

FRIDAY.—2.30 P.M., Dr. C. E. Sundell: Diseases of Children.
 SATURDAY.—3 P.M., Mr. H. W. Carson: Selected Surgical Cases.
 Daily.—2.30 P.M., Operations, Medical and Surgical Clinics, &c.
 ST. MARYLEBONE GENERAL DISPENSARY, 77, Welbeck-street, Cavendish-square, W.

Post-Graduate Course on Infant and Child Welfare.

TUESDAY, June 22nd.—10.30 A.M., Dr. E. Pritchard: Practical Demonstrations on the Management and Feeding of Infants and Young Children—Lecture VII., The Uses of Dried Milk and Patent Foods.

THURSDAY.—3 P.M., Lecture VIII., The Management of Difficult Cases.

INFANTS HOSPITAL, Vincent-square, Westminster, S.W.

TUESDAY, June 22nd.—5 P.M., Dr. R. Vincent: Practical Points in Infant Feeding.

UNIVERSITY OF LONDON.

Advanced Lectures in Physiology to Students of the University and others interested in the subject.

A Course of Eight Lectures on the Bio-Chemistry of Sterols will be given in the Physiological Laboratory of the University, South Kensington, S.W.

TUESDAY, June 22nd.—5 P.M., Lecture VI., Mr. J. A. Gardner.

UNIVERSITY OF SHEFFIELD—FACULTY OF MEDICINE

POST-GRADUATE LECTURES, at the Sheffield Royal Infirmary.

WEDNESDAY, June 23rd.—4 P.M., Prof. Connell: Lesions of Foot and Pott's Fracture.

MANCHESTER ROYAL INFIRMARY POST-GRADUATE CLINIC.

TUESDAY, June 22nd.—4.30 P.M., Lecture:—Dr. E. M. Brockbank: Anæmias and their Diagnosis.

MANCHESTER FRENCH HOSPITAL POST-GRADUATE LECTURES, 24, Acomb-street (behind Whitworth Park).

THURSDAY, June 24th.—4.30 P.M., Dr. A. C. Magian: Chronic Tubo-Ovarian Inflammation and its Relation to Venereal Disease. Operative Treatment.

Communications, Letters, &c., to the Editor have been received from—

A.—Dr. C. J. H. Aitken, Lond.; Sir C. Allbutt, Cambridge; Dr. E. D. Adrian, Cambridge.

B.—Mr. C. Blizard, Lond.; Prof. E. Barclay-Smith, Lond.; Prof. A. E. Boycott, Lond.; Baby-Saving League of British Guiana, Georgetown; Prof. W. B. Bell, Liverpool; Brighton, School Medical Officer of; Dr. G. Blacker, Lond.; Dr. C. Browne, South Mimms; Mrs. C. Brereton, Lond.; Dr. H. B. Brackenbury, Lond.; Messrs. Butterworth and Co. (India), Calcutta; British Medical Association, Cambridge, Financial Sec. of.

C.—Sir James Cantlie, Lond.; Mr. G. Chubb, Lond.; Dr. E. P. Cumberbatch, Lond.; Dr. N. H. Choksy, Bombay; Prof. E. L. Collis, Cardiff; Dr. C. Chidell, Folkestone; Sir J. Crichton-Browne, Lond.

D.—Mr. A. Doran, Lond.; Dr. L. S. Dudgeon, Lond.; Dr. S. Davies, Lond.; Dr. J. Donald, Leicester; Mr. F. G. Davies, Worcester; Dr. J. H. Davies, Leicester; Capt. F. C. Doble, Lond.

E.—Dr. J. W. Edington, Seabrook; Dr. H. A. Ellis, Lond.

F.—Federation of British Industries, Lond.; Dr. J. G. Forbes, Lond.; Friends Emergency and War Victims' Relief Committee, Lond.

G.—Dr. S. R. Gloyne, Lond.; Dr. H. L. Gordon, Lond.; Dr. W. Gordon, Exeter; Dr. H. O. Gunewardene, Lond.; Mr. H. Gardiner, Lond.; Mr. P. Gosse, Lond.; Mr. G. E. Gask, Lond.; Lt.-Col. E. D. W. Greig, I.M.S., Kasauli; Capt. R. L. Gamlen, Stockport.

H.—Dr. R. Hallam, Sheffield; Dr. C. Homi, Lond.; Messrs. Adam Hilger, Ltd., Lond.; Dr. E. Hemsted, Newbury; Maj.-Gen. P. Behir; Mr. J. T. Henderson, Pietermaritzburg.

I.—Infants Hospital, Lond.

K.—Dr. T. R. Kenworthy, Shipley; King's College Hospital Medical School.

L.—Dr. T. L. Llewellyn, New-Communications relating to the editorial business should be addressed exclusively to the Editor of THE LANCET, 423, Strand, London, W.C.2.

castle; Dr. Lachmann, Bad Landeck.

M.—Mr. G. Mayall, Bolton; Lt.-Col. D. G. Marshall, I.M.S., Edinburgh; Metropolitan Life Insurance Co., New York; Ministry of Health, Lond.; Dr. W. C. Morton, Leeds; Prof. C. S. Myers, Porlock; Dr. I. Moore, Lond.; Prof. R. Morrison, Newcastle-on-Tyne; Dr. J. B. McDougall, Wakefield.

N.—National Hospital for the Paralysed and Epileptic, Lond., Sec. of; Messrs. Noyes Bros. and Cutler, St. Paul; North-East London Post-Graduate College, Dean of.

O.—Dr. W. A. Ogilvy, Birstall.

P.—Dr. L. J. Picton, Holmes Chapel; Mr. J. H. Parsons, Lond.; Dr. C. F. Pedley, Timperley; Dr. J. L. Pawan, Cedros, Trinidad.

R.—Royal Society, Lond.; Dr. J. D. Rolleston, Lond.; Research Defence Society, Lond.; Royal Society of Tropical Medicine and Hygiene, Lond., Hon. Sec. of; Dr. J. J. Redmond, Lond.; Sir Humphry Rolleston, Lond.

S.—Dr. S. Samuel, Leeds; Senex; Society for the Prevention of Venereal Disease, Lond., Hon. Sec. of; Mr. T. Skinner, Lond.

T.—Dr. L. T. Thorne, Lond.; Dr. G. L. Thornton, Exmouth; Miss E. M. Templeton, Lond.; Dr. J. L. Tayler, Lond.; Mr. H. Tod, Lond.; Dr. E. N. Tindal-Robertson, Lond.; Tuberculosis Society of Great Britain and Ireland, Lond.; Dr. C. E. Pronger, Harrogate.

U.—University of Allahabad, Registrar of.

V.—Virol, Ltd., Lond.

W.—Dr. J. D. Wynne, Norwich; Dr. N. Wood, Lond.; Dr. E. Watson-Williams, Clifton; Dr. C. Worster-Drought, Lond.; West London Post-Graduate College, Sec. of; Dr. J. H. Woodroffe, Lond.; West London Medico-Chirurgical Society; Dr. Vere Webb, Tring; Dr. F. P. Weber, Lond.; Prof. Whitehouse, Birmingham.

Y.—Dr. R. A. Young, Lond.

Notes, Short Comments, and Answers to Correspondents.

THE HYGIENE OF THE FEET AND PHYSICAL EFFICIENCY.

BY FREDK. JOHNSON, M.B. LOND., F.R.C.S. ENG.

Now that renewed attention is being bestowed on all matters that affect the physical fitness of the youth of the nation, it may not be amiss to call attention to the relation that subsists between sound feet and health. Modern civilisation requires the encasing of the foot in a leather covering. The foot has thus been rendered a delicate member, to a degree only to be appreciated after a study of the human foot among a primitive people who live and grow up unshod, or at the most use a light sandal.

Contrasts.

Let us take, then, for comparison two types of the human foot: (1) the foot of a desert-dwelling Arab; (2) the foot of an artisan of one of our large towns. A study even of the skeletal parts will reveal differences in the degree of development of individual bones, but it is in the living feet that the contrast is most marked. It has been my lot to spend nearly 20 years amongst the Arabs of Eastern Palestine and Mesopotamia. It has also fallen to my lot to see something of our recruits under training during the early years of the war.

It would be interesting to know the statistical returns of recruits who came under treatment for defects of the feet—such as hammer-toes, overlapping toes, flat-foot, ingrowing toe-nail, various forms of tender feet—and to estimate the loss of time which the cure of these defects entailed.¹ I may remark in passing that the Army and Navy pattern of boot seemed, in my judgment, all that could be desired. If, in addition, the statistics were to include those suffering from various degrees of trench foot, the measure of the evil will be still more apparent. It cannot be doubted that the tenderness of the foot of civilised man and its enfeebled vaso-motor mechanism, unable to adapt itself to low temperatures, predisposes that member to the various pathological conditions comprised in the term trench foot. A department of the Ministry of Health might with advantage pursue this inquiry and gather these statistics from the R.A.M.C. war records.

In considering the causes that have operated in producing the feeble, pallid, and delicate appearance of the foot of the average civilised man, it should be noted that whilst a mechanical cause—compression—accounts for a good deal, the exclusion of light and air have not been without influence. In the case of the bare-footed Arab type it is easy to understand the effect of the actual contact of the sole of the foot with the earth—the friction on the skin, the pressure upon the numerous small joints of the foot of the body weight, with distribution unimpeded by compressing footwear, and, lastly, the complete freedom of the circulation, both cutaneous and deep, the wholesome influence of light and air, and the unimpeded activity of the numerous sweat glands. I would emphasise the observation that, marked as is the difference in outward configuration of the two types of foot, the difference in physiological, especially circulatory, efficiency is still more marked. I have seen the bare-footed Arab in cold mountainous parts and have wondered at his comparative insusceptibility to cold feet.

The High Heel and the Pointed Toe.

When the boot is ill-fitting or ill-shaped the effects of compression are inevitably exaggerated. These effects are more commonly seen in the case of women, for reasons easily explained by reference to the lines of the modern woman's shoe. It should not be forgotten that the penalty of delicate feet is not confined to those long-suffering members alone, but secondary effects of an untoward kind follow inevitably. I allude to the unwillingness to take sufficient exercise and the impairment of general health as the result.

What puzzling thoughts must come to a professor of anthropology as he surveys the boots and shoes exposed for sale in a modern boot shop, especially the footwear of women and children. How is it that he sees the shoe of the young child with a perfect anatomical shape, a low heel, and

Dr. Vere G. Webb points out that Miss Millicent Vere Webb, the lady superintendent of the Dufferin Victoria Hospital, is also senior surgeon to the institution, and was recommended for the Kaisar-i-Hind medal principally for her surgical work.

¹ There are, of course, no statistics available for a corresponding number of women. If there were, the result would be still more eloquent, because the incidence of irregularities of the toes and feet is greater in women than men.

plenty of toe-space; and then as he turns to the footwear of elder girls and women he finds such a steady alteration in shape and style. Apart from simple growth there has been no change in the anatomy of the foot. Not until our imaginary professor turns to the region of female psychology does he get any explanation of the phenomenon. He will further discover that having reached an explanation he is still far from instituting an acceptable remedy to an aberration so pernicious in its results. The remedy of the evil, however, is not in his department, and for this he may be thankful.

Many of our ideas of physical culture and æsthetics owe their origin to the ancient Greeks; what these ancient pioneers of grace and beauty would say to much of modern footwear and its accompaniment—faulty gait—I must leave to the imagination. The prevalence of faulty gait is not sufficiently recognised in this busy age; however, it is widespread, and in its minor manifestations at least owes its origin to the foot and its coverings.

Another adverse influence to the well-being of the foot is worthy of mention in passing—the hard unyielding surface of our roads and pavements—an evil much increased since the rise of motor traffic. In making the above comparison between the foot of modern civilised man and the foot of the present-day Arab or ancient Greek, I am not unmindful of the important item of climate as a factor in the selection of suitable footwear. No doubt my residence in the East and my contact with Orientals have coloured my remarks. I have tried to emphasise the divergence between the two types of foot—that of the Arab and that of civilised man—and this divergence is barely appreciated by those who have not lived amongst a primitive people.

Some Suggestions.

I now pass to one or two suggestions which aim at raising the physiological tone of the feet. Firstly, I would remark that, in a matter of this kind, counsels of perfection are of little use, and conventional ideas must, to some extent, be respected. The most that can be advised is a corrective designed to counteract the effects of unfavourable causes. Something, too, can be effected on educational lines.

The first recommendation is the adoption in schools and camps—holiday camps for boys and girls, and military establishments—of a special bare-foot drill, as an integral part of the usual physical culture training. I know that the curriculum, both in our schools and in military camps, is already a full one. But if the evil of “delicate feet” is as great as I have indicated, it will be no waste of time if an hour, three days a week, winter and summer, be devoted to this special form of physical culture. The children of our elementary schools would not, I believe, require much persuading to follow the suggestion; objections, if they arise, would more likely come from the teachers. As to the ground on which the drill should take place, I would suggest two types likely to be serviceable: (1) an ordinary grass field; (2) a ground with a surface of fine cinder-ash, well rolled, and firmly set. This latter would cause friction and thereby promote the circulation of the skin of the sole. I would further suggest that medical inspectors of schools should include amongst their duties the inspection of the feet and footwear of children, and that the official forms supplied by the county educational committees should provide for this. The wearing of sandals without stockings should be encouraged, especially in young people, during the summer months.

Lastly, educational propaganda should be instituted. Colleges of physical culture are increasing both for men and women. Consider for the moment those for women, for perhaps it is amongst women that education on the subject is more needed. Young women leave these colleges after three years' study, well grounded in the essentials of anatomy and allied subjects which form the foundation of physical culture. These qualified teachers should be looked to as a means of educating the uninitiated in schools, and demonstrating to their pupils the mechanics of the normal human foot, with its arches and multiple small joints, and the part the arches and joints play in the functions of bearing the body-weight and of locomotion. The mechanical effect of the high heel, combined with the pointed, stiff and unyielding toe-cap, under the influence of the body-weight, should also be demonstrated. Surely, with a little enlightenment of this kind, the penalties of wearing the “fashionable shoe” would not be so lightly incurred as in the days of ignorance. The demonstrator should not omit to point out the effects upon a walker up and down hills of high heels and pointed toes. Something would be gained if the height of the heel could be reduced even to an inch.

Physical culture is recognised as a subject of national importance; upon the feet rests the whole superstructure of man's erect form. Might not some of the time now devoted to the culture of the superstructure be spared with advantage to the well-being of the lowly, hidden feet?

PUBLIC HEALTH IN NIGERIA, 1918.

A REPORT on the Blue-book for the year 1918, drawn up by the Acting Governor, Mr. A. G. Boyle, C.M.G., has just been presented to the Imperial Parliament. A considerable increase in the number of resident Europeans is noted. In the Northern Province it was estimated that there were 989 Europeans at the end of 1918, of whom about 495 were officials. In the Colony and Southern Provinces there were 2000 Europeans, about 1250 being officials. The native population of the Northern Provinces is estimated at 8,537,369 and of the Southern Provinces and Colony at 7,856,000, a total of about 16 millions. The average density in the Northern Provinces would therefore be about 33 to the square mile, and in the Southern Provinces and Colony about 98.

Influenza.

On the whole, the general health of the community in the Southern Provinces in 1918 compared unfavourably with previous years. The great pandemic of influenza reached Nigeria towards the end of September, raged during October, and declined rather abruptly in November. Imported into Lagos by sea from the Gold Coast, in spite of unremitting efforts on the part of the sanitary authorities, it was but a matter of time till the disease had spread all over the country. Calabar was the last to suffer owing to the infrequency of the shipping service between there and ports to windward, and the epidemic was at its height there when it had practically died out in Lagos. The epidemic did not present any features different from those observed in other parts of the world, unless it was in its severity. Gastro-intestinal types were noted, but in the great majority of the cases the brunt of the disease fell on the respiratory system. All the deaths among the Europeans were due to septic broncho-pneumonia. It is difficult to estimate either the incidence of the disease or the mortality except in Lagos, where there is a properly organised health department, and where registration is compulsory. In that centre a case-incidence of 50 per cent., with a mortality of 5 per cent., would probably be a low estimate. Among the poor and intensely ignorant both the incidence and mortality must have been very much higher. It is estimated, from the Register of Deaths and a comparison of the death-rate during the epidemic with the same periods in previous years, that 1.5 per cent. of the population of Lagos died of influenza.

Other Diseases.

Amongst the native population the most prevalent diseases, excluding influenza, were affections of the digestive and respiratory systems, infective diseases, and rheumatic and skin affections. Anæmia is responsible for a great deal of ill-health and invaliding. Gout among both Europeans and natives is fairly common. There were only 9506 cases of malaria in 1918, as compared with 11,804 in 1917. Two cases of yellow fever occurred, one European and one native; both were fatal. One case of trypanosomiasis was treated at Ibadan and one at Lagos; the Ibadan case was imported from the Northern Provinces, whilst the Lagos case was an old one which had been under treatment in England. There were 29 cases of blackwater fever in Europeans, with 4 deaths; the native had this disease and recovered. 2231 cases of chicken-pox, which is endemic and from time to time epidemic, were recorded, with 10 deaths—a high rate of mortality for this disease. There were 439 cases of small-pox, with 74 deaths, or a case-mortality of 168.0 per 1000. Nothing approaching a serious outbreak of the disease occurred. The incidence of small-pox is principally confined to the dry season. Dysentery is for the most part of the amoebic variety. Among Europeans the case-incidence was practically the same as in the previous year; 40 cases were recorded, but this gives a low estimate of the number who are carriers of the amoeba. Emetine and Alcrestia ipsecac. have given good results in the treatment. Amongst natives 920 cases were recorded with a mortality of 16.3 per cent., as against 1059 with a mortality of 11.2 per cent. in 1917.

A DEMONSTRATION OF ARTIFICIAL LIGHT LIMBS.

WE drew attention in an annotation published in our issue of June 12th to the interesting medical sections of the exhibits (Army, Naval, and Air Forces) now on view at the Imperial War Museum at the Crystal Palace. Amongst other things claiming special notice is the exhibit of light legs in the Army Medical and Red Cross Section of the Museum, shown under the auspices of that worthy institution, “The Disabled Society.” The object of this society is to ensure that the best type of artificial limb shall be brought within the reach of all ranks. It is pointed out that it was early evident that the heavy wooden limbs needing harness over the chest and shoulders made the task of the wounded man a heavy one, and it is now established that with a light clean limb simply attached with a pelvic band a man may regain practically all his previous activity, and not only earn his living in most occupations, but enjoy games and sport without undue fatigue. Lieutenant-General Edward Bethune expresses the hope that, pending the adoption by the authorities of a standard light limb, such appliances will be encouraged and find a place on the market. Meantime the society announces that any information in their possession is freely at the service of anyone requiring such information, and the evidence of actual wearers of these limbs is available. The activities of the Disabled Society are recorded from time to time in a publication known as “The Ex-Service Man.” The temporary address of the society is 123, Church-street, Chelsea, S.W.3. The organisation should arouse wide sympathy and substantial support.

WOMEN'S HOLIDAY FUND.

THE object of this fund, which began its work in 1895, is to help the London working woman to have a week or a fortnight's holiday by the sea or in the country. In spite of higher wages there are many who have to spend their weekly money on the bare necessities of life, and have no margin left for holidays. Help is needed specially for the woman dependent on her own exertions for her livelihood, and for the mothers of large families.

All applicants pay as much as they can towards their expenses, but the society has to meet about two-thirds of the total cost. Donations should be sent to the Secretary of the Women's Holiday Fund, 76, Denison House, 296, Vauxhall Bridge-road, S.W. 1.

EASTERN AND WESTERN MEDICINE.

AT the last meeting of the Madras Legislative Council heated discussion centred round a resolution which recommended the appointment of a committee for the investigation and encouragement of Ayurvedic and Unani systems of medicine now in vogue in the Presidency. In moving the resolution an Indian councillor said that the depreciation of the Ayurvedic system of medicine was quite unwarranted. The Ayurvedic system was just as scientific as the Western system of medicine. The medical aid provided by Government to taxpayers was totally inadequate. The speaker declared that, in his opinion, in cases of snake-bite and rabies the Western treatment failed, while the Eastern, to his knowledge, succeeded.

THE CHARACTERISTICS OF THE ULSTERMAN.

Sir John Byers has written an interesting and topical pamphlet with this title. The study of character and temperament is no less important to the doctor than it is to the statesman who at the present juncture may find help in the solution of difficult problems by a perusal of Sir John Byers's anecdotal study. As the author points out, in no part of the British empire have there been so many different races in various periods as in Ulster, while the province differs from the rest of Ireland in its physical aspects. Reticent and parsimonious in the use of words, unless he is sure of their effect, the Ulsterman, even in sickness, does not care to waste his breath. An instance is given of a hospital patient who never spoke for a fortnight save by pointing and nodding. When roused, however, the Ulsterman can speak with passion, quickness, and alertness, and is stern, dogged, and unyielding. His suspicion of compliments is indicated by the saying, "He's a dale too sweet to be wholesome." Industry, enterprise, and perseverance, with much "judition"—i.e., sound judgment—are also characteristics, in accordance with Sir John Byers's summary.

THE WELFARE OF THE PROFESSION AND THE COUNTRY.

To the Editor of THE LANCET.

SIR,—The recent resolution of the Insurance Commissioners to pay mileage from the doctor's residence rather than from the nearest doctor seems detrimental to both, since it may lead to an immense usage of transport material—motors, carriages, coachmen, chauffeurs, &c. All doctors are qualified and presumably equally able. The idea that an individual of the public may have that one doctor, however distant he may be, alone understands his case, is, except in very special instances, illusory; in fact, pure imagination. As to the immense amount, perhaps, to be used in extra transport, will it not be wasted? Would not the country be richer were such an amount saved? Can the country afford waste at the present time? The doctor during the long hours of the passive inactivity of transport in all weathers cannot expect to have a healthy time of it. I suppose it will mean shortening of his life, and his advice—well, I would rather have it from a healthily employed man. Legislative wisdom might perhaps travel on the lines of confining the people to the nearest doctor, like in rural districts the people often go the nearest place of worship, and treating them otherwise as having luxuries—taxable luxuries of mileage to pay. The doctors then might be fully employed, many more living in country parts than now, and mostly able to get through their work on their feet healthily.

I am, Sir, yours faithfully,

June 4th, 1920.

W. P. D.

"THE ROTTEN MEDICAL PROFESSION."

UNDER the above title we have received from a serious correspondent this letter for publication:—

The country is quite glutted with persons holding medical qualifications, yet competent doctors were never more difficult to find. Only about 10 per cent. of doctors are trained up to the point of being able to perform operations or set broken bones.

Third- and fourth-rate medical schools enrol students (for the sake of the fees) in numbers far in excess of the clinical material available for their training. These inefficient become club doctors, panel doctors, sixpenny doctors, and so forth. Much time and money is wasted before patients can find a doctor competent to deal with their case.

Stringent "State" regulations should ensure that every medical student obtain the opportunity of an efficient training up to being able to perform operations, no favoured students being allowed in the hospitals after the other students have been dismissed.

A single "State" qualification ought to replace the many useless diplomas at present in vogue, and the holder's possession of it should be unassailable and absolute. By virtue of being qualified alone, every medical person should automatically become a member of the staff of the hospital serving the district in which he or she is a permanent resident.

No medical panel should be allowed to be sold, and a triennial dissolution of all panels should be enforced to give new beginners a chance. The system enabling rings of doctors to keep the appointments amongst them ought to be abolished, one medical man one medical appointment only.

The writer, we feel sure, believes every word of what he has written, having taken what he would term his facts from gossip. He does not know the need for doctors, but repeats the old story of a glut. He does not know of the standardising work of the General Medical Council in education. He seems not to know that there are difficulties in the institution of a one-portal system which could only be removed by legislation. We recommend our correspondent to read the Interim Report of the Consultative Council on Medical and Allied Sciences, and to see what is there projected for giving the general practitioner opportunities for the best scientific work.

BOOKS, ETC., RECEIVED.

- ALLAN, PHILIP, AND Co., London.
A Concise Chronicle of Events of the Great War. By Captain R. P. P. Rowe. Pp. 344. 10s. 6d.
Toasts, Rakes, and Cits. By Sir Richard Steele, Joseph Addison, and others. (The Pilgrim's Books.) Pp. 256. 5s.
- BELL, G., AND SONS, London.
Intermediate Text-book of Chemistry. By A. Smith (Columbia University). Pp. 520. 8s. 6d.
- BUTTERWORTH AND Co., London, India, Australia, and Canada.
Syphilis in General Practice, with Special Reference to the Tropics. By K. K. Chatterji, F.R.C.S.I. With Introduction by W. D. Sutherland, I.M.S. Pp. 382. Rs.15.
- GREEN, W., AND SONS, Edinburgh.
Rheumatism and Arthritis. By Prof. R. Stockman, M.D. Pp. 132. 15s.
- GRIFFIN, CHARLES, AND Co., London.
Introduction to Midwifery. By A. Donald, M.D. 8th ed., revised. Pp. 192. 6s.
- HEINEMANN, WILLIAM, London.
The Mental Hygiene of Childhood. By W. A. White. Pp. 194. 6s.
"LA MEDECINE," 21, Boulevard St. Germain, Paris.
Condensed Milk. By Dr. P. Lassablière. Pp. 84.
- LIBRAIRE FELIX ALCAN, Paris.
Traumatismes Cranio-Cérébraux. Par Prof. H. Duret. Pp. 1502. Fr.75.
- LIVINGSTONE, E. AND S., Edinburgh.
Handbook of Diseases of the Nose, Throat, and Ear for Students and Practitioners. By W. S. Syme, M.D. Pp. 329. 9s.
- LONGMANS, GREEN, AND Co., London.
Anatomy, Descriptive and Applied. By Henry Gray, F.R.S. 21st ed. Edited by Prof. R. Howden, M.B., D.Sc. Notes on Applied Anatomy, revised by Dr. A. J. Jex-Blake and J. Clay, F.R.C.S. Pp. 1366. 42s.
- MASSON ET CIE, Paris.
L'Infection Bacillaire et la Tuberculose chez l'Homme et chez les Animaux. Par A. Calmette, Sous-Directeur de l'Institut Pasteur de Paris. Pp. 620. Fr.55.
- METHUEN AND Co., London.
The Mammary Apparatus of the Mammalia in the Light of Ontogenesis and Phylogenesis. By Prof. E. Bresslau, M.D. With Note by Prof. J. P. Hill, D.Sc. Pp. 145. 7s. 6d.
- MILFORD, HUMPHREY, London.
Dodi Ne-Nechdi (Uncle and Nephew). The work of Berachya Hanakdan. Now edited from MSS. at Munich and Oxford, with an English translation, introduction, &c., to which is added the first English translation from the Latin of Adelard of Bath's *Questiones Naturales*. By Prof. Hermann Gollancz, M.A., D. Litt. Pp. 161. Hebrew text 60. 21s.
- PEARSON, C. A., London.
Diary of a Police Surgeon. By Graham Grant, Lieutenant-Colonel, R.A.M.C.T. Pp. 188. 3s. 6d.
- ROUTLEDGE, GEORGE, AND SONS, London.
The Social Diseases: Tuberculosis, Syphilis, Alcoholism, Sterility. By Dr. J. Héricourt. Translated, and with a final Chapter, entitled the Social Maladies in England, by Bernard Miall. Pp. 246. 7s. 6d.
- SCIENTIFIC PRESS, London.
The Conquest of Venereal Diseases. By Charles Russ, M.B. Pp. 16. 1s.
- THACKER, SPINK, AND Co., Calcutta and London.
Clinical Methods for Students in Tropical Medicine. By Lieut.-Col. G. T. Birdwood, I.M.S., and others. 3rd ed. Pp. 378. Rs.7.8.
- THIEME, GEORG, Leipzig.
Diätetik der Magenund Darmkrankheiten. Von Prof. Dr. I. Boas. Pp. 216.
- UNIVERSITY OF LONDON PRESS, London.
Animal Experiments and Surgery. By W. G. Spencer, M.S. Pp. 179. 6s.
- VOGEL, F. C., Leipzig.
Lehrbuch der Chirurgie. Von Prof. Dr. Carl Garré und Prof. Dr. A. Borchard. Pp. 695. M.38.
- WRIGHT, J., AND SONS, Bristol. (SIMPKIN, MARSHALL, London.)
The Medical Annual, 1920. Pp. 498. 15s.