

hospital use; also it implies that the prescriber is familiar with the subject, and prescribes correctly for the needs of each case and does not adopt a routine procedure for all and sundry. Unfortunately only a small percentage of general practitioners are enthusiasts in infant feeding, or take the necessary trouble to acquire a working knowledge of rational and exact methods.

We have dealt with only four chapters of this excellent work, and we regret that space does not permit of a *résumé* of the chapters on artificial feeding, milk-supply, the changes which result from heating milk, the bacteriology of milk, the chemistry of infantile digestion, and various other subjects, treating of the diet and development of the infant, and morbid conditions, such as marasmus, scurvy and rickets. Anyone desirous of bringing his knowledge of infant-feeding abreast of the latest developments in modern theory and practice will not regret a careful perusal of Dr. Vincent's book.

**The Sterilisation of Urethral Instruments.**—By HERBERT T. HERRING, M.C., B.S. (Durham), M.R.C.S. H. K. Lewis, London. Pages XVII & 176. Size demy 8vo. Price 5s.

THE sterilisation of catheters, bougies, etc., is often not carried out so thoroughly as is the case with other surgical instruments; much more so is it when a patient has to prepare an instrument to pass upon himself. The author in this book details the instructions which he is in the habit of giving to such patients.

Chapter I deals with the various kinds of catheters and bougies.

Chapter II with their sterilisation by boiling water with a layer of liquid vaseline on the surface, so that on withdrawal of the instrument from the steriliser it is uniformly lubricated with an aseptic lubricant and ready for use. The author has designed a simple apparatus for the use of patients who require catheterism at frequent intervals by which twelve catheters can be prepared in 20 minutes and kept aseptic; this saves a considerable amount of time and trouble. The apparatus appears to be extremely good.

Chapter III includes the preparation of the parts before catheterism, and Chapter V the methods of passing the different varieties of catheters and bougies. The remaining chapters describe the symptoms of "residual urine" before and after microbic infection with the treatment, so far as it concerns simple remedies and similarly with stricture; these chapters are added because the author believes that a patient will carry out instructions more thoroughly if he understands the reasons thereof; if so full an account as there is in this book should always be given to the patient, is, however, a matter of opinion. Reference is also made to operation in retention of urine from enlarged prostate; the author holds that in many cases the prevention of infection of the urine by the passage of sterile instruments does away with the necessity of

operation; from the scope of the book these remarks seem unnecessary. Urethral and bladder injections are also described.

In conclusion if any one is in need of a list of instructions to give a patient who has to pass an instrument for himself, he will find it in this book. The author seems unduly optimistic as regards the proportion of patients who will carry out sterilisation efficiently; certainly a large proportion of English hospital patients will probably fail, and how much more so in this country.

## EXTRACTS FROM MEDICAL JOURNALS.

### PATHOLOGY AND BACTERIOLOGY.

**Reports of the Sleeping Sickness Commission of the Royal Society.**—The four numbers of these reports, containing eight papers, which have been recently issued, throw great light on this hitherto obscure disease, as well as on the African human trypanosoma fever, so they are of great interest to workers in India from more than one point of view. The first point to be decided was the correctness or otherwise of the suggestion of Manson that the disease is due to the filaria perstans, and this part of the inquiry was entrusted especially to Dr. C. Christy, who made several extensive journeys in different directions through Uganda and eventually down the Nile valley, and examined very large numbers of slides for filaria. In his first report he was able to show that the areas of sleeping sickness and of filaria perstans in no way corresponded, and this important observation was confirmed and extended by his further experience. Thus sleeping sickness is only found in Uganda within 30 or 40 miles of the Lake Victoria Nyanza, while it is only met with in its most intense and wide-spread form in the immediate vicinity of the lake. Further sleeping sickness has recently extended down the east side of the lake into an area which is quite free from filaria perstans. Again the area of filaria perstans extends much further to the north of the lake than does sleeping sickness, and this parasite was found in largest numbers outside the sleeping sickness area. Dr. Christy also made a collection of mosquitos, but was unable to find any whose distribution agreed closely with that of sleeping sickness, while his report also contains much information on the distribution and course of the disease.

The clinical aspects of the disease were more especially studied by Low and Castellani, who give an interesting account of the affection in their report, only the main points of which can here be dealt with. Sleeping sickness was first found in Uganda by Cook in 1900, since which it has spread steadily round the north side of the lake. The symptoms begin insidiously, the patient becoming dull and lethargic and slow of speech. Headaches, a fine tremor of the tongue, a rapid and soft pulse, an evening rise of temperature to 101° or 102° F., falling to subnormal in the morning, being noted. The drowsiness, which is at first intermittent, becomes more marked, emaciation and weakness set in, and the case terminates with coma and a subnormal temperature, invariably ending fatally after either a rapid acute or a slow chronic course. The leucocyte formula is mononuclear, anæmia of a comparatively slight degree is constant, and malarial parasites and pigmented leucocytes indicating malarial complications, are frequently met with, while the spleen is always enlarged and hard. After death a chronic meningo-encephalitis and a meningo-myelitis is found, with excess of pale straw coloured sub-arachnoid fluid, but the brain substance is firm and normal in appearance. Treatment is purely palliative.