

## GONOCOCCAL INFECTION :

### Recent advances in Pathology, Diagnosis and Treatment.

By ROBERT V. STORER, M.R.C.S., L.R.C.P. with Foreword by KENNETH M. WALKER, M.A., F.R.C.S. London: John Bale, Sons and Danielsson, Ltd. 1934. 91 pp. Price 7s. 6d.

Mr. Walker in his "Foreword" to this book states that "although Dr. Storer's general approach to the problem cannot be cavilled at, he expresses many opinions that will undoubtedly be challenged." We are in agreement with him on these points, for where the author's views are in agreement with orthodox practice and opinion his treatment of the subject is sound; but

when we come to bacteriological diagnosis, pathological phenomena and treatment—some of the "recent advances" quoted by the author will undoubtedly be challenged, as Mr. Walker says, by recognized pathologists and venereologists. Dogmatic statements are made about the staining properties of the gonococcus and evolutionary changes in appearance—without any authorities being quoted. The author states that "metastatic meningitic (*whatever this may mean*) infection of the genitals is not an uncommon complication of cerebrospinal fever." How often one wonders has he, or anyone else, seen a meningococcal infection of the genitalia!

While the book may be helpful in the treatment of gonorrhœa, as a guide to "recent advances in pathology and diagnosis"—it were better used with caution.

## Miscellaneous.

*This Section deals with New Drugs, Preparations, Surgical Instruments, etc. The description of each article is supplied by the Producer. Particulars regarding insertions, which are free of cost, may be obtained from the Business Manager, Fellowship of Medicine and Post-Graduate Journal, 553, Grand Buildings, W.C.2.*

The after care of colostomy patients is to-day receiving more attention than ever before, and it is of interest to

**H. E. Curtis & Son Ltd.** know that steps are being taken by the manufacturers of colostomy appliances to keep pace with modern surgery.

For many years the possession of a container in the form of a rubber ring and bag attachment was considered all that was necessary. The success of such containers depended on their application to the tissues surrounding the colostomy opening, with the result that the colon was invariably forced out. In addition these appliances were far from being hygienic, and by no means a complete safeguard against leakage. The introduction of the wash-out system and the celluloid shield, covering a substantial dressing, did much for the patient's comfort, but there was ever a constant fear in the patient's mind the dressing would not hold all that was excreted, and the smell associated with the colostomy was ever present.

We have recently had the opportunity of inspecting a new type of shield devised by

Messrs. H. E. Curtis & Son, Ltd., which dispenses with the need for any dressing, and the makers claim that it is absolutely proof against leakages of any sort whilst sealing the colostomy opening. The whole appliance weighs a matter of two or three ounces, is absolutely flat and unobtrusive to the patient's body. In our opinion this shield marks a distinctive advancement on the St. Mark's shield and dressing.

The continual progress of physical medicine has caused many firms to revolutionise their methods, as well as prompting the creation of new concerns. It is, however, to the old-established houses that one looks to supply the apparatus that incorporates the soundness of experience with suitability to actual medical needs. It is thus, perhaps, only natural to see such houses getting the bulk of the trade. Expansion follows, with consequent increased employment, for not only does an apparatus manufacturer employ labour to make the goods, but he

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