treatment personally two fersolate tablets were given thrice daily till a normal count was attained. In Table II the details of the gastric analysis are given.

TABLE II.—*Fractional Test Meals. (Cases 1, 6, 7, 8, and 9 showed complete achlorhydria)*

Case		Specimens (hours)													
		Fasting	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{3}{4}$	1	$1\frac{1}{2}$	$1\frac{1}{2}$	$1\frac{3}{4}$	2	$2\frac{1}{2}$	$2\frac{1}{2}$	$2\frac{3}{4}$	3	
2	HCl T.A.	6 16	0 8	0 8	0 6	8 12	9 18	6 12	6 18	14 24	0 8	0 8	0 6	0 6	
3	HCl T.A.	0 10	0 10	0 10	0 12	0 12	0 10	0 10	0 10	0 12	0 10	0 10	5 32	12 40	
4	HCl T.A.	0 5	0 5	0 10	5 20	0 5	0 5	0 5	0 5	—	—	—	—	—	
5	HCl T.A.	0 10	0 10	0 10	0 10	5 20	5 20	5 20	0 15	0 15	0 15	0 10	0 10	0 10	
10	HCl T.A.	32 44	20 35	8 26	15 24	18 36	32 48	35 55	30 40	8 26	0 15	0 15	0 18	— —	

HCl=Free HCl N/10 NaOH (% HCl).
T.A.=Total acidity.

It is of practical importance to determine whether a maintenance dose of iron is necessary when the anaemia has been overcome. These cases have not been observed long enough to determine this point. Patient No. 1 had received no treatment for four months previous to his second examination, when his haemoglobin was 110%. Patient No. 2 had received no treatment for six months previous to his last blood count. During this period the haemoglobin was maintained at a high level (Table I).

Discussion

It is not the purpose of this brief clinical report to discuss the many problems of iron metabolism and its relation to hypochromic anaemia. One or two points are worth emphasis. (a) Overt blood loss appears to play no part in the causation of the anaemias. (b) Careful inquiry into the diet gave no grounds for supposing that lack of dietetic iron is responsible for the anaemia. In general these men were particularly fond of the iron-rich foods—possibly a compensatory phenomenon. (c) The high incidence of hypochromic anaemia in the first few years of life and its comparative rarity in school-children suggest that in the present cases there is a specific deficiency. (d) The high incidence of defective gastric acidity suggests a connexion between gastric deficiency and the anaemia.

Summary

A brief clinical report is made of 10 cases of hypochromic anaemia of undetermined aetiology occurring in males. Nine of the cases were revealed by routine examination of adolescent recruits.

Medical Memoranda

Dehydration Fever

Cases of dehydration fever in the newborn are fairly common, but the following case is, I think, almost unique on account of the extreme degree of hyperpyrexia.

Last December I was summoned to attend a baby 3 days old which had been reported by the nurse in charge to have a temperature of 110° F. On arriving at the nursing home I found the infant in a state of extreme prostration; the pulse was weak and uncountable, and the rectal temperature was then 108.4°. This was checked by two thermometers. The child's face and body were almost lilac in colour, the tongue stiff and dry, the lips and mucous surfaces hot, red, and parched.

It was immediately plunged into a tepid bath and after some minutes glucose and saline were run into the rectum (the child being unable to suck). In half an hour the temperature had dropped to 102.4°, and in two hours it had settled at 100.4° F. The baby was by now breathing quietly, his natural colour was restored, and he was able to suck and swallow easily. He is now, ten months later, a fine specimen both physically and mentally.

I do not know how long such a temperature is compatible with life, nor do I know how long the baby had held it before it was first taken. I do know that an interval of 15 minutes elapsed between the recording of the temperature and the institution of treatment.

Swindon.

S. McDERMOTT, M.B., B.Ch.

Reviews

PRINCIPLES OF ORTHOPAEDIC SURGERY

A Practice of Orthopaedic Surgery. By T. P. McMurray, M.B., M.Ch., F.R.C.S. Ed. Second edition. (Pp. 435; illustrated. 30s.) London: Edward Arnold and Co. 1943.

Prof. T. P. McMurray's well-known textbook of orthopaedic surgery makes a welcome reappearance in a second edition. In his preface to this the author states that, though much of the original text has been rewritten and brought up to date and new illustrations have been added, an effort has been made to keep the book, so far as possible, the same size as before. In this object Prof. McMurray has succeeded admirably, and his book is still, as was the first edition, a handy, concise exposition of the basic principles of orthopaedic surgery intended primarily for the young surgeon and senior student. The subject-matter of the various diseases and deformities is clearly set out on a systematic plan with avoidance of too much confusing detail and theory, and under the sections on treatment only those operative procedures which have, in the author's wide experience, given the most consistently satisfactory results are described.

Differential diagnosis of the various conditions is given due weight, though under this heading mention might perhaps have been made of the now proved value of biopsy examination of the inguinal and iliac lymph nodes in tuberculosis of the knee and hip joints respectively. Prolapse of the nucleus pulposus of an intervertebral disc also has acquired so much notoriety of recent years that one wonders it did not find a place in a revised edition of this textbook as a cause of spinal nerve root irritation leading to sciatica, and especially to sciatic and alternating sciatic scoliosis. These, however, are small matters which do not detract at all from the value of an excellent and practical treatise on the principles of orthopaedic surgery in the direct tradition of the great Master of Orthopaedics, to whom the book is dedicated. The young orthopaedic surgeon who bases his practice on the lines so ably laid down for him in this book will certainly have no cause to regret it.

PROCTOLOGY FOR THE G.P.

Proctology for the General Practitioner. By Frederick C. Smith, M.D., M.Sc. Second revised edition. (Pp. 466; illustrated. \$4.50.) Philadelphia: F. A. Davis Company.

The most useful chapters in this book, from the point of view of the general practitioner, are those on ano-rectal symptomatology and methods of diagnosis. The author rightly attaches much importance to obtaining a careful history in cases with even minor rectal complaints, and complete routine examination is necessary if mistaken or incomplete diagnoses are to be avoided. The chapters on anaesthesia, parasites, venereal diseases, and constipation are reliable and full of information. The author uses local anaesthesia for minor procedures such as ablation of anal crypts or excision of papillae and thrombotic external piles, but prefers general anaesthesia for what he calls the major rectal operations, such as haemorrhoidectomy, cure of fistula, or excision of pilonidal sinuses. Chapter IX, on anal pruritus, should prove to be particularly helpful to practitioners, and we note that in the author's experience x rays and ultra-violet light have not given good results. He questions the value of undercutting operations. We might point out that the story of the doctor suffering from pruritus who had to devise a gadget to restrain his hands, which is related on page 235, is repeated almost verbatim on page 241.

For cure of anal fissures the only methods described are division of the sphincter and excision; there is no mention of local treatment for recent superficial fissures. Many of the surgical procedures described cannot be recommended and are contrary to the accepted practice in this country. For instance, five methods of haemorrhoidectomy are described, preference being given to the clamp and cautery operation. In particular we cannot support the author's rather loose description of ano-rectal abscesses and his advice that at the primary operation