editions; others that he considers of doubtful usefulness he foretells will disappear from usage.

All the sections in the book appear to be good, but those on the stomach and intestines are particularly so; the descriptions are clear and adequately illustrated. There is not the excess of illustrations that are often just thrown at the reader without any particular selection having been exercised—probably put in because they happened to be in the author's collection—but each illustrates some point and often a number of points. Furthermore, the illustrations are not those superlatively clear ones that can only be produced with the most up-to-date and powerful apparatus, but they are of the clarity that we in India can usually achieve with the apparatus available in the larger hospitals here. The author says that most of the skiagrams have been taken with a twelve-year-old apparatus.

The translation has been a very literal one, and the language is in places very stilted and sometimes actually difficult to follow for this reason. Unnecessarily technical words are used; they are all words that can be found in the medical dictionary, but they could often have been replaced by words of everyday conversation without loss of precision. Surely it is unnecessary to say *anamnesis* when *history* is meant.

The author is not dogmatic and makes it quite clear that the röntgenological findings should be considered in conjunction with the history and the rest of the clinical findings; in some cases more importance will be attached to the röntgenological findings, in others less, but never should they be considered alone, or allowed to override definite contrary clinical findings.

Any physician who has to read röntgenograms will find an authoritative book of this kind almost essential, and we know no other that will serve his purpose so well.

L. E. N.

THE SPLEEN AND RESISTANCE.—By D. Perla, M.D., and J. Marmorston, M.D. 1935. Baillière, Tindall and Cox, London. Pp. xi plus 170. Price, 9s.

A GREAT deal of work has been done on the spleen during the last decade, but there still remains very much to be found out about it. It is difficult to explain why it is that in lower animals it seems an essential organ to protect them from the effect of certain infections, such as *Bartonella* in mice and *Plasmodium* in monkeys, and yet man can apparently get on quite well without his spleen.

Much of the recent work has been summarized and reviewed in this book. It is concluded with a very useful résumé of the subject; it is useful, but disappointing (through no fault of the writer), as, although we know a great deal about the spleen, we do not yet know the fundamental facts.

There is no reference to the recent work on monkey *Plasmodium* in India, though it has a very definite bearing on the subject, and in the list of 447 references some of the most important work done in England has not been included. Nevertheless, it is a valuable contribution to the literature on the spleen.

L. E. N.

HIGH BLOOD PRESSURE AND ITS COMMON SEQUELÆ.—By Hugh O. Gunewardene, M.B., B.S. (Lond.), D.M.R.E. (Cantab.). 1935. Baillière, Tindall and Cox, London. Pp. xi plus 172. Illustrated. Price, 7s. 6d.

THIS small book has been written to encourage the study of high blood pressure by the general practitioner. The observations recorded here are those made on 250 cases studied outside the hospital. In the first chapter the author rightly insists on the importance of the diastolic pressure as a true index of hypertension, and considers a diastolic of 90 and a systolic of 150 as upper limits of the normal for an adult. In the second chapter he ascribes hypertension as the commonest cause of heart disease. The third chapter is devoted

to the method of determining blood pressure; he rightly advocates the use of a mercurial instrument with a scale reading up to 300 and discards the aneroid machines. The systolic pressure is first roughly obtained by the palpation method, then the bag is deflated till the first click is heard. An illustration of the various subsequent phases has been given. In nearly all cases the point of disappearance of all sounds is 5 to 10 mm. below the actual diastolic, so that, if the latter number is added to the figure at the point of disappearance of sounds, a relatively accurate diastolic pressure is obtained when the different phases cannot be easily determined by the ear.

In the fourth chapter the author briefly describes the clinical types, with photographs, though of course appearances are not reliable. Following Clifford Allbutt he considers arterial hypertension under two main headings, the renal and hyperpietic, and finds non-renal hypertension rare under 30 years of age. From his clinical observations on the influence of occupation and living Dr. Gunewardene is of opinion that sedentary habits and overfeeding are chiefly responsible for essential hypertension, with heredity and diathesis only playing a subsidiary part in some. The normal pressure-regulating mechanism of the body is deranged in this condition, possibly by a dysfunction of the liver. The next part deals with the sequelæ of high blood pressure which usually involves the heart, the kidney, or the brain, or all. The author differentiates essential hypertension from chronic nephritis, in a tabular form. The influence of syphilis has been referred to; it plays little or no part in raising blood pressure.

Chapter IX deals with the occurrence of strokes which have been divided into two groups, motor and sensory. The author states that cerebral hæmorrhage does not occur with diastolic pressure of under 115 and advises the prognosis accordingly. This statement however requires confirmation. Chapter XV contains an account of acute oedema of the lungs. Apart from mechanical and inflammatory causes it is said to be the result of left ventricular fatigue under persistent hypertension. The prognosis has been discussed in chapter XVI and a table showing the causes of death in hypertension has been given. In the last chapter, on treatment, the author refers to general principles regarding rest, exercise, diet, septic focus, etc., in brief and agrees with the oft-repeated statement that drugs are not of much value, but he uses the sedatives and vasodilators when necessary. He has used patent medicines extensively, none of which proved more than financial burdens to the patients. He has obtained some good results by electrotherapy in selected cases. He believes that all cases of hypertension require treatment. There is an appendix showing a form used in the investigations of the cases, followed by an adequate index. Cross references throughout the text make reference simple and rapid.

R. C.

APHASIA—A CLINICAL AND PSYCHOLOGICAL STUDY.—By Theodore Weisenburg, M.D., and Katherine E. McBride, Ph.D. 1935. The Commonwealth Fund, New York. Pp. xvi plus 634. Illustrated. Price, 21s. Obtainable from Oxford University Press, Bombay and London

THIS book embodies the results of the most extensive study of aphasia ever undertaken and will long remain the standard work of reference on the subject in the English language, if not in any language. The authors' records cover the examination of 234 cases and an additional investigation of a further 80 cases. The 234 cases include (1) 60 cases of aphasia, (2) 22 cases of unilateral cerebral lesion without aphasia, and (3) 85 'normal' adults, i.e., selected hospital patients suffering from bone fractures, dislocations, hernia, arthritis and similar surgical conditions. This extensive and accurate employment of 'controls' is one of the main features of the book which gives it great value to the clinician as well as to the psychologist. The

aphasic group includes vascular, tumour and traumatic cases. The patients themselves were drawn from a wide variety of educational and occupational levels. The 'normal' controls represent a good sample of the average population.

For the selection of the subjects of the study, the following criteria were laid down:

1. They must be under sixty years of age so as to reduce the possibility of a picture complicated by senile changes.

2. The aphasic and the control cases of unilateral cerebral lesion without aphasia must not show any signs of a disorder known to affect mental functioning, e.g., psychosis, general paralysis, advanced cerebral arteriosclerosis; the 'normal' controls must likewise be free from any disorder known to affect mental functioning and they must also be free from any neurological disturbance.

3. All patients must have been English-speaking by birth.

4. They must have adequate sight and hearing.

The tests employed were for the most part the mental and educational achievement tests found useful for children. The typical adult performance of these tests was determined and then the aphasic responses were interpreted in terms of the normal adult performances. As there are no tests of language which do not depend on intellectual ability, the intellectual level of each aphasic tested was carefully taken into account.

In view of the complexity and variations of aphasic disorders, it was essential to have tests which provide for an examination of all the performances which may be affected. It was also necessary to provide tests for the detailed study of particular disturbances as well as tests to study the relative importance of specific speech defect along with other changes, i.e., the patient's method of work. The authors conclude that the most satisfactory classification of types of aphasia is not a logical but an empirical one. Hence they class the disorders in four main groups designated by the descriptive terms, 'expressive', 'receptive', 'expressive-receptive', and 'amnesic'.

The disturbances characteristic of the predominantly expressive disorder may appear in any degree of severity from a slightly abbreviated speech with occasional mispronunciations to an almost complete loss of all forms of spoken response. Cases of the predominantly receptive group show different degrees of limitation in the understanding of spoken language, of limitation in the understanding of the full significance of the verbal formulation down to a faulty understanding of single words or short sentences with some difficulty in perceiving the word-sound.

Patients with the expressive-receptive disorder are characterized by their serious limitations in all language performances since all language processes are so defective that no distinction can be made between the expressive and the receptive. The amnesic disorder consists essentially of a difficulty in evoking words as names for objects, conditions or qualities. The speech in amnesic aphasia, therefore, consists largely of familiar and colloquial expressions and of emotional and automatic responses.

In regard to the nature of all aphasic disorders, the conclusion reached by the authors is that although first and foremost a disorder of language, it is not limited to the language processes since it is shown to involve changes in the patient's reactions to practical, everyday problems and to matters of social response and relationship. As regards the seat of the lesions, certain definite statements can be made. First, the lesion must be within a given area, which includes both the anterior and the posterior part of the brain. By the anterior part is meant the pre-central convolution and the adjacent parts of the frontal lobe, the pre-motor area. The posterior part includes the inferior portions of the post-central and parietal lobes, the superior part of the temporal lobe, and the anterior part of the occipital. How much of the subcortex is involved it is impossible to say.

In the portion of the book dedicated to a historical survey of aphasia, the authors pay tribute to the outstanding contribution to the subject made by Hughlings Jackson, whose statement that, 'to locate the damage which destroys speech and to locate speech are two different things', is just as true to-day as it was seventy years ago.

The book is provided with a copious bibliography and a good index.

O. B-H.

INCOMPATIBILITY IN PRESCRIPTIONS AND HOW TO AVOID IT—WITH A DICTIONARY OF INCOMPATIBILITIES.—By Thomas Stephenson, D.Sc., Ph.C., F.R.S.E., F.C.S. Fourth Edition. 1935. The Prescriber Offices, Edinburgh. Pp. vii plus 62. Price, 6s.

DIFFICULTIES are sometimes experienced by both students and junior practitioners in writing prescriptions for patients in general practice; information in general books on materia medica is often too scanty to help them. Long association with students of pharmacy and chemistry has enabled Dr. Stephenson to write the present treatise in a most concise and lucid way, making it a most useful and practical guide for physicians who would avoid the many pitfalls encountered in prescribing. The present volume is nearly double the size of the original volume, is thoroughly revised and brought up to date, and is strictly in accordance with the *British Pharmacopœia* of 1932 and the *British Pharmaceutical Codex* of 1934.

The first part of the book is devoted to the general principles of incompatibility and the second part is an invaluable addition consisting of the dictionary of incompatibilities dealing with both the official and non-official drugs, their doses, solubilities and incompatibilities. The book is well got up, handy and can be confidently recommended to those for whom it is intended.

R. N. C.

DEMONSTRATIONS OF PHYSICAL SIGNS IN CLINICAL SURGERY.—By Hamilton Bailey, F.R.C.S. (Eng.). Fifth Edition. Revised. 1935. John Wright and Sons Limited, Bristol. Pp. xii plus 287, with 341 illustrations, some of which are in colour. Price, 21s.

MR. HAMILTON BAILEY'S excellent little book on physical signs in clinical surgery has reached its fifth edition, and this is a fact which speaks for itself.

Though the book contains a few more pages than the previous editions, the author has resisted the temptation to enlarge it to any great extent. The increase in the number of pages being due for the most part to the addition of a few illustrations. Practically all the recognized signs used in clinical surgery are mentioned and most of them are admirably illustrated. The descriptions are brief, but at the same time lucid and quite sufficient to be clearly understood by the reader.

It is undoubtedly one of the best of the smaller works and should be in the possession of every student of medicine and surgery.

H. E. M.

MARTINI'S PRINCIPLES AND PRACTICE OF PHYSICAL DIAGNOSIS.—Edited by Robert F. Loeb, M.D. From the authorized translation by G. J. Farber, M.D. 1935. J. B. Lippincott Company, Philadelphia and London. Pp. xviii plus 213 with 30 illustrations in the text. Price, 9s. Obtainable from Messrs. Butterworth and Company (India), Limited, Calcutta. Price, Rs. 6-12

'THIS little book, starting to-day on its way to those who intend to become physicians', are the opening words of the author's preface, and we would like to continue 'has fallen into the hands of one who, whilst suffering under the delusion that he has been a