

cardiac dullness one usually obtains in health. The figures are from the result of percussion, as the author finds this to be as accurate as the x rays. Polygrams are used to supply corroborative evidence of the improvement, and while we do not always follow the writer in his interpretations of the jugular curves, it is possible to appreciate differences of rhythm, rate, and volume. Separate chapters deal with arterio-sclerosis, angina pectoris, valvular disease, auricular fibrillation and alternation, irritable heart, etc., while the closing chapter treats of resistance exercises as an adjunct to the balneological method of treatment. The exercises are given in such a way as to "cause dilatation of the muscular capillaries, thus reducing arterial tension, and thereby relieving the heart; a fact that is demonstrated by the pulse of increased volume, lowered tension, and lessened or altered rapidity."

The author is an enthusiastic advocate of the Nauheim method, and believes that it will give more relief to a patient suffering from auricular fibrillation than any other treatment. We note an error in the Contents; Chapter III should be page 80, not 96 as printed. There is no index.

MEMORIES OF SIXTY YEARS.

THAT a man who became a university graduate in 1859 has published in this year 1923 a volume of vigorous and interesting papers and addresses⁷ is a fact to encourage other octogenarians not to let their faculties rust. Dr. W. W. KEEN, who is in London now to attend the meeting of the International Surgical Society, took part in what he calls the "horrible surgery" of the American Civil War, and has lived to be able to contrast it with that of the world war of 1914-18. He himself was a pioneer of anti-septic surgery in America, and the longest article in the book is appropriately entitled "Before and After Lister." In other papers he denounces antivivisection, and advocates abstention from alcohol. But the book is not confined to professional subjects. In an address delivered in 1913 in connexion with the hundredth anniversary of peace between Great Britain and America, Dr. Keen tells how, a few days before he spoke, he had been one of the signatories to an address beautifully engrossed on vellum, to be presented to the German Emperor, congratulating him on the fact that on June 15th of that year he would complete a twenty-five years' "reign of unbroken peace." Alas! in the following year the Emperor plunged into the great war, and Dr. Keen italicizes his conclusion that the world's hope lies in the amity, co-operation and solidarity of all the English-speaking peoples.

Medical ceremonies seem to have an attraction for Dr. Keen, and he gives pleasantly readable accounts of some graduation and other celebrations in which he has taken part—at Edinburgh, St. Andrews, and Upsala. He also tells the story of the early years of Brown University, of which he is a graduate. Though the author is now eighty-six years old, his outlook is rather that of a young man, and he concludes his book with a "message of hope" to the sufferers from malignant disease, if only they will seek advice and treatment early. Some of his cases were enjoying life fifteen and twenty years after operation, and he holds that there is a great field for x rays and radium. Long may he himself continue to write reminiscences for the edification of the generation which is still in the fighting line of medical and surgical duty.

NOTES ON BOOKS.

A SMALL book on acute infectious diseases in childhood, by Professor KLEINSCHMIDT,⁸ Director of the University Children's Clinic at Hamburg, forms part of a series edited by Professor J. SCHWALBE of Berlin on diagnostic and therapeutic errors and their prevention. The diseases discussed in the present volume are the commoner infectious diseases of childhood, which are classified in four groups, according as the respiratory system, as in whooping-cough, influenza,

and diphtheria; the digestive apparatus, as in enteric, dysentery, and mumps; or the nervous system, as in tetanus, cerebro-spinal fever, and acute poliomyelitis, is mainly affected. The acute exanthemata are placed in a group by themselves. In the introduction he points out that children are very liable to develop gastro-intestinal symptoms at the onset of an acute infection, so that the occurrence of anorexia, vomiting, and diarrhoea should lead to a careful inspection of the whole body, especially of the throat, and examination of the urine. Among the numerous diagnostic errors in the various infectious diseases mentioned are the possibility of overlooking pertussis in adults and typhoid fever in infants, and the failure to recognize the influenzal nature of gastro-intestinal symptoms, especially in children. Errors in treatment to which special attention is directed are delay in injection of antitoxin in suspected diphtheria or inadequate dosage, administration of a low diet in typhoid fever through fear of causing perforation of the intestine and in scarlatina to prevent nephritis, and the neglect to isolate cases of acute poliomyelitis. In addition to an account of the errors to be avoided, an outline is given of the proper treatment to be followed in each disease.

The forty-second volume of the *Proceedings of the Pathological Society of Philadelphia*⁹ contains the record of the work done during 1921. Among the numerous specimens shown were several illustrating comparative pathology. The papers deal briefly with subjects of modern interest, such as a chemotherapeutic consideration of some of the newer organic mercurials and a comparative study of encapsulated bacilli isolated from cases of granuloma inguinale. There is an abstract of Professor Eugene L. Opie's Gross lecture on latent tuberculous infection and its relation to phthisis, in which he states that the lungs of adults with few exceptions show evidence of tuberculosis usually acquired in childhood; that latent apical tuberculosis occurs in approximately one-fifth of all individuals dying from diseases other than tuberculosis; and that pulmonary tuberculosis in most instances is not the result of infection in childhood. Tuberculosis in adult aborigines of countries into which tuberculosis has been introduced by more civilized races is not of the type familiar to us; in Chile a third of the cases among the Indians were acute, with massive caseous pneumonia involving whole lobes with little tendency to fibrosis.

⁹ *Proceedings of the Pathological Society of Philadelphia*. New Series, vol. xxiv; Old Series, vol. xliii; for year 1921. Edited by F. B. Lynch, Jr., M.D. Philadelphia: W. J. Dornan. 1922. (Med. 8vo, pp. 93.)

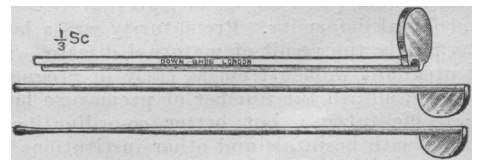
MEDICAL AND SURGICAL APPLIANCES.

Staff for Perineal Section.

Mr. G. H. EDINGTON (Surgeon, Western Infirmary, Glasgow) writes: In some cases of stricture calling for external urethrotomy the surgeon is faced by great difficulty, amounting sometimes to impossibility, in passing Syme's staff. I find that with patience it is possible ultimately to pass the smaller sizes of Lister's straight bougie. Sometimes this is the prelude to the passage of larger sizes of straight instruments, to be in their turn followed by the ordinary curved conical bougies. In other cases, however, the stricture even after successive attempts fails to admit more than the small straight instruments, and the necessity for urethrotomy arises.

It is possible to perform perineal section on a small bougie; but the operation is not easy, and the absence of a grooved staff may lead to irregular division of the urethra. The operation is greatly facilitated by the use of the special staff here depicted. The small straight bougie having been introduced through the stricture is held in place by an assistant while the patient is put into the lithotomy position. The bougie acts as a guide for the staff, which is then introduced and run along it till stopped at the face of the stricture. Perineal section is then performed on the staff, and the stricture divided from before backwards till the staff passes home beyond it. The bougie and staff are then withdrawn, and a No. 10 or 12 G.E. catheter tied in for forty-eight hours. Subsequent passage of large curved bougies is carried out as usual.

The staff has an outside diameter corresponding with a No. 10 catheter, and a blunt extremity. The groove, which extends the whole length of its under surface, should be wide and deep enough to completely bury a No. 1 straight bougie, so that the groove may be appreciable to the finger on the perineum, and may also accommodate the point of the knife. In order to facilitate the introduction of the staff its handle is turned up at right angles to its long axis, and the upper half of the disc-handle of the bougie has been cut away. The instrument has been made to my directions, of stainless steel, by Messrs. Down Bros., St. Thomas's Street, London, S.E.1



⁷ *Selected Papers and Addresses*. By William Williams Keen, M.D., LL.D., Emeritus Professor of Surgery, Jefferson Medical College. Philadelphia: George W. Jacobs and Co. 1923. (Cr. 8vo, pp. 340.)

⁸ *Diagnostische und therapeutische Irrtümer und deren Verhütung. Kinderheilkunde. Herausgegeben von Professor Dr. J. Schwalbe. Fünftes Heft: Akute Infektionskrankheiten im Kindesalter.* Von Professor Dr. H. Kleinschmidt. Leipzig: Georg Thieme. 1922. (Sup. roy. 8vo, pp. 149; 3 figures, 11 charts.)