trunks. The lesions of the brachial plexus are fairly fully dealt with as regards motor and sensory paralysis; nothing is, however, said of operative procedure. This, in our experience, is rarely of any real value in injuries of the plexus from bullet wounds, owing to the large amount of scar-tissue which cannot be prevented from re-enveloping the nerves.

Full accounts are given of the anatomy of the sciatic nerve and its injuries, with excellent figures of the cutaneous nerve-supply of the lower limb, while lesions of the lumbosacral plexus and a description of cranial nerve injuries complete a useful and carefully written volume.

Care and Feeding of Infants and Children.

By WALTER REEVE RAMSEY, M.D., Associate Professor of Diseases of Children, University of Minnesota, U.S.A. With 123 illustrations. London and Philadelphia: J. B. Lippincott Company. 1916. Pp. 290. Price 9s.

THIS work is primarily written for nurses, but, in this country at least, it is well adapted for use by average health workers, and among them it should become popular, for the reason that greater notice is given to the preventive side of medicine than to the curative. Pathology, diagnosis, and treatment by drugs find little place in this volume; but when occasion warrants, sufficient attention is paid to these scientific aspects of medicine to make the rationale of professional management clear to the nurse.

The lines of management suggested in these pages agree very closely with those now taught in our well-conducted welfare centres; and the author shows himself to be commendably free from fads and fancies, but by no means adverse to the giving of "tips," if the expression is permissible, for nursing and sick-room technique. His suggestions for improvising means for collecting specimens of urine in the case of young infants, for strapping the protuberant umbilicus, for the breast-feeding of weakly infants, and so on, are excellent. We cannot, however, agree with his view that an adherent foreskin had better be left alone in the hope that it will right itself. There are naturally degrees and varieties of adhesions, but the *laissez-faire* policy is not a good one. On page 55 we notice views on the question of mouth-breathing in infants to which we cannot altogether subscribe. The author claims that mouth-breathing in quite young infants is due to the presence of a large post-pharyngeal tonsil. We submit that it very seldom starts in this way; in young infants the adenoids are more often the necessary consequence of mouth-breathing. The author, in our opinion, greatly understates the possible sequelæ of painful dentition. He says the teeth are always growing, therefore exacerbations of symptoms are wrongly ascribed to teething; but if there is one thing that is quite clear about the growth of teeth it is that it is subject to pauses and periods of accelerated development. On page 87 we notice the old fable that during the siege of Paris infant mortality was low; recent evidence proves that the mortality during this time of anxiety was enormous. In more than one connexion the author refers to the condition of tongue-tie as if it were an abnormality due to peculiarities in the growth of the frænum linguæ; surely the shortness of this fibrous structure is generally, if not always, due to some incapacity on the part of the infant to extrude the tongue—namely, in some want of neuromuscular coördination. If the tongue can be, and is, properly extruded the frænum grows in accordance with the requirements. These are, however, minor matters, and on the thoroughly good common sense and rational advice offered for the management of infants and children we congratulate Professor Ramsey.

Clinical Bacteriology and Hematology for Practitioners.

By W. D'ESTE EMERY, M.D., B.Sc. Lond. Fifth edition. London: H. K. Lewis and Co. 1917. Pp. 310. Price 9s. net.

THE late Sir Michael Foster once warned a friend never to write a text-book, as "if it is a success, it is a millstone around your neck for the rest of your life." Dr. Emery will assuredly carry his millstone so long as he continues to provide the practitioner with the lucid and up-to-date information contained in this book. In this edition he has gone a little beyond what the peace time practitioner requires, and has included such things as Dreyer's method of agglutination with the Oxford Standard Cultures and McIntosh and Fildes's method of complement fixation; this is a good departure, as it is

wise for every medical man to understand the principle of these important tests. It is also open-minded, as Dr. Emery does not himself believe that it is necessary to add complement at all for the Wassermann reaction. Many recently qualified men have acquired a turn for laboratory methods which will, it may be hoped, never leave them, and they will find these inclusions of considerable service to them. The value of a book of this kind opens up indeed an interesting question of medical politics. The surgeon uses the operating theatre, speaking roughly, as his workshop to verify the opinions given in the consulting-room, and the physician of the future will do something to equalise his opportunities if he has a handicraft of his own. Probably this was in Sir Clifford Allbutt's mind in winding up a recent discussion on the relation between physician and surgeon. Dr. Emery's book is an excellent guide to the physician's handicraft.

New Inventions.

IMPROVED APPARATUS FOR INTRAVENOUS INJECTION.

WHAT is known as the "military" apparatus for intravenous injection has met with much favour. It has, however, some minor disadvantages, which are, I think, remedied in the modification shown below.

In the usual arrangement the two graduated barrels for normal saline and salvarsan respectively are connected with the arms of a glass Y-piece by two lengths of rubber

tubing each bearing a metal clip. When the dose of salvarsan has been run off from its barrel, one closes the clip of that side and opens the other to let the normal

saline wash out the salvarsan still remaining in the tube. But in the portion of tube that intervenes between the clip and the junction of the Y-piece a certain amount of salvarsan is

left to diffuse gradually into the flowing saline; so that, to get a colourless stream, one has to continue the saline longer than would otherwise be necessary. A second, and more serious, objection is that it is by no means easy to see at a glance whether a clip is open or closed. It is not impossible inadvertently to leave both open at

once—an accident which will, if the levels of the liquids in the barrels are different, lead to a mixture of the two fluids, with the result that the whole of the material will be wasted.

To overcome these difficulties I had a special glass Y-piece made with a three-way tap at the junction. The arrangement will be easily understood from the diagram, which shows both fluids as dead black. In the position illustrated the normal saline is flowing. It is evident that if the tap is turned through two right angles the saline will be cut off and the salvarsan will flow. In any intermediate position both are cut off. Mixture of the two fluids is thus impossible. Then when the change from salvarsan to saline is made, there is no reservoir of salvarsan to contaminate the saline. There is besides a small gain in the fact that one movement effects the change of fluids.

An experience of some months convinces me that this little device, which has been made for me by Messrs. Baird and Tatlock, Charles-street, Hatton Garden, E.C., does, to an appreciable extent, make for efficiency and convenience; and I therefore think it worth description.

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THE LANCET.

LONDON: SATURDAY, MARCH 3, 1917.

The Mobilisation of the Medical Profession.

FROM previous articles which have appeared in these columns it must be apparent to our readers that a very important, if not critical, position has been reached in the medical profession with regard to the supply of doctors for the Army. At least three months ago it became obvious to many that the question whether the medical profession should or should not mobilise itself voluntarily was urgent, and how rightly the situation has been gauged was proved more recently by the statement of the Prime Minister, who, when speaking of the responsibility now lying upon the whole population for active prosecution of the war, intimated that where voluntary mobilisation in any section of that population did not fulfil expectations compulsory powers would have to be sought. The intention of the present Government to ensure that every man in the country during these our critical times should give his help, how, when, and where best qualified was thus openly avowed. Therefore, and immediately on the creation of the National Service Department, Mr. NEVILLE CHAMBERLAIN, the Director-General of that Department, was approached by the Central Medical War Committee, the Committee of Reference of the English Royal Colleges, and the Scottish Medical Service Emergency Committee with a view to an early interview. It was felt that a joint representation should be made as promptly as possible to the Director-General by the three statutory bodies upon whom the double duty had devolved of keeping up the necessary supply of medical officers for the Navy and Army and of watching lest the civilian population should be dangerously depleted of professional assistance. In the event the Scottish body was not present at the interview, which was duly granted, but the Director-General has since been placed in possession of its opinions.

Early in February Mr. NEVILLE CHAMBERLAIN made a statement as to the direction in which his plans might be expected to mature, so as to obtain from the general population services of all kinds, and in the course of this statement, referring to medical men, he said: "We have to see that the doctors are so mobilised and distributed that the needs of both the civil population and the Army can be met, and that, so far as possible, specialists can be put to do the work for which they have taken pains to fit themselves." This was to a great extent the object which the three statutory bodies had set before them, and it was felt generally that Mr. NEVILLE CHAMBERLAIN could practically carry out his plan of campaign, as far as the medical profession was concerned, by availing himself of the existing organisations, with their considerable experience and accumulated stores of information. The Director-General of

the National Service Department has now written to the three statutory bodies saying that as the organisation of the medical profession, with a view to meeting the needs both of the military and civil population is one with which his department is concerned, he desires to have a conference with their representatives. "Up to the present," he adds, "the work of providing the Army with qualified medical men has been undertaken by the Central Medical War Committee with the assistance of the Committee of Reference for England and Wales and the Scottish Medical Service Emergency Committee. It is clear, therefore, that in considering what further steps should be taken these bodies should be consulted and their opinions fully considered. Accordingly, I have decided to call a conference comprising three representatives of the Scottish Medical Service Emergency Committee, four from the Central Medical War Committee, and two from the Committee of Reference, over which I have asked Sir DONALD MACALISTER, the President of the General Medical Council, to preside." The statutory bodies are asked to nominate representatives from amongst their number to attend the conference, when the problems that have been presented frequently in these columns will be discussed, beginning with the vital question of whether the service to be rendered by members of the medical profession should be voluntary or compulsory. The three statutory bodies have pronounced so far in favour of the view that sooner or later some form of compulsory arrangement will be found to yield the best and fairest results.

At a conference held recently of the committee and the secretaries of the Local War Committees for Scotland a resolution was adopted unanimously affirming that further substantial calls are likely to be made on the medical profession which can only be met by mobilising the whole profession. But the issues in Scotland are less complicated than they are in England, where the redistribution of medical men, centrally or locally, must often be a matter of extreme difficulty. The financial aspects of national service for medical men in many parts of England will require very careful handling, whether we consider whole-time or part-time work; and the sacrifice of the medical man who holds a commission with its dangers and emoluments must be fairly compared with that demanded of the civilian medical man under all forms of substituted practice. Because the considerations that will here arise are so many and may be so delicate, we welcome Sir DONALD MACALISTER as chairman of the Conference proposed by Mr. NEVILLE CHAMBERLAIN. The President of the General Medical Council has acquired by his long connexion with the Council an unrivalled knowledge of our professional life, and in any discussion under his guidance no room will be found for irrelevancies, while the minimum of time will be spent in explanations of the unimportant, or repetitions of the well-known. It is hoped that there will emerge from the Conference a plan of campaign and the necessary authority to secure its working.