

Reviews

DISEASES OF THE EYE, EAR, NOSE, AND THROAT

The 1941 Year Book of the Eye, Ear, Nose, and Throat. The Eye, by Louis Bothman, M.D.; the Ear, Nose, and Throat, by Samuel J. Crowe, M.D., with the collaboration of Elmer W. Hagens, M.D. (Pp. 648. 16s. 6d.) Chicago: The Year Book Publishers; London: H. K. Lewis and Co., Ltd.

This yearbook lacks nothing of its established standard of excellence and is particularly welcome in times when the international exchange of professional literature has become both precarious and limited, so that access to original articles is often difficult. It appears, in fact, that the edition for 1940 itself did not reach London. Original features of the 1941 edition are two special articles at the beginning of the respective divisions of Eye and Ear. Dr. Bothman himself writes on clinical manifestations of allergy in ophthalmology, and gives an exhaustive survey of this difficult subject. His erudition leads him to refer to a vast and rather overwhelming number of writers in a comparatively short article, but it is packed with information. Dr. Crowe has entrusted the other special article, on aviation medicine, to Major Paul Campbell of the School of Aviation Medicine at Randolph Field, Texas. This article of about thirty-five pages, which begins with a short historical review, is the outstanding feature of the present volume and of supreme interest at the moment. Some idea of its importance may be inferred from the following two sentences which relate to the war of 1914-18. "Analysis of Great Britain's casualty list of the first year of combat disclosed the astounding fact that of each 100 fliers killed, two had met death at the hands of the enemy, eight from plane defect, and ninety from the deficiency of the individual. Of those ninety fatalities, sixty were due to physical defect." There are also many abstracts of articles of much interest in the fields of ophthalmology and oto-laryngology. One in particular may be mentioned, "Observations on use of gramicidin (Dubos) in treatment of streptococcal and staphylococcal infections," because not much has been heard about it in Great Britain.

A SURGICAL SYMPOSIUM

Guy's Hospital Reports. Special Number. Dedicated to Sir Astley Paston Cooper, Bt., F.R.S., Surgeon to Guy's Hospital, 1800-25. Vol. 90 (Vol. 20, Fourth Series). Nos. 2, 3, and 4, 1940-1. Edited by R. C. Brock, M.S., F.R.C.S. (Pp. 298. Issued quarterly; single numbers, 10s. net; annual subscription 30s. net, post free.) Published at Guy's Hospital, London; obtainable also from Headley Brothers, 109, Kingsway, W.C.2.

When there is a shortage of paper the publication of hospital reports, which may be regarded as something of a luxury, can rarely be justified; this special number of the *Guy's Hospital Reports* is clearly one of the rare exceptions to the ban which the war has imposed. It had to appear in 1941 to commemorate the centenary of the death of Sir Astley Cooper, but its contents are of sufficient merit in themselves to remove any lingering doubts about the propriety of publishing under the present conditions.

The volume opens with an appreciation of Sir Astley Cooper as student, anatomist, surgeon, and teacher, written by Sir Charters Symonds, and first published in the *Reports* in 1922. The essay gives a fine portrait of the man, and taken as a whole it is so good that we must be pardoned for finding fault with a matter of detail—it was Sir Everard Home who was Serjeant Surgeon to George IV, and whose instruments Cooper borrowed to operate on the King. Then follows a paper by R. C. Brock on Astley Cooper's

interest in arterial surgery. This gives the keynote to the whole volume, and we cannot help wondering what sort of impression the various contributions would have made upon the great man himself—no doubt he would have been enthralled, and probably amazed, and possibly a little incredulous—for they include some very remarkable clinical records.

Prof. Ryle writes on arteriovenous fistula, introducing an interesting reference to John Keats as a student attending Cooper's lectures on surgery. There is a stimulating paper by R. Davies Colley, who sets forth the evidence for regarding cirroid aneurysm as a development from a pre-existing cavernous angioma; and Nils Eckhoff describes the difficulties which had to be overcome before success was achieved in the treatment of a cirroid aneurysm of the chest wall. D. W. C. Northfield contributes an article on angiomatous malformations of the brain; L. Bromley on resection and anastomosis of the external iliac artery during the excision of a seminoma of an undescended testis; and E. G. Slesinger on an obscure case of painful oedema of all four limbs relieved by sympathetic ganglionectomy. There are four papers on aneurysms—of the vertebral artery by W. H. Ogilvie; of the innominate artery by R. C. Brock; and two of the popliteal artery, by A. G. Hardy and H. E. H. Denham, and by H. R. Harley.

Vascular injuries are dealt with by Keith Simpson, who describes some instances of traction rupture of the great vessels of the chest following injury to the head; and by Sol. M. Cohen, who gives an excellent account of traumatic arterial spasm. A paper by J. E. Spalding on periarteritis nodosa, and two by Brock on ligation of the pulmonary artery and on brachial artery embolectomy, complete a volume which is profusely illustrated, and produced in pre-war style.

REFORM OF WORKMEN'S COMPENSATION

Workmen's Compensation. Vol. 2: Need for Reform. By Sir Arnold Wilson, M.P., and Prof. Hermann Levy. (Pp. 383. 18s. net.) London: Oxford University Press. 1941.

Sociology suffered a grievous blow when Sir Arnold Wilson was reported missing from an air attack on enemy territory in the spring of 1940. His research into little-known and thorny social problems, and his labour for their solution by writing and speeches in Parliament and outside, entitle him to recognition as a British social reformer. Luckily, however, he was able before his disappearance to finish the great monograph which he had long been compiling with Professor Levy, and actually read the first hundred pages of the proofs in the intervals of his military duties. This second volume, which has been eagerly awaited, will not disappoint the lively expectations which were aroused by the appearance in 1939 of the first volume,¹ which dealt with the social and political development of workmen's compensation. Many will consider the new volume, on the need for reform, more interesting, dealing as it does with the vital problems of the present and future. It is distinguished by the thoroughness of investigation and the clarity and impartiality of presentation which made the first volume so outstanding a success.

As might be expected, the authors have little if anything good to say about the present system—to use a charitable word—of workmen's compensation in Great Britain. Ours is the only considerable industrial country which makes no attempt to link up compensation with medical treatment. One reason, as they point out, is, of course, that workmen's compensation was introduced many years before National Health Insurance. The N.H.I. scheme partly fills

¹ *British Medical Journal*, 1939, 1, 1184.

the great gap but is terribly chaotic in practice. The authors set out four possibilities of treatment of an injured workman, none of which is practicable under the present system. He can be treated at home by his panel doctor, or in a hospital, or by a doctor instructed by the employer or insurance company, or under some official or semi-official administration. Home treatment is the most common and the least successful. They declare that insurance companies should be directly concerned to promote the recovery and rehabilitation of the injured worker; at present their indifference is a serious evil. Moreover, continuity and uniformity of treatment could be better provided if the medical administration of treatment lay with the compensation authority.

The keynote of the whole volume, with its amazing width of scope and appreciation of detail, is the demand that medical treatment should be made an integral part of workmen's compensation. The evidence the authors produce, from uncountable sources, seems irrefutable. The book will be an indispensable weapon to every reformer until its objects have been secured.

CROSS-SECTION ANATOMY

Manual of Human Cross-Section Anatomy. By Dudley J. Morton, M.D., Raymond C. Truex, M.S., Ph.D., and Carl E. Kellner. (Pp. 250; 90 cross-sections. 33s.) Baltimore: The Williams and Wilkins Company; London: Baillière, Tindall and Cox. 1941.

This book by Morton, Truex, and Kellner of Columbia University is a handsome atlas consisting of a series of plates representing ninety sections of the head, trunk, and limbs, with sixteen key-figures showing the different levels of the sections, and supplemented by tables giving the names of the various parts seen in each section. The technique adopted for the drawings is a semi-diagrammatic and simplified representation of the various tissues and organs, so that bone, muscle, tendon, fatty or connective tissue, and glands are readily distinguishable, and in many places the spaces which are occupied by vessels and nerves have been left to be filled in with ink or colour, and numbered in accordance with the tables giving the names and reference numbers. The authors suggest that the atlas may be used in combination with a series of coloured lantern slides, which have been prepared from the same sections, so as to supplement the work done by individual students in identifying the various parts represented in the drawings of the sections. Blank pages for notes are provided in the book for this purpose.

Great care has been taken in preparing the sections and drawings and in the correct identification of all the principal parts visible in each section, and the atlas will not only be of use as a means of learning topographical anatomy from a standpoint which differs from the usual approach by dissection, but it will also prove to be a reliable guide for general and specialized medical practitioners, and it is of distinct general scientific value. There is little to criticize in a work of such outstanding merit, but it may be worth mentioning that where, owing to the thickness of the sections, an important structure such as the vermiform appendix does not appear in the plane traversed by the section, a very slight dissection will often bring the part into view, and greatly add to the practical value of the specimen. The dissection may have to be done on either the upper or lower surface of the slab, and this should be noted in the record. Sections viewed from below are often those which would be encountered in practice—that is, in a circular amputation of a limb—and it is a good training when examining actual specimens to inspect them from both sides.

Notes on Books

Mr. GEORGE W. GRAY'S book, *The Advancing Front of Medicine* (McGraw-Hill Book Company, 15s.) is written on popular lines. He was trained as a journalist, and here is good journalism. Like most lay writers, he tends to be too optimistic; the professional man sees not only the "high spots" of sensational successes but also the unrecorded disappointing failures, and he reflects sadly on Trousseau's sardonic advice to use the new remedies while they still have power to heal. Nevertheless, Mr. Gray has conned his brief well and presents it attractively; there are few medical men who would not find fresh interest in these pages.

The new textbook of *Experimental Physical Chemistry*, by W. G. PALMER, Sc.D., is an excellent form of introduction to the study of the subject (Cambridge University Press, 12s. 6d.). It describes a series of experiments which do not require more than ordinary laboratory equipment and which are well chosen for demonstration of the more important fundamental principles. The approach to these principles may be made more effective by way of the laboratory than of the lecture room, and the author has supplied every requisite to attain that object. The theoretical treatment is adequate and free from ambiguity. The instructions are made clear by sketches, diagrams, and working examples.

Preparations and Appliances

"LIQUID PLASTER" FOR IMMOBILIZATION

Dr. S. GALEWSKI, resident surgical officer at the French Hospital, London, writes:

The ancient method of using plaster to immobilize injured members presents certain disadvantages, of which the most important is its weight. This weight is especially cumbersome for patients with walking plasters, which need too great a muscular effort, or for arm splints, which usually require a support. For some time now I have been using a solution of silicate, prepared for me by the A. and H. Laboratories, which in some cases is much superior to the plaster. It is a non-inflammable liquid which when applied in the following manner forms a dressing just as strong as the plaster, but its weight is approximately ten times less.

Technique.—A jersey is applied to the injured limb; or, if there are contusions on the skin, Unna's paste is used. Shaving is not necessary. Then the whole limb is enveloped in grease-proof paper without paying attention to the folds. On both ends a piece of felt about 2 cm. long is applied, the ends of the felt fitting exactly with no overlapping, and fixed by leukoplast. Loosely rolled gauze bandages are soaked in this liquid for seven to ten minutes, and wound round the limb. Usually four layers are sufficient. I finish off with dry ordinary gauze bandage.

The dressing is very soft but hardens on drying, and after twenty to twenty-four hours it is so hard that the patient can walk on it with confidence. The liquid plaster is especially recommended for walking apparatus, temporary orthopaedic apparatus, and for certain fractures or luxations of the finger. The abnormal war conditions often prevent the surgeon from having at its disposal orthopaedic apparatus; and, as modelling with liquid plaster is very easy, the plaster can be used with success for this purpose.

The advantages of using this solution for certain fractures or luxations of the finger are: (1) the ease with which the bandage is wound round the fingers; (2) the modelling without difficulties; (3) the firm fitting of the dressing to the fingers. The only disadvantage appears to be the length of time needed for drying, but this may be shortened considerably by the use of hot air, radiant heat, etc. Liquid plaster may also be prepared in inflammable solution, which greatly shortens the time necessary for drying, but the disadvantage of this, especially in wartime, is obvious.

I should like to express my thanks to Allen and Hanburys Laboratories for preparing this solution.