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SURGICAL TREATMENT. By JAMES PETER WARBASSE, M.D. Volume II. THE HEAD: THE SPINE: THE NECK: THE THORAX: THE BREAST: THE ABDOMEN. Profusely illustrated. Octavo, cloth, pages 829. W. B. Saunders Co., 1918.

The second volume of Warbasse's book on Surgical Treatment has promptly followed Volume I. The general merits of the treatise were commented upon in the review of the first volume which appeared in the October issue of the *ANNALS OF SURGERY*. The present volume maintains the same standard of thoroughness of treatment, clearness of statement and judicious conservatism in the selection of material which was characteristic of the previous volume. The great cavities of the body, the head and the spinal canal, the thorax and the abdomen, form the subject of this present volume and hence contain the marrow of modern surgery.

The position taken by the author as to the treatment of spontaneous cerebral apoplexy is worthy of quoting. He says:

"The indications for surgical treatment are those of pressure. Medical treatment offers much for the prophylaxis of this disease, but little for its treatment. Surgery can do much for this condition which in every respect is a surgical lesion. The blood coagulates quickly and the hemorrhage is usually ended in a short time. The progressive symptoms which continue are the most gradual changes, such as the development of a zone of œdema due to pressure. It is doubtful if the routine measures to lower the blood pressure in these cases are of value; it is certain that they often do harm. The rational treatment of this condition must be worked out, not by combating the lifesaving mechanism for regulating the systemic blood-pressure, but by relieving the increasing intracranial pressure due to the presence of a foreign body.

"Given a case of spontaneous apoplexy with stupor, or coma, flaccidity of the muscles of one side of the body and high blood pressure in response to intracranial pressure, and the other characteristic signs of hemorrhage in the internal capsule on the side of the brain opposite to that of the paralyzed muscles, the surgeon may expose the brain and relieve the pressure by draining the clot focus. The skull should be opened by trephine or burr just below or above the squamous suture. The dura is opened by crucial incision. The opening should be made sufficiently large to expose the lower end of the fissure of Rolando, the lower ends of the two central convolutions and the fissure of Sylvius. The brain will often show œdema or other local evidence of injection and hemorrhage. If not, it should be entered at the prominent rounded eminence of the lower end of the posterior central convolution just behind the lower end

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of the Rolandic fissure and above the Sylvian fissure. A trocar and canula of small size should be entered in a downward and inward direction. It should pass sufficiently above the fissure of Sylvius to avoid the island of Reil. By inserting the instrument in the middle of a convolution no vessels are injured. The apoplectic clot should be encountered within two inches of the surface. A soft roll of rubber tissue to serve as a rubber drainage tube should be inserted through the canula. The clot may be expected to protrude itself through the tube.

"Because of the intracranial pressure there may be some troublesome bulging of the brain after the dura is opened. This may be overcome by elevating the head of the table. Lumbar puncture may be required. As soon as the dura is opened the decompression should show itself in improvement in the patient's general condition. The results of these operations have not been collected sufficiently to place the operation upon a definite surgical basis. Most of them have been done too late when, as a result of laryngeal paralysis, inhalation pneumonia has been engrafted. Others have been attempted when the compression had exhausted the vasoregulator centres. But it can be safely predicted that, as a result of experimental work which is now being done, the operation will become an accepted surgical procedure."

Such a formal suggestion as to surgical interference in cases of the cerebral hemorrhage of apoplexy is certainly up to date surgery and is quite consistent with modern ideas of pathology and treatment. We congratulate the author upon having given the procedure a detailed description and a fixed standing in the surgery of the head.

For the relief of intracranial pressure, as in cases attended with meningeal effusion, the imperative indication to provide drainage is recognized and various methods of meeting the indication are fully described, such as lumbar puncture, tapping of the ventricles and drainage of the subarachnoid spaces at the cerebromedullary angle and lumbar laminectomy. As a whole, the section devoted to the treatment of injuries and diseases of the head is most admirable and comprehensive.

It is not necessary to present any detailed analysis of all the sections of this admirable volume. It maintains fully the standard set in Volume I, and will be accepted by all as a trustworthy guide to the resources of surgery at the present time.

SURGERY IN WAR. By ALFRED J. HULL, F.R.C.S., Lieutenant Colonel, Royal Army Medical Corps, Surgeon British Expeditionary Force, etc. Second edition. Octavo, pages 624, cloth. Philadelphia, P. Blakiston's Son & Co., 1919.

This book is a handbook in reality, as well as in name, suited for the daily use of an army surgeon in active work. In a brief, condensed manner and still with sufficient detail, and with much clearness, the lessons which have impressed themselves upon the practice of British Army Surgeons have

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been assembled in this book and are published in such a shape as to be convenient for consultation.

The demands of military exigency constitute the primary considerations which present themselves upon every page and control the scope given to every theme. The abrupt termination of active hostilities in November make of it, therefore, a matter of historical interest rather than of immediate importance. As a record of the influence upon surgery which this great war has had, such a book will always be of great interest. Thus, in the treatment of wounds there is a progression stage by stage from the front to the rear, each of which presents special conditions which control the special methods which promise the best results. Thus it is that in the chapter devoted to the treatment of wounds we have first, the first field dressing; next, the treatment of wounds at a casualty clearing station; and third, the methods available at a base hospital. It is most illuminating to follow the progress made in the control of surgical conditions which the increasing duration of combat conditions has developed, as shown by the betterment of the methods of control and methods of prevention, which the last year of the war presented as compared with the first year's record, a résumé of all which this book well presents.

The subjects of tetanus, anaerobic infection and gas gangrene naturally receive special consideration, and to each of these subjects a special chapter is devoted.

In the chapter devoted to the subject of shock we recognize the coöperation of Crile. The best methods of overcoming it when already present as the result of wounds and exposure already received, and the methods of its prevention in the course of surgical work which is being contemplated are well summarized.

One of the contributions to practical surgery which the present war has given is that of Trench Feet which also has its own chapter, a subject which now, fortunately, possesses only historical interest.

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