82, Boulevard Port Royal, Paris. Dr. Mardeuf is not only secretary-general of the league, but he has also founded a journal called *Le Mal de Mer* and was the writer of a popular book entitled "La Santé pour Tous." We ought, perhaps, to add that we describe it as a popular book on Dr. Mardeuf's authority and that his other qualifications are given on the title-page of the book which we have recently received and which professes to be a complete hygienic guide for those who travel by water. This small work, which consists of just over 100 pages and which has crinkled paper covers, appears at first sight a little dear at the price charged for it, which is 3 francs, but a study of the contents shows that it contains a large amount of curious information. The first chapter is written to prove that there is such a thing as sea-sickness (it is "une véritable maladie"), a proposition which will be readily granted. The further contention that it can be avoided (otherwise than by staying ashore) and that it is curable can hardly be said at present to be matters of common knowledge. The predisposing causes of the malady are enumerated and described and the means by which they are to be obviated or overcome are considered in detail. General and special cautions which should be taken before starting on a journey are given and a chapter is devoted to the behaviour which should be observed on the day of departure.

On going on board the boat the traveller should walk about, whistle, and sing, should he possess that accomplishment, if not he should chat or regard a distant fixed point through binocular glasses. This latter practice is strongly recommended by M. G. Marguet of Châlons, who has found that the mere act of holding binocular glasses before the eyes has been sufficient to prevent sickness. This method of prophylaxis has its counterpart in a tradition held by some British sailors to the effect that a man who falls overboard will never be drowned so long as he can be induced to enter into conversation. The English, we learn, strongly recommend the exhibition of "wisky," of cognac, of rum, of brandy, of chartreuse, and of porter. Whether these remedies are usually taken separately or together we are not told, nor are the doses specified. The author recommends an alcoholic preparation of mint, because, he says, the smell of that herb increases the activity of respiration. In regard to food Dr. Mardeuf finds that *joie gras* and cream are apt to disagree. In the case of acute symptoms he recommends abdominal compression, concerning which he has much to say, and to those curious in the matter we must recommend a perusal of the book.

Perhaps the most interesting thing in connexion with the league is the great effort which it is making to obtain the fullest details on all questions bearing on the causation, symptoms, treatment, and complications of sea-sickness. The method called collective investigation, of which formerly much was heard, is the one which has been adopted, and a number of questions have been drawn up to which answers are requested from all persons interested in the malady. It gives little idea of the exhaustive method in which the interrogatories have been administered to say that there are 37 questions, five of which are addressed exclusively to ladies. Some of the questions might suggest to the ordinary man the wish that an easier one might be substituted. For example, many people would be unable satisfactorily to define their temperament and to say whether it is nervous, bilious, lymphatic, or sanguine. Many of the questions cover a good deal of ground. Here is a specimen (Question 10):—"Do you turn in as soon as you come on board? Do you do so in the summer before the boat sails when the heat makes the cabins intolerable? Do you preserve the horizontal posture? Do you lie on your back, or on your stomach, or on your right side? Do you keep your head higher or lower than your feet? Do the Arabs suffer more or less from sea-sickness than we

do? Do you know any children who suffer from sea-sickness, if so, what are their ages?" One question contains a suggestion as to treatment, "Connaissez, le moyen qui consiste à s'appuyer la partie postérieure rejetée en arrière contre un mur cambrant?" We confess that we should have to answer this in the negative. Some of the questions asked are of a rather delicate nature and by way of excuse, or of explanation, it is pointed out that "we are on scientific ground and it is not permissible to eliminate any cause which might conceivably increase or diminish sea-sickness."

Abdominal Examination and Manipulation in Pregnancy.
By ALEXANDER MACLENNAN, M.B., C.M. Glasg., L.M.
With an Introduction by Professor MURDOCH CAMERON.
London: Rebman, Limited. 1902. Pp. 245. $7\frac{1}{2} \times 4\frac{3}{4}$ inches. Price 6s. net.

It is only of late years that a sufficient amount of attention has been paid in this country to the importance of abdominal palpation in pregnancy. In an endeavour to minimise the risks of parturition and to combat the excessive mortality from septicæmia which unhappily still prevails many teachers have advocated that vaginal examinations should as far as possible be replaced by abdominal palpation. It is quite certain that whatever its enthusiastic supporters may say abdominal palpation can never entirely supersede examination by the vagina during labour, and in the present book the author is a little inclined to exaggerate the advantages of this method of examination. It is of interest to note that quite recently a warning against this view has been uttered by a teacher at one of the Scotch universities. Professor W. Stephenson in the *Journal of Obstetrics and Gynecology*, November, 1902, writes: "It has become the fashion of the day to underestimate the need for and exaggerate the risks of vaginal examination during labour. The trend in recent teaching is to discourage the practice, and in some schools this has been carried too far." That all students should be instructed in abdominal palpation no one will deny and that a great deal can be learnt by an intelligent use of this method is certain. The author has done well, therefore, in producing a book which contains a *résumé* of practically all that has been published upon the subject and which for the first time brings together within one cover a clear account in the English language of this excellent method of physical examination. The book is mainly a compilation and it is a pity that Dr. Macleennan has not had the courage to point out more emphatically what he considers to be the truth and to place it in a clear and definite manner before his readers. A book which contains, as this does, a very large number of more or less isolated facts and opinions is not the best kind of manual for the average student and indeed appeals rather to the teacher than to the learner. We have, however, nothing but praise for the author's industry and we can highly recommend the book to practitioners and teachers as a most interesting and complete account of the subject.

New Inventions.

A SURGICAL SILK RACK.

It is strictly in accordance with the principles of aseptic surgery to boil the silk used for operations for half an hour and to keep it boiling until the time it is inserted. To facilitate this object and coincidentally to save greatly the time of the operator the following device has been resorted to. A rack is constructed the appearance of which is shown in the accompanying illustration. It consists of two parallel metal sides united by parallel steel bars at right angles to the sides. The disposition of the bars need not be described; suffice it to say that their thickness and distance

apart have been the subject of experiment. At one end is stretched horizontally between two adjacent bars linen, or preferably Billroth's cambric, extending from one side to the other. A similar arrangement is made at the opposite end diagonally. Projecting beyond the end of the rack proper is a horizontal tray constructed of cambric stretched on steel wire. All the metal work is thickly nickeled and the apparatus is not liable to rust. It is made in two sizes, $15\frac{1}{2}$ by $7\frac{1}{2}$ by $1\frac{1}{2}$ inches for use in the theatre of a hospital, and $7\frac{1}{2}$ by 3 by 1 inches for use at a single or emergency operation. The smaller size is the most convenient for general use. The use of the rack is this. The needles are threaded with the silks to be used and fixed in the rack as described below. The rack is boiled in a steriliser for half an hour and kept boiling until it is required to use the silk. The lid of the steriliser is removed and the surgeon selects with forceps whatever needle and silk he requires. By pulling the needle from the tray and gently dragging on the silk the needleful is extracted with certainty and removed for use without causing any tangling of the other contents of the rack. The larger rack when fully loaded will hold sufficient silk for half-a-dozen major operations. The smaller rack will comfortably hold sufficient for one or two. The racks should be boiled again between the operations. The loading of the rack is accomplished in the following manner. The needles are threaded and the ends of the silk are adjusted to approximate equality; the rack is turned on its side and a needle is passed through the stretched cambric and then over and under alternate bars in the same row until the tray is reached. Into this the point of the needle is stuck, the silk being

The silk rack loaded (large size).

pulled moderately tight, and the loose ends cut off to within one inch of the stretched cambric. Both ends of the silk are fixed by this means. The process should be started at one side of the rack with thick silk and large needles and proceed towards the other side with ever decreasing thicknesses of silk. Each needleful should not only be threaded over and under alternate bars but should also alternate with the threads on each side of it, just as the woof crosses the warp in weaving. In the smaller rack the starting-point is at the same end as the tray and on the lower set of bars. In the larger form, if the length of the doubled thread is desired greater than the length of the rack, the starting-point is on the lower set of bars and a transition is made to the upper set after a suitable number of bars have been passed. The rack may be loaded with any length of silk up to eight times the length of the rack with the certain knowledge that the silk may be readily extracted when required. If unthreaded ligatures are required they are loaded in a similar manner, except that they are single and that after having been put in place the needle is removed. If the loading is done in a systematic manner it only takes three-quarters of an hour to fill completely the large rack with silk. The most convenient sizes for an average afternoon's operations are:—

No. 3 silk	...	...	12 straight and 6 fully curved needles.
No. 1 "	...	3 "	" 3 "
No. 00 "	...	9 small "	" 9 "

The advantages claimed for the apparatus are these. Firstly, the silk is, often unlike a deep layer of silk on a boiled reel, sterile at the time it is used. Secondly, any kind of silk on any kind of needle may be "selected"

and obtained by the operator with great speed, often with the saving of valuable time. Thirdly, the silks do not get entangled; indeed, the ease with which they may be extracted is quite remarkable. The above pieces of apparatus may be used in any steriliser large enough for the purpose; it is, however, much more convenient to have one to fit the apparatus. The one supplied has a simple device which, while it allows the easy lifting out of the rack, yet prevents its displacement when in use. There is also provision at the side for the coincident boiling of drainage tubes. Such a steriliser is kept boiling in the annexe to the theatre and when required is brought in and used. It should not be laid directly on a towel-covered glass table, for the glass is liable to crack, but on a wooden or asbestos pad placed to receive it. The above pieces of apparatus are well made by Messrs. Arnold and Sons of West Smithfield, London, E.C., from an experimental model of my own construction.

G. H. COLT,

Medical School, St. Bartholomew's Hospital, London, E.C.

WIRE ARM-SLINGS.

MESSRS. SHEPPERD AND RICH have submitted to us some specimens of arm-slings made of "telegraph wire." They should, we think, be found very light and comfortable and free from the objections to the sling made from a handkerchief, which is likely to be found hot and oppressive. The slings are made in various shapes and sizes and are

One form of splint. The closed-in end telescopes, so that it is adjustable for a long or a short forearm.

supported by means of a strap fitting over the shoulders and attached to two upright pieces of wire. They have the advantage of being easily cleansed and also of being cheap. These slings can be obtained from Mr. Percival Turner, 4 and 5, Adam-street, Strand, London, W.C.

A PORTABLE ELECTRIC LAMP.

MESSRS. HOPPER BROS., of St. Olave's House, 18, Ironmonger-lane, London, E.C., have submitted to us specimens of a portable electric light. The lamp is attached to a "torch" and is run by three dry cells. There are two attachments, one being for a lamp to be used for ordinary lighting purposes and the other a small lamp like that of a cystoscope, which is fitted to a flexible rod and is intended to be used for examining the throat. This form, we should say, will be found useful by country practitioners, many of whom must be well aware of the difficulties of examining a throat in a dark cottage by the aid of a candle or a cheap paraffin lamp. The battery submitted to us was said to be new. We ran the lamp continuously for 45 minutes when it began to get dim. We then gave the cells 70 hours' more or less rest and again ran the lamp continuously. When it had been running thus for 45 minutes it began to get dim again. We then gave the cells $41\frac{1}{2}$ hours' rest and started the lamp for the third time; it ran for 50 minutes, at the end of which time the filament was just red. After resting for about three days longer the lamp, on contact being made, glowed brightly, but at the end of 10 minutes was beginning to get dull. The battery, then, if only used for short periods of time, would evidently last for a considerable time and the cells seem to have remarkable recuperative power. The torches are made in various sizes, the one described above being $8\frac{1}{4}$ inches by $1\frac{1}{4}$ inches, and the price without the flexible rod and lamp for examining the throat is 10s. The price of the flexible rod and lamp attachment is 4s.