

with twitchings, convulsions and paralysis. In others the child is born asphyxiated and dies unless the depression is removed. Schroeder in 65 cases found that 34 per cent. of the infants were stillborn and that 15 per cent. subsequently died. In treatment air-pumps and cupping glasses have been advocated. Trephining has been successfully performed. But surgical influence is not always practicable. Dr. Kerr has treated three cases successfully by the following method. The fetal bones are very resilient and by experiments he found that artificially produced depressions can be raised by firm antero-posterior compression of the head. On the living child the indentation came out with a sound as when a dent in a felt hat is removed. In one case the seriously impaired respiration was at once relieved.

## Correspondence.

### Prof. Loeb and Newspaper Sensationalism.

CHICAGO, Jan. 12, 1901.

*To the Editor:* In view of the fact that my name has been used in a number of sensational articles which have appeared in the daily papers, I wish to state that none of these articles were authorized by me. The results of my experiments have been published exclusively in scientific journals, and I am only responsible for such statements as are expressed in my scientific publications.

JACQUES LOEB,  
University of Chicago.

## Book Notices.

**TREATMENT OF FRACTURES.** By Charles Locke Scudder, M.D., Surgeon to the Massachusetts General Hospital. Assisted by Frederick J. Cotton, M. D. With 585 Illustrations. Cloth; pp. 433. Price, \$4.50. Philadelphia: W. B. Saunders & Co. 1900.

Although the title of this work is "The Treatment of Fractures," it will be found that the text is by no means so limited as the title, but deals in general with fractures, as the causation, pathology, diagnosis and prognosis are all discussed and often more extensively than is the treatment.

In the opening chapter on fractures of the skull are found a number of short, but valuable points on head injuries in general and on injuries to the brain complicating fractures of the bone. Under the treatment of skull fractures, he says: "In fracture of the base with pronounced symptoms, drainage of the fossa involved, whether anterior, middle or posterior, should be considered." No mention is made, however, of the symptoms which would warrant or indicate such a procedure, nor of the method of executing it nor of the probabilities of it doing any good if attempted. The danger in these cases lies in the injury done to the brain tissue and not in the fact that the fracture extends to the base of the skull.

Under the examination of injuries of the elbow, he says: "In the absence of positive signs of dislocation, subluxation and fracture, the lesion is a sprain or contusion. In the absence of positive signs of dislocation and radical subluxation a fracture will be present." The latter statement, particularly, is not only peculiar reasoning, but also incorrect. In fracture of both bones of the forearm the danger of lateral compression of the bones by the immediate application of a roller plaster cast is too great to advise this as the usual mode of treatment. In fractures of the upper third of the radius the advisability of dressing the arm in supination to prevent the loss of this motion is not mentioned.

The work is voluminously illustrated, and this fact adds materially to its value. The illustrations frequently show conditions much better than the text describes them. A chapter on "The Roentgen Ray and Its Relations to Fractures," by E. A. Codman, is excellent. It deals with the practical value of the rays in the diagnosis of fractures, the interpretation of skiagraphs and the errors of judgment into which one may be led by them. A chapter on the ambulatory treatment of fractures, which is somewhat historical in character, closes the work. While there are many good points in the work, it

can not be said that the subject of fractures has been thoroughly covered, not even in treatment. The publisher's work has been unusually well done.

**APPENDICITIS AND ITS SURGICAL TREATMENT:** With a Report of One Hundred and Eighty-five Cases. By Herman Mynter, M. D. (Copenhagen), Professor of Clinical Surgery in University of Buffalo, Buffalo, N. Y. Third revised edition. Cloth. Pp. 231. Price, \$2.00. Philadelphia: J. B. Lippincott Co. 1900.

This monograph was originally submitted to the University of Copenhagen in order to obtain the degree of Doctor of Medicine. It was accepted by the university in 1897, and was published in this country in 1898 as the first edition. The second edition was partly burned in the fire which destroyed the Lippincott Publishing Company in 1899. This, the third edition, has been revised and considerably enlarged by the addition of new material. The work is largely historical in character. The gradual development of modern ideas of appendicitis is traced from the earliest records. As the major portion of the work is made up of extracts from the opinions of others, it can not be criticised as coming from the author.

The author's statement, however, that he does "not consider cases of appendicitis with strictures, dilatations, coprolites, hydroids, ulcerations and the chronic and obliterating forms necessarily infectious" is not in accord with modern views of inflammation. An appendicitis not due to the action of microbes, which is the meaning of infectious here, can not be admitted.

The author's attempt to classify the cases pathologically into simple catarrhal appendicitis, ulcerative appendicitis and infectious appendicitis is open to the same objection.

Under his clinical classification he separates gangrenous appendicitis without perforation from gangrenous appendicitis with perforation. As every case of gangrenous appendicitis is certain to perforate if given time enough, there is not sufficient ground for subdivision of gangrenous cases on this basis.

Under treatment, the methods adopted by the leading men of Europe and America are considered. Much of this already has only an historical value, as opinions in regard to the treatment of appendicitis have changed so rapidly during the past few years. The author's views are decidedly in favor of early operation in acute cases and will, therefore, meet with the approval of all experienced surgeons.

Regarding chronic appendicitis, he states (page 117): "An operation is not indicated unless we feel the thickened and swollen appendix." That this is not a sound rule to follow the author himself makes very clear, for a few lines farther down he says: "I have, nevertheless, in several cases, where I was sure of feeling a hard, indurated appendix extending downward, found it in a diametrically opposite direction. What I felt was the flat tendon of the psoas minor muscle."

The work is an excellent review of the literature of the subject, and an extensive bibliography is appended. There are no illustrations.

**ULCERS OF THE STOMACH AND DUODENUM AND ITS CONSEQUENCES.** By Samuel Fenwick, M.D., F.R.C.P., Consulting Physician to the London Hospital, and W. Soltan Fenwick, M.D., M.R.C.P., Senior Physician to the London Temperance Hospital. Cloth; pp. 392. Price, \$3.50. Philadelphia: P. Blakiston's Son & Co. 1900.

This volume is divided into four parts, the first dealing with the pathology and anatomy of gastric and duodenal ulcer, while the other three are devoted to the clinical aspects of the disease and its sequelæ. The data as regards the morbid anatomy were obtained from the results of over 1000 cases of gastric ulcer, and between 100 and 200 of ulcer of the duodenum taken exclusively from hospital records. The authors find the disease may occur either idiopathically or follow the course of some other malady. In the former case it is most common in young women, while in the latter it is not infrequently the cause of death in certain infective complaints in connection with heart and liver diseases. The book is very fully illustrated, especially in its earlier portion, and is an excellent monograph of its special subject. The illustrations are largely