germs productive of surgical diseases, just that amount of information being given that the student is likely to require. So with the chapter on hæmatology and immunity, we find a brief account of the most important facts, and so elsewhere in the book we have, on the whole, what the student is likely to need when he enters the examination room. We have said that the accounts of disease are brief, and the only criticism likely to be levelled at the book is that in some instances the accounts are perhaps a little too brief. Certainly excessive brevity may cause obscurity, and this is sometimes the case in the book before us.

There are numerous illustrations and many of them are very good. A large proportion of them come from the Museum of the Queen's University, Belfast, and are new to surgical literature. To sum up, the student will find in this book a useful guide in his study of surgery.

An Introduction to Dermatology. By NORMAN WALKER, M.D. Edin., F.R.C.P. Edin., Physician for Diseases of the Skin, the Royal Infirmary, Edinburgh; with the assistance of R. CRANSTON LOW, M.B. Edin., F.R.C.P. Edin., Assistant Physician for Diseases of the Skin, the Royal Infirmary, Edinburgh. Sixth edition. With 63 coloured plates and 89 illustrations. London and Edinburgh: William Green and Son, Limited. Pp. 363. Price 15s. net.

THERE can be little need to discuss the merits of a book such as this, which has attained, and deservedly attained, to a sixth edition. We can only say that the book is what it claims to be in its title, an introduction to dermatology. Of course, it is not possible to put into a volume of the size of this book all that is known about the diseases of the skin, and for those who need large text-books on dermatology there are many that they may consult; but for the student or practitioner who, knowing little or nothing of the diseases of the skin, wishes to have a book which will assist his practical study, there can hardly be a more convenient work than this. It is true that here and there the views are hardly orthodox, but it is far better that a physician of the eminence of Dr. Norman Walker should speak what he thinks than that he should slavishly repeat received ideas. The illustrations are numerous and good.

Domestic Economy. Part I.: Theory, by MARION GREENWOOD BIDDER. Part II.: The Practice and Teaching of Domestic Economy, by FLORENCE BADDELEY. Two vols. Cambridge University Press. 1916. Pp. 167 and 189. Price 2s. 6d. each net.

THESE volumes form a text-book for teachers of domestic science and for students in training, the special aim of the authors being to exhibit science and practice in due relation to each other. In this they have succeeded well, as can best be seen by reading the two volumes side by side rather than in succession. The theoretical volume is from the pen of a physiologist, who shows by innumerable small touches her acquaintance with things practical and states her facts in a manner to lead up to their application to domestic life. The chapter on Bacteria and Housewifery is a particularly useful one. The volume devoted to practice is by a teacher of domestic economy and contains much that other text-books omit but which most practical people want to know. Both authors handle their subject freshly, not following their predecessors unquestioningly. The statement found in almost all text-books of this kind that milk is a perfect food is qualified by the reservation that milk is too deficient in carbohydrates to be an ideal food for adults. Taken as a whole, this should be a useful text-book for health visitors, although the application of the principles to mothercraft is not expressly dealt with—an omission which might well be remedied in a future edition.

THE *Paris Médical* for June 2nd has a special interest for radiologists in that practically the whole number is devoted to the use of the X rays in diagnosis and treatment. The opening paper is by Dr. Albert Weil on the Progress of Radiology, and the same writer contributes a most excellent article on Radiotherapy in Tuberculous Disease of the Bones—the improvement in many cases being most striking and well illustrated by radiographs taken before and after treatment. Another valuable contribution is that on the Radiodiagnosis of Strictures of the Large Intestine by Dr. Bensaude and M. Guenau. There are other articles that will well repay careful study by specialists in radiology.

New Inventions.

AN IMPROVED NEEDLE-THREADER.

IN THE LANCET of June 30th Mr. Victor Bonney describes his method of using Reverdin's needle. For many years this needle has been employed by the surgeons of the Cancer Hospital, and ample opportunities have been afforded me by observation and personal use of determining its good and bad points. The objections to it may briefly be summarised:—

1. The instrument is so little used in this country that its mode of operation is rarely known. Consequently, a facile technique can only be obtained by employing the same or, at any rate, an accustomed assistant in both hospital and private work. Owing to constant change of residents and to the conditions that frequently obtain in private practice, this is often difficult. I have seen other surgeons exasperated, and have been exasperated myself, at the slow, clumsy way the needle has been threaded, even by assistants well acquainted with its mechanism.

2. Threaded in this way, particularly if a continuous suture be employed, the handling to which thread or gut is subjected constitutes a grave defect in technique.

I abandoned the routine use of this needle some three years ago, but was able to overcome both these difficulties by threading the needle myself. Mr. Charles Ryall first introduced a threader which will be found illustrated in catalogues. It possesses, however, ring handles, and can therefore not be put to any other use. At my request Messrs. Allen and Hanburys, Wigmore-street, W., made me the threader here illustrated. It can be used as a dissecting

forceps, and with it the needle can be rapidly and certainly threaded by the operator, thus making him in this regard independent of his assistant. The suture need only be touched to tie the knots, or even these can be tied quite quickly without handling.

3. Another objection to the needle is that it necessarily makes a large hole and tends to tear structures that are not easily approximated, as, for example, peritoneum in the upper abdomen.

4. And, finally, it has a way of going wrong unless very carefully tended. To the general surgeon its field of usefulness is definitely restricted, but for certain purposes and for certain operations it is a very valuable tool. For the ligature of arteries, such as the internal iliacs, the Reverdin holder armed with a blunt rounded needle is to be preferred to any other form of aneurysm needle.

Harley-street, W.

PERCIVAL P. COLE.

AN IRRIGATION DISH.

SINCE the irrigation treatment of gonorrhœa has become recognised, and until a specific for the disease has been found, it may be useful to describe a small dish, shown in the illustration, which greatly facilitates irrigation. I have been using it for the last six years. It consists of a shallow dish with a vent-pipe to which

rubber tubing is applied and carried to a receptacle on the floor. The dish is placed between the thighs as the patient is lying on the couch and all the fluid used is carried to the receptacle. This obviates the emptying which has to be done several times during the operation if three or four pints of lotion are used, it is nearly impossible for any of the lotion to be spilled, and it also ensures the irrigation being done whilst the patient is on his back, certainly the position *par excellence* for this little operation.

The dish has been made for me by Mr. J. H. Montague, of 69, New Bond-street, W.

Bedford-square, W.C. DUDLEY KENNARD, F.R.C.S. Edin.

THE LANCET.

LONDON: SATURDAY, AUGUST 4, 1917.

Medical Centralisation and Devolution.

THE recent overwhelming vote of the Representative Meeting of the British Medical Association in favour of the creation of a Ministry of Health confirms the very general agreement which is being reached both within and without the medical profession in regard to the necessity of such a scheme, and stamps the suggestion with the seal of professional organisation. The Council of the British Medical Association calls upon the Government to take over from existing Government Departments all duties concerned with the health of the community and to allocate them to a department dealing with these duties alone. The major proportion of them devolve at the present time on the Local Government Board and the National Health Insurance Commissioners, although most other departments of the Civil Service have important though less comprehensive connexion with medical matters. The alternative rests, therefore, between merging the medical department of the Local Government Board with the Insurance Commission in a separate Ministry, or lodging the work temporarily under the roof of the Local Government Board, distinct from its other purely administrative duties, or under that of the Insurance Commissioners. We have already seen reason for preferring the former alternative, but the consideration of questions which are hardly more than those of housing should not distract attention from the immensely more important question of the devolution of the authority of the Ministry, wherever housed, to an ultimate unit of medical practice. The scheme of the British Medical Association contemplates the division of the country into suitable areas under local administrative authorities, consisting of representatives from eight different classes—viz., the rating authorities, the education authorities, persons contributing to the insurance scheme, the medical profession, the public hospitals, dentists, pharmacists, and nurses—and it suggests the appointment in each centre of two principal medical officers of equal status, one for the preventive side, the other for the clinical side of medicine. We are accustomed to the devolution of preventive medicine by the Local Government Board down to the smallest local authority of the country, but the contemplated appointment of such a chief clinical officer in each administrative area is the first acceptance by the medical profession of devolution in clinical medicine.

But between this limited and perhaps inevitable devolution and the officialisation of the general practitioner, by making him a unit in a State

service of specialists, there is a gulf fixed which is at present only bridged by extreme socialist citizens and by that section of our own profession whose contact has never been intimate with actual patients and actual disease, or has ceased to be so. Evidence of the present feeling of the profession in this respect is afforded by the result of a questionnaire sent out by the British Medical Association which is not yet complete, but in which only one out of 123 areas sending replies preferred a salaried State service to the existing conditions of general practice. The codification of the medical profession into a band of specialists in charge of the different regions of the body or the different ages of mankind overlooks a main factor in the influence tending to keep the human being in health from the cradle to the grave. It is not the punctilious removal of his appendix by a surgical expert, nor the daily analysis of the sugar in his urine, nor the administration of tuberculin at orderly intervals in hundredths of a cubic centimetre that will achieve this end. It is rather the intelligent anticipation of the effect of little causes before they become big ones, the survey of the patient's life, by one who can see the whole of it with a sympathetic eye and in true perspective. The expert's view of his own region of practice may be perfectly correct, but, as in other walks of life, the excessive demands of one department may starve other equally essential departments; the interest of the whole may be sacrificed to the pressing claims of a part. Moreover, the modern cult of scoffing at the practitioner's chief asset, his "bedside manner," is quite beside the mark. The manner may be the veneer covering a badly-built and carelessly constructed piece of mechanism, but it may be, and often is, the polish of every day use. We think that the position of independent general practice is still quite secure and not endangered by any serious proposal for a Ministry of Health which does not also include that of a salaried State medical service.

The scheme of the British Medical Association does not involve the officialisation of the general practitioner, but it does propose a large measure of voluntary organisation and coöperation. In each administrative area hospitals, clinics, or treatment centres are to be recognised or, where necessary, established in sufficient number, at which persons entitled to treatment under the scheme may obtain institutional, consultative, or specialist services on the recommendation of their medical attendant. It is in the proper employment of existing agencies that we see the great field for economy of effort. Short of new establishments, much remains to be done in the utilisation of existing material. In our cities and large towns the work of the hospitals would gain enormously by some system of federation, of concerted action to ensure sufficient accommodation for every age and every class of ailment, while strenuously avoiding any kind of overlapping. Such a system of hospital coöperation has already, we believe, proved its value in Liverpool, and in some other centres where it is already, in part at least, in operation. Among the medical men, too, in any area we believe that