Doctors are so often asked to recommend a useful guide for parents, and they need have no hesitation in recommending this volume—small and compact, clear in diction, free from technicalities, and comparatively cheap.

PHYSIOLOGY

Handbook of Physiology and Biochemistry. By R. J. S. McDowall, M.D., D.Sc., F.R.C.P.Ed., Professor of Physiology, King's College, London. Thirty-eighth edition. (Pp. 898; with 305 figs. 25s.) London: John Murray.

The present edition represents an interesting milestone in the progress of this, the oldest textbook of physiology in our language, for the name of Halliburton is now dropped from its title, and that of Prof. McDowall, who has edited the book for the past thirteen years, remains. The book, originally *Kirkes's Physiology* when it first appeared in 1848, was for many years known as *Halliburton's Physiology*, and will henceforth be called *McDowall's Physiology*.

During the rewrites of the present edition the book has been almost rewritten, and the title was altered by the addition of the words "and Biochemistry" at the 35th edition, which appeared in 1937. In the opinion of the reviewer this addition was unfortunate, since the book cannot pretend to be a handbook of biochemistry, for it merely contains, and quite properly contains, those allusions to biochemical matters which are indispensable to the proper understanding of physiology. Some 80 new illustrations are added to the present edition, and one is glad to note the dropping of the elementary histological matter of the previous editions. This subject, like biochemistry, is best dealt with in separate works, though its value to a full understanding of physiology is beyond question.

The general quality of the production is first-class, and there is a good index.

Notes on Books

EDMUND B. SPAETH'S *Principles and Practice of Ophthalmic Surgery* (Henry Kimpton; 50s.) has quickly established itself as a standard book in English on the surgery of the eye. Though the third edition is published within three years of the previous one, it shows extensive revision, in both additions and deletions. The book now reads more evenly, and much of the jerkiness of the earlier issues has disappeared. The most extensive additions deal with squint and the experiences gained during the war in the treatment of injuries. It is to be hoped that future editions will accentuate the tendency shown by the present one, with its greater emphasis on the author's personal experiences as against a merely encyclopaedic presentation.

Bentley and Driver's Textbook of Pharmaceutical Chemistry, revised by JOHN EDMUND DRIVER, Ph.D., M.Sc. (London: Oxford University Press; 21st.), is a manual for students in pharmaceutical chemistry which has a high reputation and one which the new (fourth) edition will maintain. This edition includes the substances which have become official by their inclusion in the five Addenda to the *B.P.*, 1932, which have now appeared. For those doctors who are interested to have a readable and not bulky reference book on the chemistry of pharmacopoeial substances this work can be recommended with confidence.

Whitaker's Almanack for 1945 has now been published from 13, Bedford Square, London, W.C.1, after some inevitable delay. The usual three editions will be available—the complete edition, cloth bound, with 1,052 pages, at 10s.; the shorter edition, paper bound, with 704 pages, at 6s.; and the library edition, bound in leather, at 21s. Postponement of publication has enabled the editor to include a New Year Honours List as a supplement to the index, which now runs to 90 pages.

The British Journal Photographic Almanac for 1945, published at 5s. by Henry Greenwood and Co. Ltd., 24, Wellington Street, Strand, W.C.2, contains much of practical interest to photographers, both amateur and professional, and includes an article on the causation and prevention of photographic dermatitis by Dr. L. B. Bourne, medical officer to A. C. Cossor Ltd.

Preparations and Appliances

A NEW METHOD AND APPLIANCE FOR GRAFTING EYE SOCKETS

Mr. H. P. PICKERILL, C.B.E., M.S., F.R.A.C.S., writes from Wellington, New Zealand:

In 1919 I had the privilege of giving a clinical demonstration before the Oxford Ophthalmological Congress of the grafting of an eye socket disorganized by gunshot wound, to prepare it for the reception of a glass eye. From then until two years ago I, and probably all other plastic surgeons, have continued to use the same method—i.e., removing all scar tissue, dilating the soft tissues, and pressure grafting on stent or other substance—but the great difficulty then was to get a glass eye to fit the socket one had made, and glass eyes are still undoubtedly much superior to other materials. It never dawned on me until two years ago to reverse the process—to make all sockets to fit stock-sized glass eyes!

Material and Procedure

1. A stock-sized glass eye of the right colour is obtained.
2. This is enlarged a little with wax and then duplicated in acrylic resin—by taking moulds in stent, plaster, or gelatin.
3. Two holes are drilled through this acrylic mould, the same size as the nozzle of a Record syringe. One hole is drilled in the exact spot of the centre of the pupil. Into this hole is fitted a pin about 1½ in. long with a little shoulder on it to prevent it going too far in.
4. The socket is then prepared in the usual way. A half-thickness skin graft is cut with the dermatome and fixed on the acrylic mould, which is inserted in the socket.
5. The pin is inserted and fixed with strips of strapping from forehead to cheek and nose, so that it and the future pupil will be in correct position. The lids should also be sutured together, if indicated. If a dental splint can be used for fixation so much the better, but artificial dentures frequently prevent this.
6. In ten days' time some discharge appears. The pin is removed and the socket gently syringed (through the holes provided) with saline (later with boric lotion), the pin and strapping being replaced.
7. The appliance is retained in position for one month; it may then be removed every other day for cleaning and reinserted, pressure being kept up by elastoplast strips. In two months (minimum) the appliance can be discarded and the stock glass eye will be found to fit perfectly.

In the accompanying sketch A points to the pin made of 1/2 round stainless steel wire; B to the section of acrylic mould; C to the skin graft; and D to the holes drilled for syringing and reception of pin.

There is no co-ordinated movement, of course, but I have never seen any grafted eye socket in which such movement was possible. The method gets over the almost insuperable difficulty of having a special eye made for every grafted socket.

