differs in many respects from the usual textbooks on this subject.

As is explained in the preface, the book is intended for the post-graduate who is familiar with the standard textbooks but desires at first-hand more practical help with the diagnosis and management of abdominal cases.

The main theme of the book, occupying two-thirds of the text, is the diagnosis and treatment of surgical dyspepsia. Surgical dyspepsia, it should be explained, signifies painful dyspepsia as distinct from medical, or painless, dyspepsia. The diagnosis of surgical dyspepsia is discussed at great length, and under such general headings as symptoms, mechanism of causation, ætiology, reflex dyspepsia, and so on. Later chapters in this section seek to define dyspepsia syndromes for certain particular diseases. Inevitably, in such a long discussion, chapters have been introduced here and there to enlarge upon certain points secondary, but necessary, to the main subject. In one such chapter the theories of the causation of peptic ulcer have been summarized, and it winds up with the suggestion that the practising surgeon should follow the theories of Virchow when engaged upon the preliminary treatment of his case, but should go over to the Aschoff camp when it comes to deciding on the type of operation to be performed.

A good description of gastroscopy is contributed by Dr. John Horan, and then comes the section on operative surgery, in which the *pièce de résistance* is the part dealing with the surgery of the stomach. Technique, especially suture work, receives great attention, and there must be few who will not find something useful among the many original ideas disclosed. The surgery of the other abdominal viscera is dealt with fully, but special mention should be made of the sections on appendicitis and carcinoma of the rectum.

The book deserves the attention of all practising surgeons, especially those who feel the need of something to help them refresh their clinical work and brush up their operative technique in times which make visits to the great surgical centres impossible.

W. McN. N.

THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE ŒSOPHAGUS.—By P. P. Vinson, B.S., M.A., M.D., D.Sc., F.A.C.P. 1940. Charles C. Thomas—Publisher, Springfield, Illinois. Pp. 224, with 98 Illustrations. Price, $4.00. Obtainable from Messrs. Baillière, Tindall and Cox, London. Price, 22s.

Every student of medicine is well acquainted with the names of Plummer and Vinson who provided much of the impetus for the present satisfactory management of lesions of the œsophagus. Many excellent articles have since been published on the subject by surgeons, physicians and endoscopists but they are not readily accessible to us, while the average textbooks deal with it rather inadequately from the practical point of view. It is, therefore, with some feeling that we welcome this unique monograph written by Vinson and justly dedicated to *late* Henry S. Plummer.

The book begins with general management of patients with dysphagia followed by a chapter on endoscopy. The author insists that endoscopic examination should be deferred as the last method of investigation. The various functional and organic disorders have next been dealt with. The descriptions are clear, concise and profusely illustrated.

Auscultation over the œsophagus while swallowing, formerly stressed as disclosing valuable evidence of obstruction, is now rarely employed in diagnosis. In about 40 per cent of the number of patients having dysphagia, obstruction in the œsophagus has been found to be due to carcinoma. Difficulty in swallowing solid food is usually the first symptom of œsophageal carcinoma. Dilated veins in the lower œsophagus may produce radiological evidence suggestive of a neoplastic change, but the former rarely, if ever, produce dysphagia. Plummer-Vinson syndrome has apparently been attributed to hysterical dysphagia. Nutritional disorders including anæmia, glossitis, splenomegaly and/or achlorhydria, develop secondarily from an unbalanced diet because of the inability to swallow solid food from fear of choking. In this connection, we may say that there is a difference of opinion. For instance, Hurst attributed it to achalasia of the pharyngeal sphincter giving rise to mal-nutrition. Suzman, however, believed that dysphagia was merely a complication or concomitant manifestation of idiopathic hypochromic anæmia. Notwithstanding the fact that the œsophagus is relatively immune to formation of tuberculoma, a few interesting instances have been cited. In conclusion, a brief reference has been made to gastroscopy. There is a bibliography at the end of each section.

The book will prove useful to all those who are interested in œsophageal diseases.

R. C.

THE ANATOMY OF THE FEMALE PELVIS.—By F. A. Maguire, C.M.G., D.S.O., V.D., M.D., Ch.M., F.R.C.S. (Eng.), F.R.A.C.S., F.R.C.O.G. Third Edition. 1940. Angus and Robertson, Limited, Sydney. Pp. x plus 162. Illustrated. Price, 10s. 6d.

The majority of medical students—when their time comes for midwifery and gynæcological ward work—remember that most cynical of all mnemonics which begins:—'Some inherit money.'

They remember that it stands for the branches of the internal iliac artery. They remember that urine flows under the uterine artery like water under a bridge. But that is about all they remember of the anatomy of the pelvis until it has been revised. *The Anatomy of the Female Pelvis* by F. A. Maguire is an excellent little book for this revision. It completely covers the female pelvis in 116 pages, it is easy reading and is well supplied with very good illustrations.

The bones, ligaments, muscles and fascia are first described and this is done well without too much detail. The supporting function of the levatores ani muscles is stressed by emphasizing their divisions, origins, and insertions. The obstetrician would like to see their function of directing the fœtal occiput to the front indicated.

The urogenital diaphragm and vulva receive a conventional chapter each and the author goes on to take the pelvic viscera in general. In this chapter the three systems of viscera in the pelvis are described as having similar functions. Each has ducts of entrance—the pelvic colon, the ureters, and the fallopian tubes—each has a muscular elastic reservoir—the rectum, the bladder, and the uterus—and each has a canal of exit—the anal canal, the cervical canal and vagina, and the urethra. Their function is to receive, hold for a time and expel the fæces, fœtus, and urine, respectively.

The pelvic connective tissue is described and then the largest chapter in the book, 11 pages of text and 9 full-page diagrams, is devoted to the blood vessels and lymphatics.

The supports of the uterus are explained in fair detail. The author divides them into an upper set, the broad ligaments, the round ligaments, the utero-sacral ligaments and the connective tissue sheaths of the neuro-vascular bundles, a middle set the levatores ani muscles, and a lower set the perineal body and the urogenital diaphragm. He lays great stress on the connective tissue sheaths of the vessels and nerves passing to the uterus, vagina and bladder. He describes these sheaths as passing from the lateral pelvic walls in the region of the ischial spines to the lateral walls of the cervix and vaginal vault. He compares them with the sheaths of the carotid, axillary and femoral vessels which certainly have little supporting function. Mackenrodt's ligaments, on which the undeniably successful Fothergill's operation depends, are not considered important by the author. He implies that they are a product of dissection. He states referring