

1849. He left Vienna and returned to Budapest, where he eventually became professor of midwifery. The application of his methods reduced the puerperal mortality first to 8.5 per 1,000 and ultimately to 3.9. In 1860 he published his life's work 'The Cause, Import and Prophylaxis of Childbed Fever.' And yet the world at large ignored this work. His contemporaries even argued and tried to prove him wrong, so that his life was spent in an atmosphere of perpetual frustration and opposition, and eventually he was taken to a lunatic asylum, where he died of a wound infection of his finger—once more a septicaemia.

Two years after the death of Semmelweiss, Lister published his first paper on antiseptics, and in 1879 Louis Pasteur read his famous paper on 'Puerperal Septicaemia' before the Academy of Medicine in Paris. The world now had the cause, bacteria, the mode of spread, contagion, and the remedy, antiseptics, and yet in England during the ten years period 1885-94 there were 23,456 deaths from puerperal infection. Even in the ten years period 1925-34 there were 1,000 more

deaths from puerperal infection than occurred in the years 1855-64. These figures are an eloquent testimony to the indifference and unwillingness to apply available knowledge. In the words of Munro-Kerr, 'The death rate persists at its present unsatisfactory level chiefly because the essential factors prejudicial to betterment are permitted to continue—not because we are ignorant of them but because we have not sufficient determination to remove them.'

I have endeavoured to outline a few of the most notable advances in the practice of the obstetric art during the past 450 years, and in particular to give some insight into a few of the remarkable men responsible for planting firmly these important milestones. I have made no mention of antenatal pathology and physiology, for these are of such recent development that nearly all our knowledge of them has accrued within the limits of the present century. That is undoubtedly the field with which all modern workers are chiefly concerned, and it is in that field that the next important milestone will be founded

BOOK REVIEWS

THE MICROSCOPE

By THEODORE STEPHANIDES, M.D. 1st Edition. Faber & Faber. London. 1947. Pp. 160. Price 10s. 6d.

This should prove a useful book to medical students, research workers, laboratory technicians and many others. It is simply and clearly written and not only gives an admirable description of the microscope, but also gives valuable information on the observations to be made, and the tests employed when purchasing an instrument. The latter is viewed both from the student's angle as well as that of the research worker. The second part deals with the technique of microscopical observation, and at the conclusion the author gives a practical bibliography and definition of terms used in microscopy.

S.D.N.

THE BLOOD PRESSURE AND ITS DISORDERS, INCLUDING ANGINA PECTORIS

By JOHN PLESCH. 2nd Edition. Ballière, Tindall & Cox. 1947. Pp. 1-307.

This book is both provocative and disappointing. Much of the book, in fact nearly a third, consists of

an appendix, and in the latter matter is found which is not relevant to the author's subject—for example, a description together with case records of his method of immunization and desensitization by injections of urine. Almost half of the book is taken up with the technique of the author's Tonoscillo-graph and a description of the results obtained.

His conception of angina pectoris differs from that usually understood in this country. He considers it is a disorder of the whole circulation and refers to intermittent claudication as angina of the femoral artery, maintains that some types of renal colic are due to angina of the renal artery, asserts that pain in the left hypochondrium can result from angina of the splenic artery and says that eye-strain is often due to angina of the ophthalmic artery. He states that anginal pain occurring when the patient is fast asleep has a prognosis less favourable than that which occurs during the day or before midnight. The reviewer is of the opinion that such symptomatology is much more likely to be due to cardiac infarction.

He firmly maintains (in italics!) that arteriosclerosis is curable and much is made of dietetic treatment. He has some interesting things to say about small pericardial effusions, but his statement

that a very small pericardial effusion can be diagnosed radiologically and even by percussion will meet with some scepticism. The radiological appearance which he refers to as the pericardial hydropic triangle due to a small but pathological pericardial effusion most cardiologists would accept as a pericardial pad of fat of no clinical significance.

The best part of the book is his description of the veins of the heart based on results of injecting them with a tin-cadmium alloy, the preparation being freed from tissue by the activity of ants. His claim that a solid stethoscope is a better conductor of heart sounds than the usual type consisting of hollow tubes needs confirmation.

S.O.

PRACTICAL TEXTBOOK OF LEPROSY

By R. G. COCHRANE, M.D., F.R.C.P., D.T.M. & H. Geoffrey Cumberlege, Oxford University Press, 1947. Pp. 283. Price 42.

This book lives up to its title, for it is essentially practical throughout, and bears the stamp of wide experience. The author is convinced that the great majority of lepers are infected before the age of 15; that such infections occur mainly from household contact with a case of 'open' leprosy; and that the disease cannot be maintained in a community in the absence of child infection. The technique of examining suspected cases is admirably described. The old method of preparing smears by puncturing the skin with a needle has been entirely superseded, and the improved procedure for demonstrating the bacillus is carefully detailed step by step, and illustrated by explanatory photographs. Clinical features of the disease and its treatment are dealt with in the same practical and thorough fashion, with many helpful 'tips' and much wise counsel. There is a full account of the methods of leprosy control as illustrated by the leprosy campaign in the Madras Presidency.

The author's brief account of leprosy in England cannot pass unchallenged. He attributes the disappearance of the disease mainly to 'the strict laws of segregation.' Actually there was little real segregation, and the reading of the burial service over a living leper, as described, was never a general practice in this country. For example, the rules of the Sherburn leper hospital, the largest in England, expressly permitted inmates to receive their friends, and such visitors from a distance could remain for the night. Further, persistently troublesome lepers were expelled. Lepers, true or supposed, had a legal right to beg, and in some towns they could also take toll of food on sale in the market-place. They could refuse to enter a leper-house, and in 1344 it is recorded of St. Julian's that in general there were no more than three inmates, and sometimes only one, because of the difficulty of finding lepers willing to lead a restricted life.

An impressive figure, 283, is quoted as the number of leper-houses in England. The status of many of these alleged leper-houses is doubtful, and if it is assumed that at any period this number were

in active operation, each maintaining its specified complement of lepers, we are far from the truth. Some, like St. John's, Aylesbury, were nothing more than almshouses. In others, lepers and paupers had an equal right to the accommodation. Thus, for example, Ripon leper-house was endowed for 18 persons, leprosy or indigent; and St. Bartholomew's, Oxford, for two healthy inmates, and six leprosy or infirm. There were no lepers in either of these 'leper-houses' when visited by the King's Commissioners in 1341. Foundations established exclusively for lepers were transferred to other purposes. St. James's, Canterbury, endowed for 25 women lepers, was empty of lepers in 1341. Sherburn, founded for 65 lepers, in 1434, could produce only 13 poor men, and no lepers. Romney leper-house in 1363 is 'derelict and totally desolate,' because 'for long times past' no lepers could be discovered; it was repaired and put to other uses.

In this connection the Black Death is mentioned and its date in England given as 1340, instead of 1348-49.

These criticisms of what is only a short digression are not meant to detract from the merit of this authoritative textbook. It is Dr. Cochrane's hope that it will prove helpful to practitioners, to those in charge of institutions, as well as to the specialist. One does not require the special gifts of a prophet, or a prophet's son, to foretell the speedy fulfilment of his hope.

W.P.MacA.

PSYCHOPATHOLOGY—A SURVEY OF MODERN APPROACHES

By J. ERNEST NICOLE, O.B.E., L.M.S.S.A., D.P.M., R.C.P. & S. Baillière, Tindall and Cox. 4th Edition. 1946. Pp. viii and 268. Price 15s.

'The author hopes he has been successful in marshalling some sort of orderly disposition out of the chaos of modern theory.' This phrase from the editorial of the first edition summarizes the aims of this very readable book which to the student and general practitioner has done more to clarify a very clouded picture than any other. As an introduction to the subject for those specializing in Psychiatry it cannot be bettered especially in view of the up-to-date bibliography with its well selected priorities for further reading.

The Fourth Edition appears with few alterations, the theories of the various schools are reviewed with clarity, woolly and unnecessary verbiage has been ruthlessly discarded. The author makes a plea for a unified terminology and it is to be hoped that this helpful suggestion will be realized speedily and not be relegated, as it seems has the New Classification of Psychiatric Disorders, to the limbo of forgotten things.

The chapter on Eclectics and Characterologists is of great value, the author stresses that there is in this country a growing class of psychotherapists whose outlook is largely Freudian without being 'all Freud and nothing but Freud.' Crichton-