

for the control of leprosy by a sufficiently effective form of segregation. The funeral service pronounced by the priest over the leper, who was considered to be dead to the community, is an example of the methods used to this end." Can we not visualize the horror of it to the unfortunate sufferer, and to those to whom he was dear, and how they would for as long as possible conceal the fact of the disease, whereas we know that both for the sufferer himself and for the protection of the public safety lies in his being treated at the earliest possible moment."

The compulsory notification of leprosy has not proved successful where it has been attempted, but, on the other hand, where preventive work is organised and definite cases of leprosy are followed up and contacts in the family, and among the neighbours are examined (voluntarily) for signs of the disease, much preventive work is accomplished.

"It may take months and many visits to the village before all the cases are discovered, but the facts that treatment is given and that the doctor and his helpers are kind and courteous and obviously out to help the patients, prevent or overcome the desire to conceal. Thus a leprosy survey of the village is gradually completed and the results are entered on the village cards."

"Happiness and good spirits have," we are told, "a most beneficial effect in leprosy. The mind should always be kept fully occupied and the patient kept from brooding on his own condition. *The will to get better* is an important factor, without which even the best treatment may fail."

Dealing with the question of prevention, the author insists that children should be separated from infectious parents at birth. "There is a general consensus of opinion that children are more susceptible than adults, and especially that children infected during the first few years of life are particularly liable to develop leprosy in its more serious cutaneous types. Healthy adults are likely to escape or to suffer from the milder neural type. In adults, however, severe or prolonged debility frequently changes a mild or latent infection into a virulent and rapidly progressive form."

"A child should never be allowed to enter the room occupied by an infectious patient, or in any way to come into close contact either with such a patient or with any furniture, clothes or other appliances which may in any way have been contaminated by such a patient. Too much emphasis cannot be laid on these rules, for the whole problem centres round child infection. The disease may not show itself till puberty or early adult life; but it is chiefly those who have been infected in early life that later furnish infectious cases and hand on the disease to the next generation."

Training in leprosy work is all essential, and as children must be separated from their parents it follows that provision must be made for their care. Could there be a more satisfying life for an altruistic nurse, with vision, than the supervision of a home for these little children? Both the care of the children and the knowledge that she was helping to stamp out one of the most terrible diseases should bring happiness to her as well as to those for whom she cares.

This book has been rewritten and now contains 192 pages and 86 illustrations. The book is issued primarily for the use of doctors in India who wish to be put in touch with practical means of dealing with leprosy from both the therapeutic and public health points of view. It is hoped that it will also prove useful in the British Colonies and in other countries where leprosy is endemic. Much of the teaching found in standard text-books has been omitted in order to make it possible to condense within a few pages knowledge that is absolutely essential for understanding the nature of the disease and the lines along which it may be dealt with successfully.

We warmly commend this book to our readers.

M. B.

## A HANDBOOK OF MIDWIFERY.

"The Handbook of Midwifery," by Sir Comyns Berkeley, M.A., M.C., M.D. Cantab, F.R.C.P. London, F.R.C.S., England, F.C.O.G., Consulting Obstetric and Gynaecological Surgeon to the Middlesex Hospital, first published in May, 1906, attained its tenth edition in October last.

The Chairman in his preface states that in this edition of the Handbook the subject has been brought up to date, a large part of the text has been re-written, a certain amount of material which might have been considered superfluous has been eliminated so far as possible, repetition has been avoided; and the new edition, which contains a number of new illustrations, has 81 in all.

The editor expresses his thanks to Miss E. Sparkes, of the Royal Maternity Hospital, Belfast, for many valuable suggestions. Her great experience as a practical midwife and teacher of pupil midwives for many years, as an examiner for the Teachers' Diploma of the Central Midwives Board, has, he says, been of great assistance to him, especially on the practical side of the management of the mother and child.

He also expresses his thanks to Miss Liddiard for reading the proof sheets on "The Premature Baby and Artificial Feeding." The latter does not pretend to be complete, and a full account will be found in Miss Liddiard's well-known work, "The Mothercraft Manual," and to Dr. H. A. Bulman, the Assistant Medical Officer of Health for St. Marylebone, for checking the section on the Principles of Domestic and Personal Hygiene.

The book deals both with the Physiology and Pathology of Pregnancy and the Physiology and Pathology of Labour and Puerperium, clinical details and management. The Puerperium is described as that period during which the general organs are returning to their normal condition, and this is generally six weeks. Involution, we are told signifies the processes by which the uterus decreases in weight from two pounds to somewhat over two ounces, and its cavity in length from seven inches to three inches, and also by which a new endometrium is formed from the remnant of the decidua.

The reduction in size is due to *autolysis*, a process of self-digestion in which the protein constituent of the muscle becomes soluble and is absorbed into the blood. In addition some of the blood vessels are obliterated and new ones formed. It will readily be realised how important it is that until the uterus has returned to its normal condition the mother must consider herself in the convalescent stage, and although light exercise may with advantage be undertaken after a time, she should refrain from strenuous exertions, such as washing of blankets and other laundry work which many mothers are liable to undertake in their early convalescence.

The author states further that it is very important to note the height of the uterus above the pubes for the first few days following labour, since if it does not decrease at the normal rate, the fundus of the uterus will be higher than it should be. The cause of such an enlargement may be the retention of blood clot or of chorion, or more rarely of a portion of the placenta. In the event of a piece of placenta being retained, puerperal sepsis may ensue. The author points out it will be readily understood, therefore, how important it is to diagnose such a delay in involution as early as possible, since if such a retention of placenta escapes notice the temperature rises, generally on the third day. The various reasons which may cause this are then described.

This is one of the many points of practical importance noted in this book, which we commend to the attention of our readers. It is published by Cassell & Co., Ltd., La Belle Sauvage, London, E.C.4.

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