REVIEWS OF BOOKS

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It is stated in the preface to the book that its purpose is "to supply people with sufficient information to enable them to protect themselves against venereal disease". The author, writing under the nom de plume of "Dr. John Drew", has supplied this information, and the book is more comprehensive than are many similar publications. There is a detailed account of the anatomy of the reproductive organs and there are excellent chapters on sexual intercourse and on procreation. The use of anatomical terminology is welcome and is made intelligible to the non-medical reader by means of clear explanations and diagrams. About one-half of the book is devoted to venereal diseases, the descriptions of which are full and clear.

The author, to some extent, disarms criticism by stating in the preface that "no claim is made for scientific accuracy in the information that is given"; but it is unfortunate that he should give figures which are meaningless or may mislead. As an example of the former may be quoted the dictum: "Six to 40 per cent of the inmates of the wards of our general hospitals are there because of syphilis and from 2 to 20 per cent of apparently healthy men and women are infected." The author refers to the findings of the Royal Commission of 1913-1916, and then says: "Over half of the total blindness among children is the result of venereal disease of the parents, and more then one-quarter of the complete deafness that is present from birth is the result of parental syphilis. Since the findings of that Commission both syphilis and gonorrhoea have much increased in incidence amongst our population. The conclusion which a reader would draw legitimately is that blindness and deafness in children have increased, whereas with regard to blindness there has been steady and of late years rapid improvement; for example, during the 4 years 1940-1943 only 7 children became blind and 31 suffered impairment of vision as the result of ophthalmia neonatorum.

The writer pleads for fuller use of venereal diseases centres for prophylactic work and advocates notification and segregation of cases of syphilis and gonorrhoea until they are non-infectious.

This little book will be found to be of value, particularly to those who want information in some detail so that they can instruct the adolescents in their charge; it can be commended to parents and teachers.

M. M. S.

CORRESPONDENCE

CATALOGUE OF MEDICAL FILMS

Sir,—A catalogue of all the medical films in Great Britain is now being prepared by the Royal Society of Medicine in cooperation with the Scientific Film Association. It would be appreciated if any persons holding films of medical or para-medical interest, who have not already been asked for details, would communicate with the Film Cataloguer, Royal Society of Medicine, 1 Wimpole Street, London, W.1. By so doing they would not commit themselves or their films, but would enable the catalogue to be complete.

GORDON GORDON-TAYLOR,
Surgeon Rear-Admiral,
President,
Royal Society of Medicine

ARTHUR ELTON,
President,
Scientific Film Association

Medicated tampons in persistent gonococcal infection

An abstract is given in Bruxelles-Médical for 26th July 1945 of a paper by Rouqué, in which he quotes Degos and Garnier’s report on 24 patients, 12 of whom continued, after oral medication with 440 grammes in all (on the average) of sulphapyridine or of sulphathiazole, to harbour the gonococcus in the vaginal secretion. In such sulphonamide-resistant cases Rabut’s technique gives good results. This consists in the insertion each day of a tampon impregnated with an antigonococcal serum provided by the Pasteur Institute. In general a seven-day treatment is sufficient and a further course of sulphonamide is rendered unnecessary.—La Presse médicale de Paris, 14th July 1945.

Negative cerebrospinal fluid reactions in dementia paralytica

In spite of the consensus of medical opinion and experience as to consistently positive reactions in Wassermann tests of the cerebrospinal fluid of patients with dementia paralytica, H. Krakauer, of the Clarinda State Hospital, Iowa, reports negative findings in 7 cases under treatment at that hospital between 1939 and 1943; 5 were males and 2 females. In Case 1 the blood Wassermann reaction became positive again 3 years after improvement had taken place as the result of malaria therapy, although the colloidal gold had become normal. In Case 2 the blood serological tests showed positive Kolmer, Kahn and Kline reactions and a colloidal mastic curve

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