As Professor Munro Kerr has relinquished the Regius Chair in Glasgow this work can be regarded practically as his final word on the subject which he has so much adorned, and it therefore is an important publication, not only as summarizing his own views and vast experience, but as a general and critical review of this branch of obstetrics. He has had the assistance of Dr. Donald McIntyre and Dr. D. Fyfe Anderson, both of Glasgow, while Dr. Rowden of Liverpool is responsible for the description of pelvic and cephalic radiography.

The fact that this edition comprises 847 pages of a larger size than the 725 pages of the previous edition indicates the degree to which the subject has extended, and this is appreciated by the author when he remarks in the preface ". . . . to do the subject justice, the work had to be rewritten," while later he summarizes the whole subject by saying "Herein lies the complexity of Obstetric practice—the knowing *when* and *how* to interfere." It is a problem that has perplexed many of us.

The arrangement of the work is, as in previous editions. After a general discussion on dystocia the various factors responsible for that condition, such as faults in the powers, the foetus or the passages, are discussed exhaustively in 17 chapters, while consideration of the indications for, and the technique of individual operations, occupies the rest of the book. The illustrations are numerous and clear, and many new ones have been added in this edition.

By his numerous references Professor Munro Kerr demonstrates how well he has kept abreast of the mass of current obstetric literature, and his method of putting such references as footnotes to individual pages makes for easy reading, while it avoids the long lists, so often seen in foreign books, at the ends of chapters. The index is comprehensive, but, as so many authors and papers have been referred to in the text, it is perhaps a pity that a separate Author's index was not included.

Regarding the text in general, the author's concern for the well-being of the mother and child is evident in every page, and all his considerations are influenced by these two factors: in this way his previous monograph on "Maternal Mortality and Morbidity" is freely drawn upon with

advantage. Another point that emerges is his consistent conservatism and his desire to avoid operation if this is possible and advisable.

The clarity of the text and the good illustrations make the steps of the various operations easy to follow: while the discussion of the pros and cons of alternative methods of treatment and the inclusion of statistics from the main clinics in Britain, America, and Europe are of great value.

The book is essentially one for the post-graduate reader, and its value can be appreciated only by those who have a background of practical obstetrical experience. But to such, and especially to the specialist obstetrician, it represents nothing short of a valuable possession to which reference may be made, and seldom in vain, regarding the appropriate management of cases of doubt or difficulty.

It will for long remain a standard book of reference, probably the best in the English language, and will reflect the greatest credit on its distinguished writer and on the Glasgow school with which he was associated for so long.

The illustrations, type and general format of the volume are on the high level that one would expect from the publishers.

THE SCIENTIFIC BASIS OF PHYSICAL EDUCATION.

By F. W. W. GRIFFIN, M.A., M.D., B.Ch.
Oxford University Press, London, E.C.4.
203 pp. 1937. Price 7/6 net.

The perusal of this book was begun with a prepossession in its favour, impressed by the bibliography, upwards of 270 references, text-books and articles in many languages, all of which the author has presumably read or consulted. This conveys no implication of offensive scepticism, for notwithstanding the realization that such an attack upon the literature must have been the work of many years, the possibility of the achievement is supported by frequent excerpts in the text. But we confess that we nearly threw down the book in despair and disgust on reaching page 27, where the author deploring the pathetic sight of "young men in training for sports plodding along with their chests contracted so that

their intake of oxygen is obviously restricted" enquires petulantly "will no one teach their trainers some practical science of breathing?"

However, a more charitable attitude having prevailed, the conclusion was speedily reached that the author has an obsession on the subject of respiration which is apparently the beginning, the middle and the end of physical training. We say, apparently, for it is clear that he knows better. As early as page 45, he warns his readers that "efforts to regulate the breathing according to some timing of muscular actions will therefore fail unless determined by the physiological necessities of the occasion." Two pages later he admits that the abuse of deep breathing leads to undesirable consequences. A little later, that "it is not invariably" (a sort of grudging admission this time) "true that deep breathing exercises will effect a marked improvement in the breathing during ordinary exercise." "That prolonged vigorous training does not increase the breathing surface of the lungs has been suspected by Gordon and others." Back he comes over and over again. The greater value of exercise in the open-air he attributes to the smaller proportion of CO₂, and a few lines later he shows that he knows the real advantage of open-air exercise by quoting Leonard Hill's explanation of the stimulating effect of moving air upon the skin.

"Exercise is not solely concerned with the problem of breathing." But his pet must not be forsaken, for he adds immediately "although it is still necessary to emphasize its importance." "The important part played by respiratory processes in muscular exercise emphasizes the need for much more attention to be paid to breathing in physical education." But "the whole respiratory-circulatory mechanism works to some extent automatically when all its constituent parts are functioning right." Such sentences rapidly cancelling each other in effect must leave an uninformed reader completely muddled and arouse the suspicion that his obvious obsession has left the author himself a little muddled. Perhaps a concluding paragraph will suffice to show the extent to which Dr. Griffin has been carried away on his hobby-horse. "As a familial characteristic, some families have thicker alveolar membranes than

others and are consequently less able to meet respiratory stresses—a fact of occasional importance possibly to the medical adviser!" Delete the "possibly" and the reader may well feel entitled to require the mark of exclamation for his own use.

The repetition of exhortations to research and the applications of "science" becomes irritating. "It is high time that the needs of the body and mind were clearly stated on a scientific basis." "Further research may have a practical bearing on training schemes." "The medical adviser to a physical training institution must understand the underlying scientific basis of his work." "By suitable training young subjects may acquire just the extra amount necessary to withstand the onslaught of an attack of pneumonia." "Such apparently remote considerations (of body chemistry) are very important in considering the requirements of physical education and explain in some measure why the empiricism which has been so common in the past in designing training programmes must now give place to a more scientific approach if practical advantages are to result."

With all respect, such talk is mere platitude.

"The medical adviser watching with insight as well as sharp vision can distinguish between a failure [to vault successfully] born of lack of skill and another due to unconscious fear and give the right treatment—often a simple matter." Can he, by Jove! We would like to meet that medical adviser, the same chap no doubt who is referred to in another enthusiastic paragraph. "All athletes have not good endurance power." Well, nobody denies that. But "that is because their training was wrong either physically and physiologically or psychologically or both. Sometimes the training has been too one-sided; sometimes there has been psychological mal-development or incomplete adjustment. The amazingly interesting character of the prophylactic and remedial work of a medical adviser is indicated in that last sentence!" And again the mark of exclamation ought to be the perquisite of the reader. But perhaps Dr. Griffin's conception of the scientific side of exercise and that of the reviewer are so different that we really do not speak the same language.

"The naturalistic revolt against the

physical, mental and spiritual deformation consequent on modern industrialism must be guided and controlled by an inspired rationalism. The scientist must take the lead, and turn the present chaos of conflicting speculations about physical education into a cosmos of orderly teaching and practice." It is to be hoped that Dr. Griffin's readers generally will be more fortunate than the reviewer in their attempt to understand what that means.

MODERN TREATMENT IN GENERAL PRACTICE.

Vol. III.

Edited by CECIL P. G. WAKELEY, D.Sc.,
F.R.C.S., F.R.S.E. 436 pp., 54 figs.
The Medical Press & Circular, London.
1937. Price 10/6 net.

This third volume of *Modern Treatment* contains fifty-one articles by as many writers of distinction on as many subjects. One is struck by the frankness and directness of many of the articles, especially on surgical subjects. Only men of great experience and courage could write these revelations of things as they are and point the moral. The articles on the treatment of hare lip, and the diagnosis and treatment of fistula-in-ano are very illuminating as to anatomy and method compared with a generation ago. In the article on breast cancer and its treatment by radium a plea is put forward for every district to have its cancer hospital, just as it has its asylum, tuberculosis hospital, and infectious diseases hospital. In all there are six articles on cancer treatments.

It is refreshing to read under chronic bronchitis, "It has long been a habit of mine to advise chronic bronchitics dwelling in town to close their bedroom windows on cold, damp, and foggy nights" and "In the more advanced cases, this practice may have to be extended . . ." There follows valuable advices on drug treatments. The value of a compressed-air chamber in emphysema is recognized and explained and substitutes described and objections met.

Behaviour disorders in children and psychological problems in childhood, organic aspects of psychiatry, and psychiatry and general practice are also dealt with concisely. And many others, including injuries about the wrist-joint, and industrial injuries of the hand and foot.

In an article on dietetic essentials in general practice the following statement occurs, which is contrary to historical facts in regard to adenoids and rickets at any rate:—"It is important to remember this (heat coagulates some of the constituents of milk, notably albumen; it kills the friendly bacteria, and drives off the vitamins and enzymes), because in the pre-vitamin days, when the microbe dominated not only the surgery but the kitchen, it was an unchallenged axiom that all milk, and nearly all other foods, should be, ought to be, must be, cooked. And they were; with the result that adenoids, appendicitis, rickets and various other deficiency diseases filled the wards and out-patient rooms of the hospitals, breeding criminals, pansies, and village idiots . . ." After having been brought up in the faith that milk is a too watery food for adults most readers will be surprised to read that "The proportion of protein in milk ($3\frac{1}{2}$ —4 per cent.) is admittedly very much more than is required in an ordinary adult diet." Of course, this paradoxical statement is false, since the average adult diet, allowing for watery content, is about fifty ounces of foodstuffs, and so, to yield $3\frac{1}{2}$ to 4 ounces of protein, must contain for the whole of it, 7 to 8 per cent. of protein; the average being obtained from mixing beef steak, chops, ham, all 17—19 per cent. of protein, with potatoes, cabbage, carrot, butter, apples, etc., all 1—2 per cent. protein, and adding some bread, 9 per cent.; egg, 15 per cent.; cheese, 26 per cent.; sugar and starch, nil per cent.; etc., etc.

The whole volume is an excellent and varied feast or diet, highly recommended for study in measured amounts, daily or weekly.

THE DIAGNOSIS OF NERVOUS DISEASES.

By SIR JAMES PURVES-STEWART, K.C.M.G.,
C.B., M.D., F.R.C.P. Edward Arnold
& Co. 1937. Price 35/-.

This book must have been the *vade mecum* of legions of students, house-physicians and doctors in acquiring an understanding, and a facility in the diagnosis of nervous diseases, proof of which is surely amply revealed by the fact that it has passed through eight editions in the space of thirty years. When the book made its first appearance in 1906 it was hailed