

is useful, as in malformations of the bladder; (3) where cystography is a matter of curiosity, as in hypertrophy of the prostate; (4) where it can be used as a control post-operatively. Of the numerous opaque fluids mentioned in the text 4 per cent. collargol and sodium bromide are considered the best. This method would seem to find most scope in the detection of diverticula and fistulae of the bladder. Tumours are diagnosed mainly on alterations in the contour of the bladder, and the radiograms show distinguishing points between a papilloma and an epithelioma. The book is interesting and well written, and the plates are excellent. As a means of diagnosis, however, this method is limited to a narrow field, as most of the information it reveals ought to be detected by intelligent use of the cystoscope and ureteric catheter. Where it is impossible to pass this instrument, or where the view inside the bladder is obscured, either by haemorrhage, intolerance of the bladder, or by the size of a tumour, then cystography would seem to hold a definite place in surgery.

Binocular vision is confessedly a very complex problem. Not the least of the difficulty of understanding its mechanism—if such a word may be used—is the complexity of the neuro-muscular equipment of the eye, the obliquity of the oculo-motor muscles, the functions of the nerves and their nuclei. That there are many misfits in these arrangements is not to be wondered at; patent and latent squints might well be expected. The marvel is that there are so few of them. The study of these defects is fascinating, and he would be a rash man who tried to correct such defects without a wholesome appreciation of their difficulties. Dr. G. C. SAVAGE has given much consideration to these problems, and the results appear in his book *Ophthalmic Neuro-Myology*.<sup>7</sup> He propounds a theoretical scheme of neuro-muscular working, and therefrom has built up his own structure. There are, he says, eight conjugate centres in the cortex by means of which the several movements are effected, and one to effect convergence. Each of these centres is connected with two muscles. Besides there are twelve basal centres, each connected with only one muscle. These basal centres only come into action when there is a tendency to diplopia. The idea is a kind of mnemonic such as all students find of use at times, but the serviceableness of such devices does not render them scientific; so that we must disagree with Dr. Savage when he writes: "If the above hypothesis accounts for every phenomenon connected with the normal and abnormal actions of the ocular muscles, as it seems to do, then it ceases to be a hypothesis and becomes a scientific fact."

We have received the fourth part of *The Best Books*,<sup>8</sup> which represent an attempt to provide a systematic bibliography in all departments of science, art, and literature. The present volume relates to natural science, medicine, arts, trade, literature and philology. A list of the most available books on these subjects is given, with the dates of the first and last editions, and the price, size, and publisher's name in each case. The first part of the series was issued in 1910, and dealt with theology, mythology and folklore, and philosophy. The second part appeared in 1912, and included society, political and social economy, the science of politics, commerce and trade, and education; the third part, which dealt with geography, was published in 1923. The present volume will be of special interest to those concerned with the history of medicine and medical biography, as well as with more technical subjects.

A third edition of *Recent Advances in Medicine*,<sup>9</sup> by Drs. BEAUMONT and DODDS, has appeared. Reference was made to the two previous editions in our issues of January 3rd, 1925 (p. 26), and August 22nd, 1925 (p. 348). In spite of the short lapse of time there have been considerable alterations in the book, which is increased in size. An introductory chapter has been added on clinical investigations; a new section has been written on the after-care and treatment of diabetic patients, with tables of graduated diets, and the radiological examination of the gall bladder and the lungs is illustrated by radiographs. Recent work on blood grouping is included, and additions have been made to the descriptions of various pathological procedures.

A new edition has appeared of the second volume (English-Italian) of Mr. ALFRED HOARE'S *Short Italian Dictionary*,<sup>10</sup> in

<sup>7</sup> *Ophthalmic Neuro-Myology*. By G. C. Savage, M.D., LL.D. Second edition. Nashville, Tennessee, U.S.A.: Published by the Author. (5½ x 8, pp. viii + 227; 39 plates, 14 figures. 3 dollars.)

<sup>8</sup> *The Best Books*. By William Sonnenschein. Part IV. Third edition, entirely rewritten. London: G. Routledge and Sons, Ltd. 1926. (8½ x 9½, pp. 1681-2510. 36s. net.)

<sup>9</sup> *Recent Advances in Medicine*. By G. E. Beaumont, M.A., D.M.Oxon., F.R.C.P., D.P.H.Lond., and E. C. Dodds, M.D., B.S., Ph.D., B.Sc.Lond. Third edition. London: J. and A. Churchill. 1926. (5½ x 8½, pp. xiv + 408; 46 figures. 12s. 6d. net.)

<sup>10</sup> *A Short Italian Dictionary*. By Alfred Hoare, M.A. Vol. II: English-Italian. New and enlarged edition. London: Cambridge University Press. 1926. (Demy 8vo, pp. vii + 421. 10s. 6d. net.)

which the special attention previously paid to idiomatic phrases has been extended, thereby considerably increasing its value. We note with some interest that, whereas in the previous edition it was found necessary to give an Italian equivalent for "Yorkshire fog," in this present edition "Yorkshire pudding" is also mentioned. A conscientious Italian who wishes to understand the exact significance of such words as "yoicks," "ycept," and "yahoo" will find his needs fully met.

## PREPARATIONS AND APPLIANCES.

### *An Extensible Abduction Frame.*

MR. R. BERTRAM BLAIR, honorary surgeon to the Hull Royal Infirmary, has designed a simple abduction frame. It was made for him by a carpenter out of strips of wood about 3/10 of an inch thick, and 3 inches wide, but in practice it was found that the strips of wood would be more practicable if they were made 3½ to 4 inches wide. It was capable of extension from 23 to 30 inches (from sacrum to heel), and was exceedingly useful in the treatment of cases of acute anterior poliomyelitis, or after operation for fixation of the hip before the wound was healed. By increasing the amount of padding on the sacral cross-bar a certain amount of hyperextension of the hip could be obtained.

Mr. Blair finds that if the sacral cross-bar is adjusted high enough above the coccyx there is no difficulty at all, as regards nursing purposes, in keeping the patient immovable on the splint. He can be lifted bodily in the splint in order to change bedclothes.

The cross-bar A B is designed to support the sacrum: width 3 inches, length 10½ inches, and is capable of extension by 2 inches, the extension being governed by a slit, screw, and nut, the nut being on the under surface. The two pieces of wood are held together by brass rivets, and can slide along one another when the screw and nut are loosened. The cross-bar E F gives strength and is capable of extension in the same way as A B. This bar governs the amount of abduction, 15 inches extending by 3 inches. Right-angled foot pieces are attached at C and D; the vertical portions cannot be shown in the diagram. The portions of splint wood G and H are capable of extension in the same manner as X Y, to fit along the sides of the trunk from the iliac spines to the axilla. The side pieces of the splint X Y are 25 inches long and are capable of extension by 7 inches. The two strips of wood in each are really in apposition with one another, but are drawn with a space between for clearness. They are fixed by means of brass rivets and a sliding screw and a nut, as are the cross-bars.

### *A Belt for Visceroptosis.*

Mr. W. A. Mein, F.R.C.S., M.R.C.P. (Bournemouth) writes to recommend a form of belt which was found most satisfactory in the treatment of a patient with extreme visceroptosis and constant pain in the back, who had unsuccessfully worn various abdominal belts. He states that the belt gives comparative rigidity and comfort without any impairment of the movements of the trunk. The springs are so fashioned that a lift in an upward and backward direction is given to the whole of the front pad. The "angle of the lift" is such that the force passes below the pole of the kidneys, from before, backwards, and upwards, the kidneys being held against the posterior parietes, and not pushed forwards in the direction of least support. The pad at the back is designed to give that feeling of support so essential to the treatment of the condition. He adds that the belt has been made by Messrs. Bridge, Christchurch Road, Bournemouth.

