

F. R. de Rudeval, Éditeur. 1903. Pp. 496, with 195 illustrations. Price 8 francs.—As a contributor to current dental literature M. J. Choquet is well known to English readers and anything from his able pen is always welcome. The present volume is a most happy effort and should prove useful to students and practitioners of medicine. The opening pages are devoted to a general consideration of the teeth of the animal kingdom and this is followed by the anatomy of the mandible and maxilla. The author brings clearly home to the reader the fact that these bones differ very much in shape in different races and he introduces on p. 32 a most instructive illustration showing the variation in the form of the mandible of individuals of the same age but of different races. Again, in the description of the maxillæ he describes and figures three types of arches—namely, hyperbolic, parabolic, and v-shaped. The importance of a thorough knowledge of the anatomy of the antrum is essential on account of its bearing on the treatment of antral suppuration and we should therefore expect to find a full account of this sinus. M. Choquet has, however, treated the description in barely two pages and only gives two illustrations—one in a human subject and the other in a gorilla. In future editions we hope to find this defect remedied. In the chapter "Rapports des deux Maxillaires" numerous examples of partially edentulous dentures are given and the student is enabled to learn the anatomy of such conditions. The superficial anatomy of the individual teeth is thoroughly described and numerous illustrations are given, but we fail to find a satisfactory account of the shape of the pulp chambers, more especially with regard to their relation to the contours of the teeth. It is true that figures are given showing the distance of the cornua of the pulp from the mesal and distal angles of the teeth at different ages but these are of little value. In the description of the enamel reference is made to the chemical composition, the analyses of von Bibra being followed. These give 3.59 per cent. of organic matter in the enamel of man and a larger quantity in that of woman. Mr. C. S. Tomes's researches on the point seem to have escaped the notice of the author. This investigator has shown that the enamel is practically devoid of organic matter and that the constituent usually taken as such is in reality water of crystallisation, while in the dentine a large part of the matter previously considered organic is also water of crystallisation. The chapter on the calcification of the teeth is good and descriptions are given of dentures in children of two, four, five, and seven years of age. The figures given of the dates of eruption are in accord with those usually considered as correct in this country but it is quite possible that different races may produce different data. The value of the book would be enhanced if the micrographic illustrations were better; the fault seems to lie in defective photography rather than in the production of the "process blocks."

A Pocket Dictionary of Hygiene. By C. T. KINGZETT, F.I.C., and D. HOMFRAY, B.Sc. Second edition. London: Baillière, Tindall, and Cox. 1904. Pp. 112. Price 2s. 6d.—This little book—it measures four and three-quarter inches by three inches—is certainly handy for the pocket, and the chemical and hygienic information is accurate and useful, but in places the medical information is, to put it mildly, misleading. Thus, under the word "Measles" we are told that the mortality is usually low, although occasionally there is an outbreak in which it runs up to 40 per cent. This statement is insufficient. Again, under the word "Hæmorrhage" the following passage occurs which to our minds is hopelessly confusing: "When an important blood vessel in the arm or leg has been ruptured the best way to prevent violent hæmorrhage is to hold the limb up and bind it round as tightly as possible just above the rupture." No distinction is made here between arterial and venous

hæmorrhage and the uninstructed person, we should say, on reading these directions would in the case of a wounded artery apply the bandage in exactly the wrong place. Again, under the word "Poisons" emetics are recommended in the case of alkalies, a course which might prove fatal in a patient who had taken a corrosive alkali. Before a third edition comes out we recommend the authors to have the medical portions of their dictionary revised.

The Insurance Blue-book and Guide, 1903-04. London: Dawbarn and Ward. 1903. Pp. 459. Price 2s. net.—This handy publication contains an immense amount of information concerning insurance. Amongst other items are a directory of insurance offices, tables of mortality and expectation of life, the accounts of nearly all insurance offices, a chapter on the legal aspects of insurance, and instructions for obtaining probate or letters of administration. The book is well arranged and clearly printed.

A Few Facts and Figures concerning Vaccination and the Fallacies of Antivaccinators. By J. HEDLEY MARSH, M.R.C.S. Eng., L.R.C.P. Lond. Macclesfield: Claye, Brown, and Claye. 1903. Pp. 56.—This pamphlet is a reprint of letters contributed to the columns of the *Macclesfield Courier* during October and November, 1903. They were written by Mr. Marsh to controvert the statements made by Mr. Harold Whiston, an antivaccinationist, in a lecture delivered in a dissenting chapel, and other statements made by other antivaccinationists in the columns of the *Courier*. The antivaccinationist, however, is like the deaf adder of scripture; he will not hear. Mr. Marsh's array of facts should convince anyone but they will not convince antivaccinationists.

New Inventions.

A TROPICAL CLINICAL THERMOMETER.

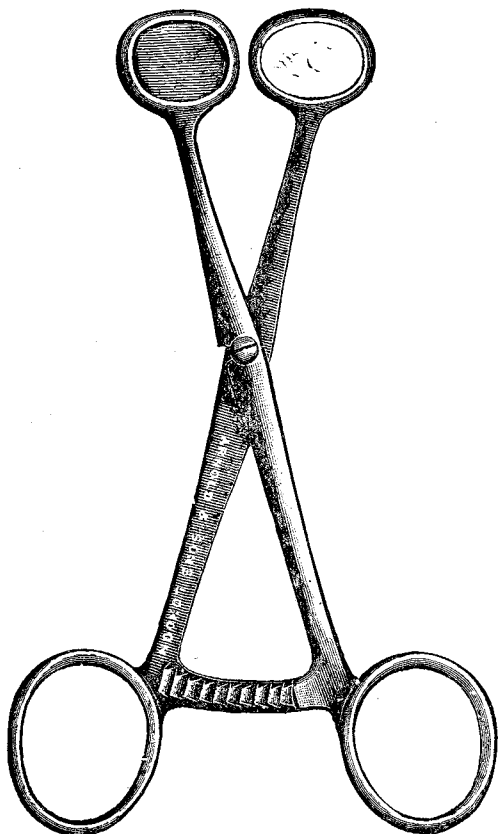
It frequently happens that a surgeon in the Gambian Protectorate has to take the temperature of a patient when the atmospheric temperature is greater than that of the patient. For example, from May 1st to June 19th, 1902, out of the 50 days in 26 days (say 50 per cent.) the temperature in the shade from noon to 3 P.M. was above that of normal blood heat. During ten of those days it was over 100° F. and on three occasions it reached 105°. Now given an atmospheric temperature of, say, 104° and a patient with a temperature of, say, 101°, the question arises, How is one to record it with an ordinary clinical thermometer? which is of course registering 104°, the atmospheric temperature, and cannot be shaken down below that. For this purpose Mr. F. Darton, manufacturing optician, of 142, St. John-street, Clerkenwell, London, E.C., has made at my suggestion a tropical clinical thermometer having the following points: (1) a shaft six inches long; (2) an open scale; (3) non-prismatic; (4) no stricture or bend to prevent the mercury running down; (5) a large calibre tube; and (6) a vacuum bulb at the distal end to take up 4° or 5° of expansion. The advantages of this thermometer are: (1) it can be read in the patient's mouth or axilla without removal; (2) open scale for the same purpose; (3) non-prismatic so as to be read at any angle it may have turned towards you; (4) no stricture or bend (this practically makes it a minimum thermometer, so that when taken from an atmosphere standing at, say, 104° the mercury will drop to the cooler temperature of the patient at, say, 101°); (5) the large calibre of the tube facilitates this; and (6) the vacuum bulb at the distal end to take up 4° or 5° of expansion is to prevent bursting. Government travelling commissioners have reported to me that their ordinary clinical thermometers have sometimes burst, owing to (as occasionally happens) the temperature rising to 110° and over. This thermometer will be suitable to all high tropical temperatures. It will be equally suitable in temperate climates and as it requires no shaking down it would save time in a hospital ward, rising and falling to each patient's

temperature. The six-inch shaft is more suitable for reading axillary temperatures *in situ* but a four inch shaft can also be had.

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ENTROPIUM FORCEPS.

AT my suggestion Messrs. Arnold and Sons have constructed a pair of entropium forceps as figured in the accompanying illustration. It will be noticed that they are larger than the old-fashioned instrument and that they are fixed by a rack instead of a screw. This facilitates their application and enables an assistant to hold them in position more easily. The fenestrated blade is made to fit into a groove round the flattened blade and the



latter is made slightly convex so that it will force the tissues above the level of the fenestrated edge and save the scalpel coming in contact with it. In order that cleaning may be more thoroughly performed they are made with a detachable joint and the groove for the reception of the fenestrated blade is concave instead of angular. Anyone who has used the old-fashioned instrument must have experienced some of the difficulties I have indicated and as the removal of a tarsal cyst is an operation which many members of the profession undertake I hope that this modification may be of use.

I am indebted to Messrs. Arnold for the careful manner in which they have carried out my idea.

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Children's Hospital.

A HEALTH TENT.

Messrs. S. Wilson and Co., of Bedford-street, Belfast, have sent us an illustrated description of their "patent health tent," in which there are no poles visible when the tent is erected and an air space six inches wide is provided between the inner and outer layers of canvas for the purposes of reducing variations of temperature. A centre pole is not used. A special feature of the tent is stated to be the employment of stretchers and of cross-stays connecting the vertical poles together in such a manner as to be adjustable lengthwise. These stretchers are, in fact, strong spiral springs and in this way the canvas is firmly held both in wet weather and in dry. The makers believe that the tent will be found useful in the open-air treatment of tuberculosis and in the isolation of cases of infectious disease.

ST. BARTHOLOMEW'S HOSPITAL.

A MEETING convened by the Lord Mayor was held at the Mansion House on Jan. 26th in furtherance of the appeal for funds for St. Bartholomew's Hospital for the erection of new buildings.

The LORD MAYOR, who presided, called upon Sir Trevor Lawrence, the treasurer of St. Bartholomew's Hospital, to make a statement to the meeting.

Sir TREVOR LAWRENCE said that he was authorised to state that the rebuilding appeal had the sanction and sympathy of the Prince of Wales, who was president of the hospital. The question of the site of the hospital had been dealt with by the Mansion House Committee and that committee had decided in favour of the retention of the hospital on its present site. One of the witnesses before the committee was the Chief of the City of London Police and he stated that of all the accidents and cases of sudden illness occurring in the City 65 per cent. were taken to St. Bartholomew's Hospital. Sir Trevor Lawrence then read the following passage from the *Times* of Jan. 16th:—

The maintenance without shrinkage of the maternity department, strongly contrasting with the diminution of the same department at King's College, shows that the square mile around St. Bartholomew's still contains a large resident poor population, and in all London, perhaps excepting that of the docks, there is probably no locality more fruitful of accidents than Smithfield. The vicinity of eight railway termini to which passengers in thousands come daily, not only from every part of the suburbs but also from almost every part of the midland and northern counties, is an equally important consideration. As with Rome, so all roads lead to St. Bartholomew's, and its removal even to a suburb would place serious difficulties in the way not only of the thousands of patients who now flock to it from all parts of the kingdom but also in the way of the many poor who now visit their relatives within the wards, and to whom omnibus or tram fares would frequently be prohibitive. The absence of these people would not be regretted by the doctors or nurses but would, sometimes at least, be a serious trouble to the sick.

In regard to the scheme involving partial removal of the hospital Sir Trevor Lawrence said that it seemed to him a most undesirable suggestion, because it would cause great difficulty in the treatment of patients and would destroy the medical school, the maintenance of which was a matter of the utmost importance. The value of the site in his opinion had been very largely and very seriously exaggerated. In the opinion of experienced valuers the price was much less than had been estimated by the advocates for the removal of the hospital. He contended that the mere question of the value of a site did not comprise the whole problem. Money considerations should not be put before the interests of a great institution carrying on a work of mercy and charity. It had further to be remembered that the majority of the patients were too poor to afford the money or time to go to a distant hospital in the suburbs. Referring to the population shown by the last census in the proximity of the hospital, he pointed out that the census was taken on a Sunday night and the great number of people who worked in the neighbourhood during the day-time were not taken into account. During the last 50 years no fewer than 7,000,000 patients had been treated at the hospital and in the out-patients' department during the first three weeks of this year the number of attendances had been 15,247. Dealing with the question of the proposed new buildings Sir Trevor Lawrence said that the wards were somewhat antiquated and immediate attention was required in certain departments, the most pressing need being first a new casualty and out-patients' department with separate accommodation for ophthalmic, orthopaedic, skin, throat, ear, electrical, dental, and gynaecological cases. A home for 240 nurses and 80 female servants was wanted. Sir Trevor Lawrence concluded by giving a list of the new buildings required for which a sum of £438,000 would have to be found.

The BISHOP of LONDON then moved the following:—

That this meeting, having heard the statement of the treasurer of St. Bartholomew's Hospital, cordially approves of the decision of the governors to reconstruct the hospital on its ancient City site, extended as it has recently been by the addition of one and a half acres.

He said that the appeal made that day was made by the pioneer hospital of the whole country which had done splendid work in the cause of humanity for 800 years. In all parts of the world there were many men who ought to send a contribution to the rebuilding fund. What they wanted was the best hospital that could be turned out for the City of London and he pleaded earnestly that the generosity of the citizens of London should give St. Bartholomew's what was required.

Sir WILLIAM CHURCH, in seconding the motion, said he