

Part IV, treating of "the normal lying-in period and its management" is excellent.

Parts V and VI deal with "irregular pregnancy" and "irregular labor." It is better that the student or the midwife should know what cases are outside their province, requiring the help of a medical man and when to send for him, instead of drifting the patient into danger, through his or her ignorance. We are very glad to observe that the author always shows the sphere of action of the midwife and makes them feel at each step "thus far shalt thou go and no further." They always try to outstrip their province by taking upon themselves functions which really belong to a medical man.

Part VII deals with "irregularities during lying-in period." The book is illustrated with 73 diagrams of which 28 are original and the remainder taken from Schultze, Braun, Sappey, Crede and Leopold, Macalister, Tyler-Smith, Winckel and Philips.

There are, as far as we have been able to see, only two typographical errors, (*vide* pp. 21 and 87).

The impression, we have after reading the book through, is that it is an excellent little manual. We have often felt the want of such a book. We would strongly recommend that this book be adopted as a text-book for midwives, in such institutions where this useful class of persons are trained up.

HEART STUDIES, CHIEFLY CLINICAL. I—THE PULSE SENSATIONS: A STUDY IN TACTILE SPHYGMOLOGY. BY W. EWART, M.D., F.R.C.P. (LONDON): Baillière, Tindall, and Cox, 1894.

THIS is a handsome volume of 480 pages, with nearly 200 illustrations, including a portrait of Henri Fouquet, who is designated the father of modern tactile sphygmology. The author contends that too much attention has been paid in modern times to the study of the sphygmograph, and that the results obtained by the instrumental method have been meagre and disappointing. The preface and introduction form a piece of special pleading for the digital method of pulse palpation, and "the original idea and ultimate object" of this volume are intended "to widen the clinical scope of pulse observations by rendering the tactile pulse available for the more accurate study of disease."

The book is divided into seven parts. In the first part, the writer treats of arteries, their walls, channels, tension and blood-pressure. He adduces objections to Sir W. Broadbent's theory of the tactile pulse, and to Ceradini's belief in the systolic elongation of the aorta.

In Part II the anatomy of the radial artery, its relations to the pressure of the finger, and the action of the latter as an organ of touch are discussed at unnecessary length. In feeling the pulse the use of one finger is recommended: "Being more detached, the thumb gets at the pulse better than any other finger, and lends itself to more extensive manipulations. It can be made to feel with its entire length, whether on the flat or along its border; and it can bear pressure with its extremity, or with the flat of the pulp, or with any parts of its palmar surface in succession. For a general estimate of the conditions of the pulse, of the pulse wave, and of the artery at one time, it is not surpassed; but it fails in the work of fine analysis."

"The reasons which make us prefer the length of one finger to the tips of several are yet more strongly in favour of the use of a single finger tip. If only there is sufficient tactile power in the end of one finger, the unity of sensation thus gained is a primary and all-important advantage for tactile analysis."

With reference to the tactile events of the pulse, we are reminded that: "The pause exists in our sensations rather than in the pulse itself. The pulse is practically never at rest. The length of the so-called pause is really the measure of our own lapse of attention or of the inadequacy of our observations. There is no real pause in normal pulses, since one pulse-wave does not terminate till the ensuing one is about to begin."

Nearly a hundred pages are devoted in Part III to describing, with infinite detail, the tactile analysis of the pulse as felt by one, two, three or four fingers separately or in contact. It is copiously illustrated by diagrams, many of which are superfluous, and some of which appear a second time elsewhere in the book. The author differentiates the tactile events of the pulse into five phases, *viz.*—the onset and rise of the wave, the ictus, the subsidence and the dirotic event. His imagination leads him to word-paint the ictus in the following passage: "Its onset is so sudden, it works up so quickly to an acme, after which it so instantly vanishes, that the old name *micatio* or fulguration is strictly appropriate. We are reminded of the explosion of a rocket which fills the air for a brief period and is gone; something so real while it lasted, which is no less startling in its disappearance; we are left in suspense and, as it were, in touch with nothing. The word ictus or blow conveys some of this meaning."

Part IV consists of a study of the shape, volume, and velocity of the pulse as revealed by the aid of instruments such as the sphygmograph, plethysmograph, and the tachograph. In it are recapitulated and discussed the experiments and views of Von Kries, Von Frey, Roy, Adami, Landois, Grashey, Fick, and many other eminent physiologists.

The author in Part V resumes the "tactile studies" described in Part III, with the added knowledge gained by the aid of instruments as set forth in Part IV. The ictus he regards "as a sharp and fugitive pressure raised by two positive waves, meeting from opposite quarters in the body of the long systolic-wave." He suspects "that the systolic-wave is reinforced by another wave of rebound descending with it towards the hand. The high-pressure set up in the artery by the three waves as they meet would, according to this view, constitute the ictus. The ictus, in this sense, might be called a percussion event—a collision."

Elsewhere we are informed that there are four component factors in the mechanism of the ictus, *viz.*—1, the pulse-wave or systolic heart-wave; 2, the descending wave of rebound; 3, the ascending wave of rebound; 4, the wave of the ictus, which is centripetal like the third. "In a general way it may be stated that the ictus is produced by the ascending wave of rebound."

The chapters on the anastomotic pulse are based on too few observations, and his remarks on microtism are largely speculative.

Part VI treats of the work of Henri Fouquet, who flourished in the latter half of last century. This might have been omitted, and a short summary inserted in that part of the introduction where reference is made to him.

The seventh and last part consists of an epitome of the rest of the book; but no attempt is made to apply the results obtained to the clinical study of the pulse in disease. This has probably been reserved for a future volume.

Correspondence.

A SUGGESTION.

TO THE EDITOR, "INDIAN MEDICAL GAZETTE."

DEAR SIR,—Will you spare me a small space in your paper for the following suggestion:—I would work it out myself but have not the skill or time to do so, so hope one of your many readers will take it up. We all know that a disease originating in man and transmitted through an animal and the serum from the animal inoculated into man modifies the same disease, as diphtheria and antitoxin. The suggestion I wish to make is: Tertiary syphilis is non-contagious and, I believe, it has the same relation as passing a disease through an animal and inoculating man with the serum of the animal to modify or protect against the same disease, the difference being that the animal through which the disease, syphilis, is passed is man himself, and it may be that serum, blood or some other fluid taken from a patient with tertiary syphilis and inoculated into a man may, first, protect him from syphilis or, if he has primary or secondary syphilis, modify the same.

E. JENNINGS, SURGEON-CAPT., I.M.S.,

Civil Surgeon, Rangpur.

RANGPUR, 21st February 1895.

Appointments, Leave, &c.

CAMERON, Brigade-Surgn.-Lieut.-Col. A., Civil Surgn., on return from leave, to the Benares district.

DOBSON, Surgn.-Major E. F. H., M.B., Civil Surgn., is posted to the Goalpara district with effect from the date of his return from leave.

ANDERSON, Surgn.-Major J., Civil Surgn., Bareilly, to hold visiting medical charge of the Pilibhit district, in addition to his own duties, during the absence on leave of Surgn.-Major F. C. Chatterjee, or until further orders.

EMERSON, Surgn.-Major G. A., Civil Surgn., on return from leave, to the Fatehpur district.

HENDERSON, Surgn.-Capt. S. H., Supernumerary Civil Surgn., Fatehpur, on relief by Surgn.-Major G. A. Emerson, to be attached for duty to the Central Prison, Bareilly, as a temporary measure.

CHAYTOR-WHITE, Surgn.-Capt. J., Supernumerary Civil Surgn., Mirzapur, on relief by Surgn.-Major P. J. Freyer, is attached to the Allahabad district as a temporary measure.

BUIST-SPARKS, Surgn.-Capt. A. W. T., is appointed to act as Civil Surgn. of Jalpaiguri, during the absence, on privilege leave, of Dr. J. L. Hendley, or until further orders.

MARTIN, Surgn.-Lieut.-Col. D. N., returned from the privilege leave granted him by Order No. 7564, dated the 26th