of the larynx. His experience in cancer of the stomach is very much the same as that of Mr. Walton, e.g., only about 3 per cent. of cases operated on survive a five-year period. The third lecture on "operations on bad risk patients" is worthy of study by all surgeons who have to deal with this type of case. The fourth lecture on "the mechanism of hyperthyroidism" deals largely with the operation of thyroidectomy. As his experience is based on 17,759 operations on the thyroid, there must be few surgeons who are in a position to question his procedure. His present mortality is 0.8 per cent., and 94 per cent. of cases are definitely and permanently cured.

The fifth lecture is entitled "diagnostic and operative clinic" and is really a post-graduate discussion of the surgery of the gall-bladder, the relationship of cancer and ulcer of the stomach, cancer of the breast, and duodenal ileus as a factor in the causation of migraine.

The sixth and last lecture is an interesting speculation and discussion of the evidence supporting his theory that man is a bipolar electric mechanism.

The book is well printed and the illustrations up to the usual high standard of American textbooks.

A. H. P.

GENERAL SURGERY. Edited by Evarts A. Graham, A.B., M.D. (Practical Medical Series), 1928. Chicago: The Year Book Publishers. Pp. 800. Price not stated.

GENERAL SURGERY published in the Practical Medicine Series gives a review of the advances in surgery that have been made during the previous year. Although it is published in America the work done in all other countries is given adequate recognition. We are pleased to find that reference is made to articles by Indian surgeons in several places.

The article on anaesthesia is of interest to surgeons in this country where in the great majority of hospitals chloroform still reigns supreme.

The anaesthetic preferences of American surgeons are set forth, based on 640 answers to a questionnaire.

Only one surgeon prefers chloroform and then only in average good risk laparotomies and cases of inguinal hernia.

Ether is by far the most popular anaesthetic, but a local anaesthetic is used in the majority of hernia operations and nitrous-oxide-ether in cases of poor risk laparotomies.

A very interesting article on "wound healing" includes the observations of L. H. Slocumb on the effects of chronic malarial infection during convalescence from operative procedures. The fighting up of the infection after operation, and the poor healing of the wound are described.

This has long been known to surgeons in India who take adequate precautions by means of quinine treatment. All recent advances and new opinions in surgery are discussed in the various sections.

The illustrations are good and there is a very complete index which in a book of this kind is invaluable. There is no doubt that every surgeon who wishes to keep abreast of the rapid advance in the methods and technique of his art should have this work in his possession.

H. H.

INJECTION TREATMENT OF INTERNAL HÆMORRHOIDS.—By M. C. Pruitt, M.D., L.R.C.P.S. (Edin.), F.R.C.S. (Edin.), F.A.C.S. (Edin.). St. Louis: The C. V. Mosby Company. 1929. Pp. 137. Illustrated. Price, \$3.00.

THIS little book gives a very good description of the modern method of treating internal hæmorrhoids by injection.

The author is an enthusiast and certainly produces very effective arguments in favour of the injection method.

He gives a brief description of the surgical anatomy of the anal canal. The pathology of hæmorrhoids is clearly discussed and a very useful classification from the clinical point of view is also given. The chapters on diagnosis and more particularly the diagnosis of those cases suitable for injection are very good. The operative technique which is simple is adequately described

and illustrated. The various solutions that have been used by different surgeons are enumerated.

A considerable part of the book is devoted to the history of the injection treatment. The change of opinion that has occurred since the method was first suggested is remarkable and now there can be no doubt that this is a popular and successful method of treatment. In India, as in every other country, the presence of hæmorrhoids is a common complaint.

That this complaint can be cured in very many cases by injection without an anaesthetic must appeal to all surgeons. This book should prove invaluable to those who have to deal with this condition.

H. H.

SQUINT: ITS CAUSES, PATHOLOGY AND TREATMENT.—By Claude Worth, F.R.C.S. 6th Edition. London: Baillière, Tindall and Cox. 1929. Pp. IX plus 246 with 42 figures in the text. Price, 10s. 6d. net.

THIS is the sixth edition of this valuable work which is a sufficient index of its popularity, and it is obvious that it has acquired a great reputation which hardly needs a review.

The first edition of the book was published in 1903 and there have been no fundamental changes in subsequent editions.

It is largely due to the author that the great advances in the cause, pathology and treatment of squint have been made in the last thirty years. The only treatment carried out by the greater proportion of ophthalmologists consisted in prescribing glasses, followed perhaps by a tenotomy which was sometimes combined with an uncertain advancement. No effort was made to train the fusion sense or the prevention of amblyopia.

The book deals in great detail with the whole question of squint. Chapters are devoted to binocular vision, convergent and divergent squint, amblyopia, the training of the fusion sense, the aetiology and investigation of squint, heterophorias and the treatment of squint.

For the operative treatment of squint the author is dogmatic in stating that advancement is the only satisfactory and safe operation. The operation of tenotomy of an ocular muscle should not be performed either alone or in combination with advancement of the opponent muscle. Operations which aim at elongation of the muscle without severance of its continuity are condemned as the effect is that of a complete tenotomy. Simple shortening of a muscle by resection of a part and reattachment to the old insertion is fairly satisfactory where only a very small angular effect is required, but is not advocated as, by the removal of a part of the muscle, the contractile power of the muscle and the range of rotation of the eye are lessened.

Muscle tucking is also not satisfactory for a similar reason, and has the added disadvantage that an ugly excrescence is produced which may never quite disappear.

Ophthalmology owes much to this author by whose teaching cases of unilateral squint in which treatment is commenced early and carried out by the methods described in his textbook are nearly all perfectly cured, having good vision in each eye and good binocular vision.

The book is a most admirable one, well illustrated and written in a clear simple style. It will prove most valuable to ophthalmologists in India where squint with its inevitable sequelæ is also so common.

E. O'G. K.

MEDICO-LEGAL PROBLEMS.—By Lord Riddell. London: H. K. Lewis and Company Ltd. 1929. Pp. 100 plus VIII. Price, 5s. net.

IN this book the author has brought together his writings on the subject, which have been published from time to time in the *Transactions of the Medico-Legal Society*.

The book is divided into four chapters. In these the author has discussed from the ethical, legal, and medical standpoints the justifiability or otherwise of sterilization as a prophylactic measure for individual reasons, for the mentally unfit as a class, and questions relating to abortion and medical confidences.