20 years ago. According to Mr. Jeans, of Liverpool, the surgical mortality of general peritonitis has fallen from 80 per cent. to 20 per cent. as the result of early operation, suprapubic drainage, Fowler's position, and the administration of salines.

The provision of such observation wards would also make it practicable to carry out a systematic study of puerperal infection: its clinical features from start to finish, its bacteriology, its morbid anatomy, the different lines upon which extension from the uterus may occur. There are also many other points which up to now have not been elucidated because the necessary material has not been available on a sufficiently large scale. Puerperal infection has never, in this country, perhaps not in any country, been subjected to that systematic investigation which will certainly have to be undertaken before its complexities are properly unravelled.

I said a little while ago that the third line of defence against puerperal infection was to be found in the prompt isolation and in the efficient treatment of all cases of infection as and when they arise. I should like to try and put the somewhat discursive remarks I have since made upon this part of the subject into the form of a series of propositions which I believe will meet with general agreement:—

1. Cases of mild infection are fairly frequent; this is shown by the fact that the puerperal morbidity-rate in lying-in hospitals ranges from 50 to 80 per 1000, which compares with a mortality from sepsis of about 1.3 per 1000. The great bulk of cases included in morbidity statistics are infections, but not all.

2. Cases which begin as apparently mild infections may spontaneously, or by unsuitable management, become transformed into severe blood infections.

3. The complete diagnosis of puerperal infection requires the assistance of laboratory investigation and cannot be made by bedside observation alone.

4. Cases of puerperal infection should at once be placed in complete obstetric isolation—i.e., all contact, direct or indirect, with pregnant, parturient, or lying-in women should be avoided. No single point is of greater value as a preventive measure than this.

5. Such cases when isolated require, besides skilled nursing, proper food, and ventilation, the constant supervision of a medical officer with sufficient gynaecological experience to recognise and deal with abdominal and pelvic foci of infection when they appear.

6. Isolation is impracticable without an adequate supply of beds available for puerperal complication; these should be provided in hospitals properly staffed and equipped for laboratory investigation and surgical work.

7. In order that cases of puerperal infection may be brought under observation in the early stages radical change in the present system of notification is essential.

Reviews

THE TREATMENT OF INTERSTITIAL KERATITIS.

By R. LINDSAY REA, M.D., F.R.C.S., Ophthalmic Surgeon to West End Hospital for Nervous Diseases; Assistant Surgeon to Western Ophthalmic Hospital, &c. London: H. K. Lewis and Co., Ltd. Price 2s. 6d.

Mr. Lindsay Rea introduces his little book as a "preliminary" report. He began the special study of the treatment of this disease to establish in his own mind the most satisfactory method of treatment, and from personal observation of 91 cases in the last five years he has come to very definite conclusions.

This attractive little work—only 20 pages of text—has considerably more than an ophthalmic interest. There are some excellent generalisations upon hereditary syphilis with a timely reminder that the character of the lesions as seen at the present day has undergone considerable change from the earlier descriptions. Some excellent plates are appended illustrating the facies of a congenital syphilis, a really striking example of Hutchinsonian and peg teeth, and coloured reproductions of the corneal lesions.

We confess to having read this little work with considerable pleasure and profit.

MODERN TECHNIQUE IN TREATMENT.

Vol. I. London: THE LANCET Office, 1, Bedford-street, W.C. Price 10s. 6d. net.

DURING the past two and a half years, THE LANCET has published weekly a signed article upon modern methods in treatment by selected authorities who have written at special invitation. A wise decision to collect these into a convenient form of reference has resulted in the present volume, which comprises the first 76 articles in the order of their original appearance. Vol. II. is promised for publication early in 1926, and doubtless succeeding volumes will be issued at convenient intervals. Recommendation of such a work is superfluous. No member of the profession can have failed to observe some at any rate of the individual articles and to have been struck by their uniform excellence. Each article gives in a compact but eminently readable form a detailed account of what a recognised authority has found to be productive of the best results, together with such introductory anatomical, pathological, or clinical details as are desirable for the better understanding of the treatment. The value of the articles is greatly enhanced by the addition of an exhaustive index, the whole therefore comprising the first volume of what will eventually become an unequalled system of modern treatment.

New Invention

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THIS modification of the familiar air-cushion has been specially devised for the use of invalids with incontinence of urine and faeces. It is distinguished by two special features. Two flexible loops are vulcanised to the bottom of the cushion and to these webbing is attached which can be securely fastened to the head of the bed and so prevent the usual disturbing feature of an air-cushion of sliding down the bed. In the second place, the centre of the cushion consists of a removable rubber pan which fits compactly into its hollow when the cushion is inflated in the usual manner. By the simplest manipulation possible, to one nurse even when a heavy patient is concerned, the pan can be removed for emptying and all necessary washing can at the same time be effected without undue disturbance of the patient. The cushion has, moreover, been bolstered so as to be in general more comfortable than an ordinary air-cushion.

For bedridden and especially incontinent patients this contrivance should prove of the greatest service to nurse and patient alike. The price is 30s. net, and the maker is Sister Dora, 112, Wayland-road, Sharrow, Sheffield.