Scientific medicine penetrated Western Europe through three portals, those of Salerno in the eleventh century, Toledo and Montpellier in the early thirteenth century, and that of the Renaissance in the late fifteenth and early sixteenth centuries. The Salerno and Toledo-Montpellier physicians and translators introduced into Europe the Arabic translations of Greek medical authors. The Renaissance physicians led by Leonicennus and Thomas Linacre introduced original Greek works. Mirfeld thus gives us the picture of European medicine as it had been formed by the Salerno and Toledo-Montpellier physicians, Arabic-European medicine, which dominated Europe until Leonicennus and Linacre introduced the pure scientific principles of the ancient Greek physicians.

In place Mirfeld belongs to England, and it must not be forgotten that there was a relatively intense medical movement in England during this whole period. In fact, in the century preceding that of Mirfeld, the thirteenth century, English physicians like Gilbertus Anglicus, Bernard of Gordon and Richard of Wendover dominated the medical world. Mirfeld had therefore to deal much with a pure English medical tradition.

The first work edited is the Breviarium. It begins with an introduction in which Mirfeld sets forth the reasons which led him to compose the treatise. Then come sections devoted to illnesses of a general nature such as fevers, and studies of diseases according to the part of the body which they afflict.

The next work edited is the Florarium Bartholomei. This is a more theological work but contains an extremely interesting chapter on physicians and their medicines, giving an insight into the art of medicine as practised in those days, and into the personalities of mediæval physicians.

It would be too long to analyse the principal tenets of medical practice as depicted in the work of Mirfeld. There is a strange mixture of glimpses of high science and empirical and old wives' procedures. As it stands his work is very valuable, and the excellent translation of Hartley and Aldridge allows it to be an important addition to the library of the scientific physician.

**MALARIA IN CEYLON.**

An enquiry into its causes.


Malaria kills more people than any single disease, and the recent Ceylon epidemic bears adequate testimony to this fact when it is remembered that 100,000 people perished during a period of some 8 months. Briercliffe, Gill and others have already dealt in detail with many aspects of the 1934-1935 epidemic in that island, and in the present report Colonel Dunn enquires into its causation and describes at some length the various therapeutic measures used by the Government and those working under a control scheme on the estates.

The author concludes, as others have already done, that the epidemic itself resulted from failure of the South-West Monsoon of 1934, followed by irregular rainfall in October and the failure of the succeeding North-East Monsoon over the greater part of the island. This caused a great geographical extension in the favourite breeding ground of the "dry zone" carrier, *Anopheles culicifacies*, into the usual "wet zones" where a susceptible population was encountered. He differs from Gill in thinking there was no "unknown" factor in the genesis of the epidemic. The primary duty of the Government in all epidemics of malaria is to provide therapeutic relief to all persons attacked. A combination of quinine and plasmoquine in non-toxic doses is advocated with a view to diminishing the relapse rate and attacking the sexual phase of parasites of malignant tertian fever. A combination of atebrin and plasmoquine also proved efficient for this purpose, but was not considered safe owing to toxic complications.

As emphasised by Sir Malcolm Watson in the preface, however, the new synthetic drugs, owing to prohibitive cost and toxic complications, were found unsuitable for administration to people who were not under direct medical supervision. For these reasons quinine still remains the sheet-anchor in mass treatment.