BOOK REVIEWS

condoms is discussed, as is the effect of various reagents in causing cracks or making the rubber inefficient.

The author's conclusion after deep thought is that the "2% irreducible minimum of failures" reported by contraceptive clinics is capable of still further reduction from the chemical standpoint: but that "the lazy, the careless, the ignorant and the obstinate will be with us to the end."

An admirable Bibliography, 2 Appendices and an Index conclude the book, which must be found of practical importance by many workers in Venereal Diseases. To so many of our patients, for a time at least, the birth of a child is undesirable: and yet too long continued abstinence after the acute infective period is over tends simply to an exacerbation of social and physical problems.

Our thanks and praise are due to Dr. Voge for his careful scientific and impersonal discussion of a subject which is even yet repugnant to many doctors.

M. R.

ANNUAL REPORT FOR 1932 OF THE CITY AND ROYAL BURGH OF EDINBURGH VENEREAL DISEASES SCHEME. DR. DAVID LEE, D.S.O., Clinical Medical Officer, with a foreword by Dr. John Guy, Medical Officer of Health.

The annual report on the Edinburgh Venereal Diseases Scheme is always an important and valuable contribution to medical and sociological literature, and that describing the work done in 1932 is no exception.

The salient features are (1) a reduction in the number of new cases of syphilis, (2) a decrease in the number of children under one year of age who suffer from inherited syphilis, (3) an increase in the number of attendances per individual, and (4) a reduction in the defaulter rate. All these are very gratifying, but, as Dr. Lees points out, "Further progress could undoubtedly be made in controlling venereal disease if the Public Health Authority were given a measure of greater administrative control over infected patients." This, no doubt, refers to the question of compulsory notification of certain cases of venereal disease, so that the defaulter could be dealt with even more adequately. Whether the pledge of secrecy under which patients now resort to Venereal Disease Clinics is a potent factor in inducing early attendance and whether there would be an increase of those who would not attend a clinic or even obtain any medical treatment at all, if compulsory notification, even of failure to continue treatment only, were introduced, is a highly debatable point, but Dr. Lees with his long experience evidently thinks it is worth a trial.

An important feature of the Edinburgh Scheme is that Dr. Lees is the clinical medical officer, not of one clinic only, but of the whole of the Scheme, and that his department is an integral and important section of the work of the General Public Health Services of the city. He reports not only on the centre at the Royal Infirmary, but also on (1) Subsidiary centres for the Royal Infirmary, (2) The Hospital for Women and Children and Subsidiary Centres, (3) The Royal Maternity Hospital, and (4) the Seamen's Dispensary, Leith. He also utilises, in connection with the Scheme, the services of the consultants in the
Western and the Northern General Hospitals and co-operates with the Children's Department of the Western General Hospital (as a result of which, cases of latent venereal disease were discovered and placed under treatment) and with the city's Child Welfare Department, the Maternity Hospitals and the School Medical Service.

One of the most interesting sections of the report relates to the method of following-up defaulters who have now been reduced to 21.7 per cent. Considering the fact that Edinburgh is a port, this is by no means unsatisfactory. Letters, appropriately worded, are sent to the defaulters, and in the case of women and children a nurse visits their homes. Altogether, 2,754 home visits were paid, and as a result 90 per cent. of the women and children who had discontinued their attendances returned for treatment. It is not considered advisable to send anyone to visit the homes of adult male patients.

Altogether, 4,800 new patients were examined and a further 4,319 who had not completed their treatment on January 1st, 1932, continued to attend, making a total of 9,119 cases dealt with during the year. These figures cover all cases from the city, and in addition those from the Lothians and other areas which are participating in the V.D. Scheme. An analysis of the new patients gives the following figures for the various diseases: Syphilis 930, gonorrhoea 1,397, chancroid 105, non-specific venereal infection 622. Diseases of the genital organs and other tissues were found in 1,746 patients, but no evidence of venereal infection was found in these cases after subjecting them to careful clinical examination and bacteriological tests.

The proportion of gonorrhoea to syphilis, namely, 1.5 to 1, is low, and, as Dr. Lees points out, it is probable that a considerable number of cases of gonorrhoeal infection are either untreated or are being dealt with by private practitioners. The heading "non-specific venereal infection" is unusual in reports of venereal disease clinics.

The total attendances numbered 145,787, of which the somewhat high proportion of 42,757 were made by women and children. They include, however, 3,178 at the Royal Maternity Hospital.

The Edinburgh Scheme is always remarkable by reason of the large amount of in-patient treatment provided. During 1932, 878 patients were admitted to hospital, including 159 to the Royal Maternity Hospital. From the Royal Infirmary Clinic and its subsidiaries, the number of patients for whom admission to hospital was necessary was 515. The number of patient days might be included in future reports so that the reader may know the average duration of in-patient treatment. It would also be useful if information were given concerning the cost of the Scheme, separating it into out-patient and in-patient costs.

The Royal Infirmary Clinic is evidently very busy. The daily attendance averages 270 for adult males and 80 for women and children.

Much good work is done under this Scheme in discovering and treating cases of inherited syphilis. 16.8 per cent. of the syphilis cases treated at the Royal Infirmary were suffering from the inherited form—a very much higher proportion than is usually found at venereal disease clinics. Good work is done in the treatment of pregnant women, presumably at the Maternity Hospital, many of whom had no knowledge that they suffered from venereal disease.
BOOK REVIEWS

In only 8 out of 30 cases of ophthalmia neonatorum notified in Edinburgh was the condition proved to be bacteriologically a true ophthalmia. The importance of early hospital treatment of even suspected cases of ophthalmia neonatorum is emphasised. There were 39 cases of gonococcal vulvo-vaginitis in girls under fourteen years of age. Arrangements have been made for all children admitted to hospitals under the control of the Corporation to be examined for this condition.

The number of specimens examined in the laboratory was 55,427. With regard to treatment, experiments have been made with various forms of protein shock to try to replace malaria treatment of cases of nerve syphilis by a safer method, but none has given as good results as are obtained by the inoculation of malaria blood.

Reference is made to the difficulty in finding accommodation for servant girls and others who are out of employment as a result of their infection, and it is recommended that hostel accommodation be provided.

A constant difficulty in successful clinics is that the accommodation provided soon becomes inadequate. This has evidently happened in Edinburgh also, as reference is made to the poor ventilation of the premises. Unsatisfactory premises react on both staff and patients, and though it is by no means easy to provide additional accommodation, the effort is well worth while.

The report includes a series of tables and graphs, and the Corporation of Edinburgh and the officers concerned may be congratulated on a busy year of valuable work.

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The author states that this book is intended as a source of handy reference to dermatologists, practitioners and students. It is divided into three parts, the first consisting of a general discussion on treatment, with special reference to the use of X-rays, radium, ultra-violet rays, and other types of physical and electrical therapy; in the second, the treatment of a number of common and some rare diseases is described; and finally there is a short section containing a large number of prescriptions. There are twenty-four illustrations, or rather pairs of illustrations, in most cases to show the patient before and after treatment. In some of these Dr. Sibley appears to display an optimism that probably few would be able to share.

The same optimism is exhibited in the text. Speaking of syphilis the author says, "until the introduction of the hyperæmic treatment these cases were extremely troublesome"—but the suction cup seems to have solved all difficulties. Again, "the cases that should be treated by radiant heat," he says, "are acne, dermatitis, eczema, especially chronic eczema, erythema induratum, and nodosum, furunculosis, ichtyosis, morphea, oedema, psoriasis, Raynaud's disease, scabies, scleroderma, seborrhœa, syphilis, and chronic ulceration." Other equally astonishing claims are made for this and that treatment at short intervals throughout the book.