the presence of hydron or hydroxylion (H^+ or OH^-); in other words, the indicators of acidimetry and alkalimetry." Then follows the mathematical treatment of the subject, which sheds a light on practical considerations, the whole forming a very interesting study. The subject has developed on scientific lines only in recent years, considerable impetus being given to its successful investigation by the application of the theory of dissociation. We have advanced a long way since the Romans found that the hardness of water could be relatively determined by its bleaching effect upon small quantities of red wine (Hippocrates). The author appears to have been successful in collecting the available material on the subject, and the chapters all the way are distinctly illuminating, and theoretical considerations are followed by valuable practical issues. The mathematical development of the subject will no doubt mystify some readers, but the whole work shows a fruitful study of the interesting and practically important phenomena of colour indicators.

Field Sanitation. By C. G. MOOR, M.A., F.I.C., F.C.S., and E. A. COOPER, D.Sc. London: Baillière, Tindall, and Cox. 1918. Pp. 230. Price 2s. 6d. net.

THIS is essentially a practical account of sanitation in its several branches as at present applied in the field. The authors, both captains of the 1st London Sanitary Company, R.A.M.C. (T.), have secured the collaboration of other officers and men of the same company. The result is a collection of simple instructions on routine sanitary work adapted to modern war conditions. The book will be valued as presenting a synopsis of the sanitary operations which experience has shown are practicable and effective in the present campaign. On the whole, the measures enjoined are simple and such as any intelligent combatant officer can carry out. They refer to well-known topics, as examples of which may be quoted the extermination of flies and other insect pests, the disposal of refuse, the construction of latrines, the disposal of fæces and urine, baths and laundries, disinfection, water-supply, ventilation, food, and so forth. As a useful conspectus of modern military hygiene the book may be commended. It is quite up to date, and a decidedly valuable feature of the work is the attention that is drawn to the use of simple appliances in a sanitary direction, as, for example, the employment of boxes and drums, which have been pressed into service for conveying various commodities.

New Inventions.

FRAME FOR PATIENTS IN SEMI-RECUMBENT POSITION.

THE desirability of treating patients with wounds of the abdomen or chest in a semi-recumbent position has long been recognised. To overcome difficulties I had made for me by the carpenter of the clearing station a number of wooden frames similar in principle, I understand, if not in detail, to the "Gotch" frame. The accompanying rough sketch illustrates the idea better than description. The foot-

board is held at right angles to the leg-frame by iron dowels, which fit into holes bored in the side-pieces of the leg-frame. This gives a slight amount of adjustment for patients of different heights. The materials are seasoned hard-wood and stout canvas, which is stretched tightly across the frames before they are assembled.

The bed is made up in the usual way with the frame flat. On the patient's returning from the operating theatre he is placed upon the flat bed until the semi-recumbent position

can be assumed. When the bed-pan is in use the thigh and leg portions are lowered.

The patients are very much more comfortable on these frames than on the ordinary back-rest and bolster under the thighs. The required position is maintained with no discomfort to the patient and very much less trouble to the nursing staff. The frames proved, in particular, to be of help in the after-treatment of a large number of abdominal cases treated in the clearing station during last summer's offensive.

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REVERDIN'S NEEDLE-HOLDER AND NEEDLES:

A NEW PATTERN FOR EASY USE IN GENERAL SURGERY.

Mr. Victor Bonney, in his article "On the Sole Use of Reverdin's Needle" in *THE LANCET* of June 30th, 1917, described very lucidly the use of Reverdin's needle. To

FIG. 1.

overcome certain disadvantages possessed by the instrument I have designed a new pattern in which the needle is kept in its place by a lever (Fig. 1, B), simple pressure at once effecting its release from the holder when another needle can be rapidly and easily substituted. At the end of the lever there is a locking bolt (Fig. 1, C), which, when in position, prevents unintentional release of the needle. The needles are made in three different sizes, with a curve suited for general use. The largest, shown in its full size in Fig. 2 (2), is intended for piercing thick or hard tissues—e.g., the cervix. The medium, shown in Fig. 2 (3), is specially adapted for softer tissues—e.g., the abdominal parietes. The finest, shown in Fig. 2 (1), is specially suited for more delicate structures—e.g., the intestines, peritoneum, or small nerves. A fourth needle, Fig. 2 (4), is made with a blunt end, and is adapted for aneurysm and hernia operations. A further improvement will be found in having the eye of the needle on the inner side, instead of, as formerly, on the outer side. The release lever, by a simple

FIG. 2.

device, can be readily detached from the holder for the purpose of cleaning; the lever, the holder, and the needle should be sterilised by boiling.

The instrument has been made for me by Messrs. Weiss and Sons, Oxford-street, London, W.

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AT the last meeting of the Devon Insurance Committee it was stated that further sums of money would be allocated to the medical men in respect of mileage in consideration of the increased difficulties and expense of travelling in the rural districts.

THE LANCET.

LONDON: SATURDAY, MARCH 23, 1918.

Medical Cooperation and Medical Interests.

IF medical science is to play a large part in the social reconstruction of the nation in the near future—and there is little doubt that it will have the opportunity as well as the desire to do so—it is high time to determine what that part is to be. The letter which we publish this week over the names of leading members of the teaching and medical professions in a great North-country city suggests a common effort by the two professions to pledge the country now to far-reaching schemes of reconstruction. We have already indicated¹ that the coöperation and sympathy of Labour might be expected in such a programme of progress and reform, but that comradeship between medical men and Labour must not supplant the comradeship of medical men as a body. In short the ideal medical senator, without representing medicine only, should be an interpreter of medical thought and ideals to his fellow legislators. The newly enfranchised women of the better educated class are keenly interested in many of the social questions with which medical men are concerned, and their influence with the ballot-box should prove of value to medicine, both on its scientific and on its administrative and therapeutic sides. For example, the matter of medical attendance upon the wives and dependents of the working classes is one which might well have come to the front if working men alone were in a position to place it there, but with women also on the register it is sure not to be kept in the background. We single out the question of medical attendance, not because we regard it as more important than better housing, or improvement of the conditions of labour, but because it is one affecting members of the medical profession in their individual practices more directly than the others, and also because it has a strong individual interest for a very large section of the electing public. If the direction of public opinion is found to bring rapidly nearer the giving to all dependents of insured persons medical attendance upon lines resembling those which the insured themselves enjoy—in other words, if it is sought to make the panel doctor of the father the family doctor of his wife and children—a number of questions will arise immediately of direct or indirect interest to a larger circle of practitioners than those now on the panels. All medical practice will be affected, and it seems to us that women voters may appreciate quickly the directions in which this will occur.

Medicine sees fully the advantage to the children of having their ailments brought at early stages to medical men for diagnosis and treatment; but the

practitioner will also see before himself and a large number of his colleagues the certainty of a loss of patients from private practice. This loss will be combined with the prospect of children requiring medical attendance far more frequently than they have before, and questions as to the amount of remuneration due for increased work and the source of such remuneration will be made subjects of discussion. The Ministry of Health which lies on the immediate political horizon, when its constitution is settled and its activities defined, may be expected to deal with such matters authoritatively, but while matters are in a state of flux the attitude of the medical profession is dictated by two unchanging aims: whole-hearted support of all measures conducing to the health of the community, and the securing of a proper status for the medical man in carrying out this work. A case in point is the Maternity and Child Welfare Bill now before Parliament, in which the establishment by a local authority of a general domiciliary service by medical practitioners is expressly excluded. In connexion with these and with a variety of other topics the medical man will find himself advising as an expert, making his influence felt as an advocate when Parliamentary elections are drawing near, and himself voting for the candidate whom he may decide so to assist. It will be his duty when the occasion arises to support, in whatever capacity he may be able to do so, men or measures for whom his support is desirable in the public interest, and it will equally be his duty to protect his profession and himself from exploitation, and to procure and promote suitable recognition for the services of medicine. His position in this last respect will not be different from that of the working man or of the brewer or the merchant, who neither neglect the interests of themselves and their fellows, nor are expected to do so.

How far the medical practitioner of the future, whether as a candidate for the House of Commons, or as a canvasser or voter, will have to "mix himself up with politics" is a question which the future must, to some extent, be left to decide; but the attitude of standing aloof from social questions, when or because they have acquired a political aspect, must be dropped by all the citizens of the future. The medical man's part will be to place his science at the disposal of the public, and justify that science by precept and example. As candidate for Parliamentary election and Member of the House the medical man will more necessarily have to study such questions, but his views will require the endorsement of his professional colleagues if they are to be of weight; and this whether politics are carried on upon the old party lines, or whether, as some believe, party obligations become in future less strict, and measures gain support upon their merits at the hands of men selected to exercise independent judgments. In any case, the medical man who enters Parliament will not be able to do so as a "Member for medicine"; he will have to appeal to constituents as a man of affairs who will serve their interests and that of his country with full qualifications to do so. He will have also to be

¹ THE LANCET, Jan. 5th, 1918, p. 27.