

out of the ground, and would be feasting royally on fat, juicy wasp grubs, meanwhile uncaring for, or impervious to, the stings of the outraged wasps."

The author (p. 33) has investigated during his life nearly a hundred supposed instances of the killing of poultry by badgers, and in only two instances was it possible to prove that the damage was the work of badgers—in most of the other instances he discovered that a fox was the culprit. He therefore makes a strong plea for the better protection of this, one of the most attractive of British mammals. He mentions (p. 57) that owing to the setting of its eyes the hare is nearly unable to see right ahead of it. I recall a remarkable example of this in the blue hare, which on one occasion allowed three persons to approach and photograph it in the open without apparently being aware of their presence; then, after about half an hour, became suddenly conscious of it and rushed off in a panic. Hares, usually timid, can be brave in defence of their young, and on page 59 the author mentions that on a memorable occasion he saw a doe hare kick a stoat to a distance of several feet. His account of a squirrel 'freezing' (p. 64) on the appearance of a buzzard seems to point to the fact that the buzzard, like the golden eagle, may on occasion take squirrels for food. I recall a pair of golden eagles which regularly brought squirrels to the eyrie for food for their two eaglets.

Mr. Lancum's account (p. 73) of a stoat swimming reminds me that on one occasion when fishing I saw a stoat unhesitatingly take to the water on a cold spring day in order to avoid a scramble up a grassy bank. The author has a good word even for the stoat, because it can kill a rat without difficulty, and kills mice in great numbers.

SETON GORDON

UP-TO-DATE TREATMENT OF VENEREAL DISEASES

The Venereal Diseases

A Manual for Practitioners and Students. By Dr. James Marshall. Second edition. Pp. xvi+370. (London: Macmillan and Co., Ltd., 1948.) 21s. net.

OF making many books there is no end, but this is not true of text-books on venereal diseases published in Great Britain; for this reason Dr. Marshall's manual is particularly welcome, more especially as it is full of sound teaching which should be valuable both to the student and to the practitioner. Venereal diseases have been with us since time immemorial, nor have they changed very much; but their treatment is constantly changing, and this has been most marked since the introduction of the sulphonamides and penicillin. No doubt this was largely the reason for the production of a second edition so soon after the first. This second edition contains a number of minor changes and improvements, but is of chief importance in that it brings the therapeutic use of penicillin up to date and at the same time introduces new matter on intensive and semi-intensive arsenotherapy, non-gonococcal urethritis, which was so prevalent in most armies during the War, and Reiter's syndrome, which, if it is not venereal in origin, certainly brings many patients to venereal diseases clinics. Those who are not familiar with this condition will do well to read what Dr. Marshall has to say about it, because no doubt it is one which has been frequently missed in the past and is probably commoner than many suppose; more-

over, treatment is far from satisfactory, and patients are often rendered incapable of work for many weeks by the painful arthritis which is one of the prominent features.

What will appeal most to readers, however, is the latest information about the use of penicillin in treating venereal diseases; for the treatment of acute gonorrhoea the author prefers four or five injections, each of 50,000 or 40,000 units in aqueous solution, given at intervals of three or two hours, though he admits that a single injection of 300,000 units in oil-wax suspension is permissible, and no doubt this is much the most convenient method in a civilian venereal disease clinic, because few patients are willing or able to wait several hours or visit a clinic several times in one day. The objection to the penicillin treatment of gonorrhoea is the risk of masking a concurrently acquired syphilitic infection; by no means all patients can be relied on to attend regularly for blood tests for a period of six months. For this reason there is much to be said for treating acute gonorrhoea with sulphonamides and only resorting to penicillin if these fail. Where complications are present, much larger doses of penicillin are necessary, and in such cases it is pointed out that there is a good deal to be said for giving an amount, such as 3 mega units, which will have a reasonable chance of curing an incubating syphilis.

For the treatment of early syphilis it is recommended that arsenic, bismuth and penicillin should be employed concurrently; ten weeks of arsenic and bismuth together with 3 mega units of penicillin in aqueous solution by means of three-hourly injections—but for ambulant patients, and these will represent the vast majority of cases, he advises 300,000 units in oil-wax daily for ten days.

Very wisely the views expressed concerning the treatment of late syphilis, including neuro-syphilis, are extremely guarded because not enough time has yet elapsed to assess results; but, in general, penicillin in heavy dosage is recommended in addition to arsenic, bismuth and, if necessary, fever.

Of the arsenicals, mapharside or neohalarsine is preferred to neoarsphenamine if the patient can attend for injections twice weekly; in this the author tends to follow American rather than British custom; the two former may be safer from the point of view of toxic reactions, but it is doubtful if they are as therapeutically effective as neoarsphenamine, and there are many advantages, particularly from the patient's point of view, in attending only once weekly. Non-gonococcal arthritis is so common and so difficult to cure that many readers would welcome more details of treatment, and much the same applies to *Trichomonas vaginalis* infestation, which may account for half the attendances at a female clinic; no doubt limitations of space had to be taken into account, for it must be very difficult to deal adequately with all the venereal and allied conditions in the space of three hundred and fifty pages. The average reader is not concerned with the structural formulæ of the various arsenicals and sulphonamides: the omission of these would give room for matter of more practical interest.

If this book is not a literary masterpiece it is certainly full of sound teaching, gives the practitioner all the information which he requires for the management of his patients suffering from venereal disease and, if carefully studied, will get the student through his examinations; the section devoted to "Practical Instructions" is particularly helpful.

T. E. OSMOND