

intestinal obstruction in this case was an interesting complication, especially as its site was at the point of rupture in the bladder.

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THE HOT BLANKET PACK IN PERSISTENT VOMITING.

ABOUT seven years ago I read in the *BRITISH MEDICAL JOURNAL* an article on treatments for cholera, ending with the remark: "On no account forget the hot blanket pack, especially in the case of children." Some time afterwards I was asked to see, in consultation, a boy suffering from uncontrollable vomiting, due to gastritis; the usual remedies had failed, and I recommended the blanket pack. The boy was wrapped in a warmed blanket, and to his body was applied a flannel compress previously wrung out of hot water to which mustard had been added. Food and medicine were stopped. In a short time he went to sleep, and an hour or so after waking was allowed sips of water, and, later, small quantities of liquid nourishment—milk and soda water, etc. I generally begin with sugar and water, and later give milk, with or without soda water, albumin water, and bovril, and usually by the third day a gradual return to full diet is possible. In some cases I have used linseed meal poultices with a teaspoonful of mustard added to the first, in place of the compress.

One case was unusual. A girl, aged 7, had been ill with chicken-pox for a week, and during the last three days had been unable to retain food or medicines, and had got into a critically weak state, with sighing respiration, great restlessness, and very feeble pulse. Within three hours of the use of the pack the whole outlook was changed and recovery assured. The next case was a lady who had both eyes operated on for glaucoma, the first with local, and the second, twelve hours later, with a general anaesthetic. When I visited her two days later I found the surgeon in attendance anxious because of persistent vomiting. I suggested the blanket pack and mustard compress, and had a cheerful note the next day to say that all went well afterwards.

So far I have not had a failure with this line of treatment, so thought it worth while passing it on as an effective and simple means of dealing with other troubles than cholera. In the case of a child one large blanket should be enough, in adults two might be used. In any case the object is to secure good surface warmth generally and counter-irritation over the stomach.

Keighley.

JOHN B. BERRY, M.D.

POST-NATAL OSSIFICATION OF THE PARIETAL BONE.

As it must be comparatively rare for the membranes over a meningocele to ossify, the following case may be worthy of record.

On June 10th, 1927, I delivered a primipara of a male child. The presentation was a right occipito-posterior; the head rotated naturally after a somewhat prolonged labour, and the child was delivered easily with low forceps.

The caput appeared to be rather large, but at the time this was attributed to the prolonged labour. On the fourth day the "caput" was still present and was found to be a meningocele. It was fluctuant and translucent, situated at the posterior superior angle of the left parietal and measured 2 by 2 in., being raised about three-quarters of an inch above the surface. The edge of the bone could be felt as a sharply defined ring around the swelling. Apart from the deformity the child was in perfect health and weighed 8 lb. at birth. I naturally felt pessimistic and gave the parents a guarded prognosis.

On July 1st, when the child was 3 weeks old, a ring of bone a quarter of an inch wide had grown in around the margin of the opening. By July 8th the hole was only one inch across and by July 22nd was completely closed; the new bone forming a hemisphere over the swelling measuring approximately $1\frac{1}{4}$ by $1\frac{1}{4}$ in. It was quite hard, not translucent, and pressure on it caused the child no inconvenience.

The lesion seems to have been an exaggerated posterior fontanelle. The rapid ossification of the membrane was very striking and seemed to argue the removal of some factor which had prevented intrauterine ossification.

Norbury, S.W.

W. EDWARDS, M.B., B.Ch.

Reviews.

A NEW TEXTBOOK OF PSYCHIATRY.

DRS. D. K. HENDERSON and R. D. GILLESPIE are conjointly responsible for a *Text-book of Psychiatry for Students and Practitioners*.¹ Though the subject-matter and its arrangement are naturally similar to those which are customary in manuals of psychiatry, this volume has a distinctive "atmosphere" of its own, and we feel that its authors have been justified in providing yet another textbook on mental disease.

The first chapter consists of an interesting historical review of the care and treatment of mental illness, and the second deals with classification. The authors point out that no attempt at psychiatric classification is entirely satisfactory, and consequently that "diagnosis," or the placing of the patient in an appropriate class is on an unstable foundation. It is not diagnosis which matters, however, but the understanding of the disorder, and the patient who suffers from it—under what circumstances it arose, how it is related to the patient's normal condition, what the disorder means, what light is shed on his problems, and what can be done to help towards a favourable outcome. The authors—with considerable justification, it would seem—renounce the rigid notion of disease entities, speaking of the different types of mental disorder as different "types of reaction." Disease, whether physical or mental, is not, as we know, an entity or "thing" with an independent existence of its own; it is a process—a reaction of the living organism to conditions which tend to disintegrate it. Thus general paralysis is merely a convenient term to include some of the reactions which result from the action of the syphilitic virus upon the organism. It is only one of the many types of reaction which may be exhibited, for the nervous system may be affected in numerous ways without adversely influencing the psychic reaction, and when the latter is affected, as in general paralysis, the clinical forms of this malady are infinite in their variety. It is in mental diseases particularly that we observe how variable are the reactions of the living being to the same noxious influences.

The scheme of classification adopted in this volume is simple but adequate. After chapters dealing with etiology, method of examination, and general psycho-pathology, we are given a clinical description and modes of treatment of the affective (manic-depressive psychosis, and involuntional melancholia), schizophrenic, and paranoid reaction types. These are followed by chapters on mental defect; psycho-neuroses; and the psychoses and psycho-neuroses of war. The volume includes a practical account of occupational therapy, and also a chapter on psychiatry and the law. The latter includes an account of the law in Scotland relative to the admission of voluntary boarders and certified patients into mental institutions.

A valuable feature of this book is the large number of clinical records of the writers' own cases. In their preface they state that they have done this for the following reasons: since mental illness is an individual affair, its symptoms have but little meaning apart from the setting in which they occur. This setting includes not only the general mental and physical condition at the time, but the individual's personality, circumstances, and history from his earliest days. Hence general descriptions of clinical syndromes, while interesting, are not of the first importance. What is wanted always is an understanding of the patient as a human being, and of the problems which he is meeting in a morbid way.

Unfortunately, many psychiatrists feel, the main "problem" which the psychotic patient has to face is a morbid change in his organism—in the depths of his organic life—which manifests itself by morbid irruption into his psychic life. This morbid change—the patient's problem—he certainly cannot control, and he is even unaware of its existence. In only too many cases the

¹ *A Text-book of Psychiatry for Students and Practitioners*. By D. K. Henderson, M.D.Ed., and R. D. Gillespie, M.D.Glas. Oxford Medical Publications. London: Milford, Oxford University Press. 1927. (Demy 8vo, pp. x + 520. 18s. net.)

psychiatrist also is unable to control or prevent the morbid events taking place in the organism, and our knowledge of their nature is still very meagre. Hence our relative incapacity to apply precise therapeutic remedies in the biogenetic psychoses, and the urgent need for continued biological research.

The views expressed in this admirable volume are largely inspired by the teaching of Professor Adolf Meyer. Due acknowledgement is made by the authors, who have dedicated their book to this eminent American psychiatrist.

SURGICAL ANATOMY.

THE appearance of a third edition, apart from three reprints, of a *Manual of Surgical Anatomy*,² by Mr. BEESLEY and Professor JOHNSTON, within the short period of eleven years affords unimpeachable evidence of the high esteem in which the book is held. Its success is in no way surprising, for in scope, in clarity of expression, and in accuracy of statement it leaves little to be desired. In view, however, of the important position it has obtained among students' textbooks and of the certainty that further editions will shortly be required we propose, while recognizing the manifold merits of the work, to point out certain small details to which we venture to take exception.

We see, for instance, no necessity to represent the relationship of the tendons of the flexor sublimis digitorum in Fig. 31 inaccurately, diagram though it be, and we consider the term "middle palmar space" puzzling and meaningless, unless both the thenar and hypothenar spaces are mentioned. In Fig. 82 the perinephric fascia and the fascia over the psoas of one side are shown passing across the middle line to become continuous with the corresponding fasciae of the opposite side in a way to suggest that disease on one side would almost inevitably spread to the other. On page 277 these two fasciae are, to say the least, not clearly distinguished, a view which, unfortunately, is confirmed in Fig. 83. On page 315 the cystic artery is stated to cross in front of the common hepatic duct, a relationship which we believe to be the exception rather than the rule. On page 271 the sessile hydatidiform body of Morgagni is alone mentioned. In the account of the lymphatics of the mammary gland nothing is said of the lymphatics of the nipple, while among the areas drained by the superficial inguinal glands the body of the uterus fails of recognition. More important omissions affect the sphincter round the common biliary and pancreatic ducts (Oddi's) and the various sphincters of the alimentary canal, other than the pyloric and ileo-caecal. With the exception of Jackson's veil no mention is made of the occasional peritoneal folds found passing between neighbouring abdominal viscera, of which some five or six are now recognized. The site for injecting the second division of the fifth cranial nerve is given, but those for the first and third divisions are ignored. Turning from such details to a matter of more general character, we consider the book would gain considerably by a less rigorous exclusion of physiological reference. The authors apparently are not unaware of this, for in the section dealing with the sympathetic and parasympathetic systems they depart in some measure from their self-imposed rule.

The book naturally invites comparison with the other English textbook on the subject—namely, Treves's—but it is a comparison into which we prefer not to enter. Each book will no doubt have its own adherents, perhaps in equal numbers. We will content ourselves with saying that in our opinion Beesley and Johnston's manual leans more to the anatomical side, Treves's more to the surgical side of the subject. In one important respect—namely, in illustrations—the former book is far superior, the skiagrams of the abdominal region being of quite special excellence. In conclusion, we would say that the book is well on its way to becoming—if it has not already become—a standard textbook; it reflects the highest credit on its authors.

² *Manual of Surgical Anatomy*. By Lewis Beesley, L.R.C.S.Ed., and T. B. Johnston. Third edition. London: Milford, Oxford University Press, 1927. (Cr. 8vo, pp. xiv + 653; 166 figures. 18s. net.)

THE ENGLISH PUBLIC HOUSE.

MR. ERNEST SELLEY remarks that it strange that no one has yet attempted to give any comprehensive survey of the public houses of the country. They are much talked of, often with lurid epithets; many who comment on them would appear to have little or no knowledge of them personally. He therefore set himself to learn their character first-hand. He spent two years on his investigations, visited many types of towns and country districts, and from his experiences has produced a very readable and informative book, *The English Public House as it is*.³ There are over 80,000 public houses in the country licensed by the justices for the sale of intoxicating liquor. The public house is more than a shop: it is a place where people tarry for social intercourse as well as for refreshment. They tarry in a fashion that no one does in a teashop. Yet the history of the licensing laws shows that successive generations have regarded the public house as a potential danger to the public well-being. The Privy Council in 1604 said, "ale-houses and victualling houses ought to be no more than a number competent for the receipt of travellers, and for the supply of wants of poor people not able to provide for any quantity of victual for themselves (which are the true and natural use of these houses)."

Public houses, formerly owned by tens of thousands of separate individuals, are now so far as nine-tenths of them owned by a comparatively small number of brewery companies. They are multiple shops. As business organizations, to judge by the balance sheets of the companies, they are highly successful. As a firm of stockbrokers put it, "In good trade or bad trade, whether there is a strike or whether there is a lock-out, the brewer always makes money." The manager of a house may be good from the public point of view or from the trade point; the two are not synonymous. An undesirable back-street house is often a better commercial proposition than a more up-to-date house in a main street.

Mr. Selley's experience convinces him that the overwhelming mass of the people who use the public houses (and they form well over half the adult population) is not in the least besotted or degraded. The bulk of its patrons seek companionship. Generally there is good feeling both sides of the bar. There is companionship, refreshment, enjoyment, warmth, and light. A man seeks his "set"; they talk on things that interest them—even Bernard Shaw and the relative values of paper and sterling! "The 'pub' is the working men's club"; but there is evidence of a demand for a better club in the increasing number of clubs in towns, some of which have definitely come into being because of discontent with certain public houses. Drunkenness is mainly seen at week-ends when there are funds in the pocket and a greater concourse in the public houses. The Saturday night swilling is difficult to account for on any rational grounds in civilized communities. Statistics of drunkenness the author finds unreliable as a basis for argument. The methods of the police vary in different parts. He cites some examples. The following is a good one: Hartlepool has one licensed house for every 362 people, Middlesbrough one for every 757; yet the number of charges for drunkenness per 1,000 people in Middlesbrough in 1924 was seven times that of Hartlepool.

Public houses vary greatly in type. Some are frequented by definite groups. Men meet for business or market purposes. Some have a name for being frequented by bookmakers, others by loose women. If these are disturbed by the police the customers flit to fresh quarters. As taverns, for the supply of food, there is still much business done, particularly in market towns and in great centres of population. Some, by supplying good food at rates that undercut local restaurants, attract a large custom and pay well, on the policy of sacrificing the sprat to catch the whale. Others have developed a social side; the house has a bowling green or a quoit pitch. It may be the headquarters of a football club, pigeon club, cycling club, or the like. Entertainment clubs are formed and have their headquarters in the public houses. Large numbers of trade union branches hold their meetings in public houses, which

³ *The English Public House as it is*. By Ernest Selley. London: Longmans, Green and Co., Ltd. 1927. (Demy 8vo, pp. v + 184. 5s. net.)

give rooms for meetings free of charge. The local institutions which make a charge of 5s. for such facilities are beaten by the public house, which takes its pay in other form. The author visited many evening entertainments, as one of the company, and describes his experiences.

"True the entertainments bordered on the verge of profanity and much of the patter was very suggestive. . . . These people love community singing. A chorus about 'I know she loves me, because she told me,' was sung again and again with great spirit. There was no doubt that while singing these people were happy. Their faces were transformed and their eyes shone with delight. Trouble and suffering had made their mark on the faces and bodies of many of the women. . . . The only beautiful things about most of them were their eyes during the singing. Their voices were not pretty, but their eyes were like jewels. . . ."

Where no music licence is allowed the wireless has made up for the lack. In one of the best houses in the Potteries which had no music licence the barmaid said, "We don't want one now, it would attract the 'riffraff.'" But there is a wireless behind the bar. The barmaid said that on Sundays the customers like to hear the church service. "They simply love to hear the hymns and sermon, and they sit absolutely quiet while it is on." There are signs that the village public house is deteriorating. Much of the former Saturday night custom goes into the small towns; the motor bus is responsible for this, and the attraction of the "pictures." In isolated villages they are as much a part of the established order of things as the church, and it is no uncommon thing to hear a maudlin Saturday night vocalist singing lustily in church on Sunday morning.

The author notes defects and abuses, the demand for reform, the experience of the Carlisle scheme, efforts of reform by "the trade," the growth of the public-house habit among women. He asks the question, "Have public-house habits improved?" He is very cautious in his reply. It is, he says, difficult to get a fair criterion of what former conditions were. While he finds general agreement that there is better behaviour and less excess nowadays, very few would commit themselves to the assertion that the number of people who take intoxicants in public has decreased. In his opinion the greatest checks on excess have been restricted hours of opening and high prices. These two factors, combined with a lower average specific gravity, have assisted in producing a measurable decrease in the amount of drunkenness. Longer hours and lower prices, other things being equal, tend to increase consumption and drunkenness, though perhaps not in the same proportion as formerly.

On the larger questions of policy his conclusion is this: "The community has seen fit to restrict this business and limit its power to injure by means of laws and regulations, but until the great pushing power of private profit-making has been removed the community cannot expect to be master in its own house." It is a book to read.

THE NATURE OF DISEASE.

PART I of Mr. J. E. R. McDONAGH'S *Nature of Disease* was fully reviewed in these columns on its appearance three years ago (November 29th, 1924, p. 1008), and now he has brought out Part II,⁴ which in due course is to be followed by another dealing with intestinal auto-intoxication and chemotherapy, the genesis of cancer, and other problems, and correlating with medicine recent psychological work and Mr. F. M. Alexander's views on the conscious control of the individual.

The present instalment, the appearance of which was delayed by the destruction of the type by fire, is therefore part of an encyclopaedic work, and commands respect for the author's imagination, enthusiasm, and energy. The difficulties of judging fairly the future possible applications of physical chemistry to medicine are very great in the present state of medicine, but important modifications in the basal conceptions of the mechanism of life and disease must be imminent in the light of the

advances in connexion with the constitution of the atom and the electron. In the first chapter Mr. McDonagh considers the characters and changes which the protein particles in the plasma undergo in disease. These are summed up as (1) dispersion leading to coagulation, and (2) condensation, with subgroups of (a) hydration and (b) dehydration and gelation. The next chapter details the influences of the changes in the protein particles on the concentration of water and inorganic salts in the blood; hydration, or gelato-hydration, leads, it is said, to hydraemia. It is maintained, further, that when undergoing gelato-hydration the protein particles become precipitated in any one or more of the four important viscera in the following order—kidneys, brain, lungs, and liver; damming up of the glomeruli causes parenchymatous nephritis and profound hydraemia and oedema, and the author is firmly convinced that the so-called chloride retention has not anything to do with oedema. Anhydraemia is the result of dehydration of the protein particles which become soluble, thus increasing the "solid" contents of the plasma; this, it is said, leads to hardening of the capillary walls and interstitial changes, arteriosclerosis, and fibrosis of the viscera. In later chapters the changes in the vascular system and in the viscera resulting from alterations in the state of the protein particles are considered in detail and, as elsewhere, illustrated by cases. The genesis of cancer, considered in Part I in three chapters, is again submitted to critical analysis in the light of Gye and Barnard's work, and the somewhat remarkable conclusions are drawn that that work favours the non-parasitic rather than the parasitic origin of cancer, and that "the cause of cancer will never be found because as an entity it does not exist."

The concluding chapter of ninety pages is concerned with chemotherapy, organotherapy, and immunotherapy, which, it is held, increase the bodily resistance by subjecting the protein particles in the plasma generally, and in the leucocytes locally, to division and subdivision, thus augmenting the area of protective substance exposed to the invader, for it is regarded as certain that therapeutic preparations do not exert any direct action on invaders, their first action being always on protein particles in the blood stream. Further, it is laid down that no therapeutic substance acts primarily on a specialized structure; for example, "the sympathomimetic action of adrenaline is secondary to the dual action of conduction and dehydration exhibited by this drug upon the protein particles in the blood."

As was the case with Part I, the work is far from easy reading, and it is rather striking how very little reference is made to the researches of other writers within the wide area of subjects on which Mr. McDonagh touches.

ORTHOPAEDICS OF CHILDREN.

THE volume entitled *Orthopedics of Childhood*,⁵ like the others of this series, is intended for the general practitioner. It will probably be found by him to be a useful guide to modern methods of treatment of deformities in childhood. The title would have been pleonastic when orthopaedics were restricted to the etymological meaning of the term, as used by its inventor, Andry.

Dr. WILLIS CAMPBELL is known as a capable surgeon, well acquainted with his speciality, and this book will not do him or the University of Tennessee discredit. In his preface he expressly disclaims any pretensions to a complete representation of the literature or of the evolution of this vast subject. "The object of operative method alone is considered, consequently many standard procedures are barely mentioned or omitted."

With the limitations above implied, this book will doubtless be found useful. Unlike surgeons of the Boston school the author scarcely mentions posture or the supposed results of faulty posture. There are many illustrations, but some of the reproductions of photographs are by no means satisfactory.

⁴ *The Nature of Disease*. By J. E. R. McDonagh, F.R.C.S. Part II. London: W. Heinemann (Medical Books), Ltd. 1927. (Cr. 4to, pp. 454; 1 plate. 21s. net.)

⁵ *Orthopedics of Childhood*. By Willis C. Campbell, M.D., F.A.C.S. Clinical Pediatrics, vol. vi. New York and London: D. Appleton and Co. 1927. (Roy. 8vo, pp. xxix + 311; 211 figures. 16s. net.)

One of the drawbacks of a series such as this, to which Professor FOOTE'S *Diseases of the Bones, Joints, Muscles and Tendons*⁶ also belongs, lies in the difficulty or even impossibility of avoiding overlapping of subjects. We find in Dr. Foote's volume articles on quite a large number of subjects which are also treated of by Dr. Willis Campbell. This may be accounted for by the statement in Dr. Foote's preface that his book "treats of disease as affecting these tissues and structures from the point of view of the physician rather than that of the surgeon." Certainly the paucity of details of surgical treatment bears out this statement. We believe that any attempt to divide orthopaedists into physicians and surgeons is wrong. The orthopaedic surgeon should above all be, in the words of Jonathan Hutchinson, "a physician who operates," and the establishment of two points of view can only be bad for the patient. Everyone who treats Pott's disease, for instance, uses fresh air and sunshine and good food as well as jackets and extension frames, and all surgeons give cod-liver oil for rickets as well as applying splints or the osteotome. The outlook for the practitioner is gloomy if he is to find himself obliged to study two works on every surgical subject—one written from the physician's point of view and another from the surgeon's. Many subjects are considered in this volume which, as far as we know, are not susceptible of any so-called medical treatment. What, for instance, is the medical point of view in the treatment of congenital and developmental anomalies of bones, or of congenital defects such as dislocation of the hip, talipes, cleft palate, and supernumerary digits, to mention a few conditions? On the other hand the article on rickets contains a great deal of information on the present state of opinion on the etiology of this disease, although the author seems not to find it necessary to quote recent British investigators of this subject.

NOTES ON BOOKS.

THE importance of scientific method in malaria survey work has sometimes been neglected, and factors of first-rate importance have not been recognized. One of these—namely, the enormous loss of time and labour involved in hatching out larvae of anophelines as a preliminary to identification—has received attention by Drs. STRICKLAND and CHOUDHURY in *An Illustrated Key to the Anopheline Larvae of India, Ceylon, and Malaya*,⁷ which is a sequel to the *Short Key to the Adult Anophelines* by the senior author. It deals, therefore, with larval forms, methods for their collection, transmission, preservation, and examination, and contains a key to the identification of the oriental species, some fifty in number. In appendices reference is made to the necessary equipment and staff, the recorded geological distribution of the species, and the commoner habitats of the larvae. The book will prove of great value to all those engaged in malaria survey work.

Tuberculosis,⁸ by BALDWIN, PETROFF, and GARDNER, deals chiefly with the bacteriology and laboratory diagnosis of the disease, and is intended to serve the needs of teachers, students, laboratory investigators, and technicians in tuberculosis institutions. The chapters devoted to the acid-fast group of bacteria, the biology and diagnosis of *B. tuberculosis*, experimental tuberculosis, pathological anatomy, serum diagnosis, tuberculin and experimental therapy, describe the procedures which the authors have found the most useful, and should prove of special value to laboratory workers. The book is excellently illustrated with numerous original drawings and photographs and four coloured plates.

Dr. G. O. LOTSY'S book on *The Radiographic Diagnosis of Bilharziasis*⁹ is a collection of skiagraphs showing the infiltration of calcified bilharzial eggs in the bladder, uterus, and kidneys, accompanied by a discussion in French, English, and

Arabic on the parasites, the infiltrations, and the differential diagnoses—more especially from urinary calculus. The photographs have been made mostly from cases sent to the author for examination for suspected calculosis. The cases are discussed in detail, and the photographs are interleaved with explanatory diagrams. The statements about the parasites in the introduction are scrappy, but the volume should prove of considerable value to those interested in radiology, especially in a country such as Egypt, where two-thirds of the population are infected.

It is often said, particularly in introductory addresses at this season of the year, that it is a good thing for a medical man to have a hobby. Mr. JOHN W. WEIR, helped perhaps by the clear skies of South Africa, has found a hobby in astronomy, especially in the study of comets. Like others before him, he is puzzled to account for the constant form a comet maintains, and in a book, *Comets and the Sun*,¹⁰ he has put forward a theory which would attribute the form to the presence of an envelope. The study of comets led him to consider theories and known facts with regard to the sun, and he has a chapter on the solar origin of the planets. The book is beautifully got up; it is a quarto, and its form has no doubt been selected in order to make possible the reproduction of a number of large photographs—some of them lent by eminent astronomers—of comets and of the sun; they are extremely well presented. One of them, in colour, of a great scarlet solar prominence is very striking. The frontispiece is a photograph of Halley's comet, lent by the late astronomer at the Cape, and on another page there are four photographs of the same comet taken at the Transvaal Observatory in 1910. We have no doubt that the book will be found of interest by those among our readers who are attracted to the study of the heavens.

To *The Tibetan Book of the Dead*,¹¹ which the Oxford University Press has published (price 16s.) for Dr. W. Y. EVANS-WENTZ, belongs the respect which attaches to a writing looked on as sacred by at least one part of a very large section of mankind. The title is no doubt correctly translated, but the scope of the book might perhaps be better conveyed by substituting "death" for "the dead." To read the translation itself, made by a Tibetan Lama acquainted with English, one must be something of an enthusiast; primarily it is a service to be recited to the dying; it fills 160 pages—nearly two-thirds of the volume. Dr. Evans-Wentz has written an introduction filling 80 pages, which is an essay on Buddhist doctrine. Sir John Woodroffe, Reader in Indian Law at Oxford, has provided a foreword giving an explanation of the doctrine implicit in the ritual; in the course of it he makes the observation that the fundamental difference between Christianity and both Brahminism and Buddhism is that the former teaches resurrection and the latter reincarnation. To those attracted by the study of what is sometimes called comparative religion the book will prove interesting.

¹⁰ *Comets and the Sun. New Theories Regarding Their Structure.* By John W. Weir, M.D., F.R.C.S. Ed. London: Longmans, Green and Co., Ltd. 1927. (Demy 4to, pp. xv + 72; illustrated. 12s. 6d. net.)

¹¹ *The Tibetan Book of the Dead, or The After-Death Experiences on the Barudo Plane, according to Lama Kazi Dawa-Samdup's English Rendering.* By W. Y. Evans-Wentz, M.A., D.Litt., B.Sc. With foreword by Sir John Woodroffe. London: Milford, Oxford University Press. 1927. (5½ x 9, pp. xlv + 248; illustrated. 16s. net.)

PREPARATIONS AND APPLIANCES.

A Standard Ether.

MANY years ago a distrust of ether as an anaesthetic became engendered in the public mind as well as among the medical profession. The suspicion was no doubt originally well founded, for in earlier days the finer degrees of purity, if not quite unknown, were more rarely attained; certainly no sharp discrimination was exercised between the purest and the ordinary. It is now known that all the defects peculiar to ether were due to a group of impurities some of which originated in the process of manufacture, others—such as peroxides—being generated through exposure to sunlight during storage. Echoes of the old distrust from time to time are, however, still heard, more particularly in the lay press. Popular prejudice may do much harm, and should be corrected at every opportunity. It deserves to be made known that in twelve years 500,000 pounds of ether for anaesthetic use have been supplied by Messrs. Howards and Sons without the report of any untoward event. Messrs. Howards and Sons are manufacturers of a highly purified ether for anaesthetic use, which they supply in amber-coloured bottles under the label of Howards' Standard Ether. We have examined a specimen analytically, with results confirming the makers' claims as to its purity.

⁶ *Diseases of the Bones, Joints, Muscles and Tendons.* By John A. Foote, A.M., M.D. Clinical Pediatrics, vol. vii. New York and London: D. Appleton and Co. 1927. (Roy. 8vo, pp. xvii + 295; 76 figures. 16s. net.)

⁷ *An Illustrated Key to the Anopheline Larvae of India, Ceylon, and Malaya.* By C. Strickland, M.A., B.C. Cantab., and K. L. Choudhury, M.B., D.P.H. Cal. With a foreword by Sir Ronald Ross, K.C.B., F.R.S. Calcutta: Thacker, Spink and Co. 1927. (Cr. 4to, pp. xi + 67; 12 plates. Rs. 4/8.)

⁸ *Tuberculosis.* By Edward R. Baldwin, M.D., S. A. Petroff, Ph.D., and Leroy Gardner, M.D. The Trudeau Foundation Studies, vol. ii. London: Baillière, Tindall and Cox. 1927. (Roy. 8vo, pp. xvi + 342; 82 figures, 4 plates. 21s. net.)

⁹ *The Radiographic Diagnosis of Bilharziasis.* By Dr. G. O. Lotsy. Cairo: H. Friedrich and Co. 1927. (Med. 4to, pp. 90; 22 plates, 88 figures. 19s. post paid, or 90 piastres.)