

Book Reviews, Case Reports and Abstracts

MURRAY RAPHAEL—*Editor*

On the assumption that interest in the man inspires curiosity as to his work, no matter in what field it may be, the Journal publishes, herewith, a review of "BLACK FEATHER", a novel by Dalhousie's own Dr. H. B. Atlee, Professor of Obstetrics and Gynecology, surgeon, political analyst, novelist and humorist extraordinary.—Ed.

Black Feather; Bengt Atlee, Scribners, New York, 1939, pp. 345, \$3.00.

A fascinating action story of international intrigue guaranteed to arouse the reader's emotions. Swiftmess of action, suspense, Eastern mysticism have all been blended in this novel so as to keep the reader interested throughout. Anyone who has read the author's short stories in MacLean's, realizes that Dr. Atlee is at his best in those stories which involves the solution of a mystery in the face of seemingly insurmountable obstacles.

Reminiscent of the characters that John Buchan creates in his mystery stories is Gerald Burke, hero of **Black Feather**. Burke, a Nova Scotian from the Tantramar Marshes, is commissioned by the British Foreign Office to stop a munitions ring from plunging Europe into war. His task takes him to the Near East. Throughout his travels on the Mediterranean and in scenic Greece he is followed by danger and mystery. Medieval torture in the Balkan hills and a subterranean death trap are among the trials that beset him. Characters such as Abdulla el Zoghri, Burke's Arab servant companion, and Demitri Gambos and his two satellites are well portrayed.

Dr. Atlee is familiar with the locale of which he writes. During the World War he was stationed in the Near East. This past summer he revisited that portion of the world.

It is gratifying to realize that a medical man can occasionally divorce himself so completely from his professional duties as to write such a book. For those members of the profession who would like the opportunity to forget medicine for a spell, **Black Feather** is enthusiastically recommended.

H. A. CHISHOLM, '41.

Surgery of The Hand; John Harold Couch, University of Toronto Press, Toronto, 1939, pp. 147, \$1.50.

Dr. Couch's book may be classified as a "manual of everyday problems" of injuries and infections of the hand. It is not an exhaustive treatment of the subject, but rather a straightforward presentation of the practical clinical aspects of surgery of the hand.

This reviewer is especially enthusiastic about the chapter in which levels of amputation are discussed in terms of social use. For anyone practicing in mining districts or any region, for that matter, where industrial hazards are frequent, this is of inestimable value. Some of the other subjects discussed are: general principles of treating infection, principles of tendon suture, and anaesthetics for operations on hands. Worthy of praise, are the extremely vivid self-explanatory full page diagrams.

MOE ULBERG, B.Sc., '41.

Athletic Injuries; Augustus Thorndike, Jr., M. D., Lea & Febiger, Philadelphia, 1938, pp. 198, \$3.00.

This short work is an analysis of injuries at Harvard College, covering a period of five years. Only those injuries which were severe enough to require an athlete to miss one or more sessions of practice or a game were recorded. During the period 1932-1937, 6618 athletes participated in organized sports at Harvard, with a total of 2873 injuries.

The book has been arranged in three sections: the first, dealing with the prevention of injury and the factors incident to this, the second, the types of injuries received in sport and their pathological nature, and the third, a reference section designed to include the more common injuries occurring in various parts of the body, with a very brief summary of their diagnosis and treatment.

Dr. Thorndike's comprehensive charts and tables, showing the ratio of injuries to exposures, reveal interesting and significant statistics. (An exposure is taken to mean one afternoon period of practice or play for each man in each sport.) The highest or greatest injury expectancy is seen in the fall sports such as Football, Soccer and Cross-country running. The former two incur ten times more injuries than the latter. It may appear paradoxical to read that the two sports having the lowest injury expectancy are those two arts of many defence, Wrestling and Boxing. In these tables are included such sports as Baseball, Lacrosse, Rugby, Hockey and Crew.

The author points out that these figures can not be explained by the differences in supervision (Football is the most highly supervised sport) but rather must be attributed to the type of game played. He suggests that possibly the high injury incidence in Football could be diminished if less equipment were worn, since this equipment tends to contribute to injuries sustained by the opposing team.

The incidence of sprains, strains, contusions, fractures, dislocations and infections of participants in sports is cited clearly and concisely. A drawing of a skeleton depicts the fact that the metacarpals and phalanges are fractured more often than any other part of the bony system, comprising actually 36% of all fractures. Likewise, the shoulder suffers more dislocations than any other joint in the body, being the seat of 45% of all dislocations.

Restrictive bandaging and restrictive harnesses are discussed with their advantageous use in strenuous sports after the injury has apparently healed. The fact emphasized is that a torn ligament, a contused muscle or a dislocated joint is a favorable site for future trouble unless protected and aided by these restrictive measures during play. "A healed torn ligament is never as good as new."

From his experience in the field of sport, the writer prefers the application of cold for the control of hemorrhage in the immediate treatment of injuries such as sprains, strains and contusions. The application of heat to the injured part is only used toward the end of treatment. However, he believes it can be applied, with advantage, early in areas of absorption *away from any source of effusion or hemorrhage*.

Athletic Injuries is not a book for details of diagnosis and treatment. It is really a guide for the medical student who participates in sport, or for the student who may anticipate future service as an athletic club doctor or in some similar capacity.

SIDNEY PAUKER, B.Sc., '41.

Fever & Psychoses, Gladys C. Terry, Paul B. Hoefer Inc., New York, 1939, pp. 167, \$3.00.

A thoroughgoing review of the literature dealing with the effects of fever on psychosis and epilepsy. It is a work based on the premise that opinions of workers in the field of fever therapy, though based on still inadequate data, must play an important part "in directing research activities and bedside practice." Mrs. Terry is equipped for the task she has undertaken in that she brings to the problem in hand experience gained as a Research Assistant in Psychiatry at the Henry Phipps Clinic of Johns Hopkins University and as Research Associate in Neurology at Columbia University's Neurological Institute. That the amount of work involved in compiling material for presentation in this book must have been staggering becomes evident when one realizes that the literature on the subject covers a period of 150 years.

Before the time of experimental work on fever therapy, there were, it is to be remembered, epidemics of infectious fevers, and psychiatric institutions were no less immune to these epidemics than other institutions. How these infectious fevers affected psychiatric patients were reported at the time. Mrs. Terry has reviewed these reports, setting down the conclusions reached.

Not content to rely solely on the existing printed material, she sent questionnaires to psychiatrists the world over and reported their answers.

The objection might be raised that the work lacks continuity. In a book of this nature, the objection is unjustified in that it is not an exposition of one person's views but rather a collection of the observations and opinions of a vast number of people.

MURRAY RAPHAEL, B.Sc., '41.