

inclined to think, from the student's point of view sorely in need of judicious abridgement and of concentration on the main facts and principles. A very welcome feature of the book is the attention paid to "anomalies," for these are not only of great practical importance, but often serve to drive home certain fundamental facts in an interesting and impressive way. The book can be warmly recommended to the student for its accuracy and comprehensiveness, but we hope that in any future edition the proof-reader will be less at fault and avoid the complications which may arise from such bibliographical references as "Keeth, Embry., Morph and Arnold."

NOTES ON BOOKS

At the King Edward Medical College, Lahore, a post of lecturer in anaesthetics has lately been created, and the first incumbent of it is Dr. K. E. MADAN, who has promptly produced a textbook of *Elementary and Advanced Anaesthesia*¹; primarily, we may suppose, for the use of his own students, but also, as he states himself, for practitioners of all types, including post-graduates. It is very possible that Dr. Madan is an expert anaesthetist with a firm grasp of the principles and practice of his specialty, but he has certainly not succeeded in expounding them in print. The impression left by the book is that it might have been produced by someone with an encyclopaedic knowledge of the literature of the subject, but with limited practical experience of the operating theatre. It may well be that this impression is not a correct one, and that it is due to Dr. Madan's inexperience in authorship; but it spoils the value of the book as a guide for the student and the practitioner. To give one very brief instance, the chapter on the choice of anaesthetics (quite one of the most important in any textbook on this subject) contains the following pronouncement, which is not qualified in any way, or modified by its context: "Chloroform is always indicated in all respiratory troubles—for example, of the larynx, trachea, bronchi, lungs, and pleura." We feel sure that Dr. Madan never meant this sweeping assertion to be accepted as literally true; but he has committed himself to it so categorically that his students must think he did mean it.

We have received the first issue, published in June, of the *Proceedings* of the Scientific Committee for the Investigation of Circulatory Disorders, whose headquarters are the William G. Kerckhoff Institute at Bad Nauheim, founded in 1929 by Mrs. Louise E. Kerckhoff in memory of her husband, and opened on April 12th. The issue contains the address delivered at the opening ceremony by Dr. Hamel, president of the German Ministry of Health, followed by a lecture by Professor Franz M. Groedel, director of the institute for circulatory disorders, and an account of the first meeting of the committee.

In *The Danger Signs of Disease*,² by "A Scotch Doctor," will be found a number of useful hints, warnings, and reflections on the subject of health and disease which may be of value to the observant and discriminating layman. The author says that his "main purpose is to enable people to appreciate whether any symptoms from which they may be suffering are dangerous or not and to go forthwith to their doctor for confirmation; and to convince them to consult a person thoroughly qualified to give them an honest and experienced opinion." The aim is worthy, but perhaps more difficult of achievement than the author has realized. His presentation is, no doubt designedly, dogmatic and his wording brief. This easily leads to occasional statements which to the doctor are not strictly accurate, and to the layman may be misleading; and it does not lend itself to a clear distinction between symptoms and signs which suggest quite rare conditions, or serious conditions, and those which indicate

disorders of less moment. If the book proves to supply a real want of the public a little expansion might remedy these defects, and at the same time more emphasis might be placed on preventive measures of personal hygiene, such as those briefly mentioned in the last chapter on baths and cleanliness, on ventilation, on clothing, and on exercise.

The ninth volume of the *Guide to Current Official Statistics of the United Kingdom* contains a list of the statistical publications issued during 1930 by Government departments in Great Britain and Northern Ireland, together with an index of their contents arranged alphabetically according to subject, with information of the time and place to which the statistics relate. It is therefore possible to discover without delay the official statistics available for any particular purpose, and the names and prices of the publications in which they are to be found. The volume is obtainable at H.M. Stationery Office, price 1s. net.

PREPARATIONS AND APPLIANCES

A SIMPLE FASCIA CUTTER FOR LIVING SUTURES

Mr. A. WILFRID ADAMS, M.S., F.R.C.S. (Clifton), writes:

The instrument shown in the accompanying figure was designed to obviate the long incision down the thigh necessary for procuring strips of fascia for hernioplasty, etc. It works subcutaneously, does not get out of order, and is cheap. At the outset I experimented with Mayo's vein enucleator, and on that idea the fascia cutter is modelled.

Cutting is effected by tiny knives, which form the sides of the fenestrated end of the long steel shaft, which is 16 inches long. The handle is at an angle of 15 degrees with the shaft.

A 2-inch vertical incision is made over the fascia lata at the knee. After exposing it an end of fascia is raised of the required width, 1/4 to 1/2 inch, and is then pulled through the opening in the cutter by a pair of artery forceps. While the forceps hold it taut, the cutter is driven subcutaneously upwards and towards the great trochanter. The progress is automatically arrested by the bulky flesh of the tensor fasciae femoris blending with the origin of the fascia. At this stage the upper end of the cutter is made prominent by pressing the handle against the patient's knee. A transverse incision, 1 inch long, through the skin at the prominence reveals the cutter carrying the upper end of the fascial strip. It is easy to divide and then withdraw the latter ready for use as a suture; adherent fat, if any, is cleaned off it.

Many such sutures may be prepared by an operation which takes five minutes and has been free from complications.

Messrs. Allen and Hanburys have manufactured the instrument for me.

A TWO-PIECE GLASS SYRINGE

We have received from Messrs. Burroughs Wellcome and Co. a two-piece "Agla" syringe, graduated in minims and tenths of 1 c.cm. It is made of glass, and the blue tip of the piston enables one to tell at a glance the quantity of fluid in the syringe. Fitted with a rustless steel needle (protected by a metal guard) the assembled syringe fits closely into a glass container filled with spirit, the piston acting as a stopper. The whole is enclosed in a cylindrical metal case which can be clipped on to the pocket. The spirit and containing tube can be replaced in the metal case without risk of spilling while the syringe is in use. This type of syringe is supplied in 1 c.cm., 5 c.cm., and 10 c.cm. sizes, with a model graduated in twentieths of 1 c.cm. for insulin administration. It is very convenient for hypodermic emergencies.

¹ *Elementary and Advanced Anaesthesia*. By Dr. K. E. Madan, M.D., D.O.M.S. Lahore: Students' Popular Depot. (Pp. 366; 25 figures, 5 plates. Rs. 5.)

² *The Danger Signs of Disease*. By a Scotch Doctor. London: The St. Catherine Press. 1931. (Pp. 90. 2s. net.)

