

seems to have moved around considerably. But this was because he was one of the group of peripatetic medical professors, as Osler describes them, who did more teaching than practicing, and did that teaching in many institutions. Bartlett taught in nine, one being the medical department of the Transylvania University, away out west, at Lexington, Ky.

The other Americans who are subjects of these biographic essays are Oliver Wendell Holmes, William Beaumont—under the title "A Backwoods Physiologist"—William Pepper and Alfred Stille. Other addresses are on "Thomas Dover, Physician and Buccaneer," "Keats, the Apothecary Poet," John Locke, Sir Thomas Browne, M. Louis—in "The Influence of Louis on American Medicine"—and Frascatorvius.

The lives of successful men are always a stimulus and make profitable reading. Aside from the information they contain, there are few records of the lives of such men but contain some one or more lessons that we can take to heart. This is especially true when the men are of our own calling, as in this case. Osler has a happy faculty of presenting any subject, and this is emphasized in these biographic sketches. They are therefore interesting as well as instructive.

THERAPEUTICS: ITS PRINCIPLES AND PRACTICE. By Horatio C. Wood, M.D., LL.D., Emeritus Professor of *Materia Medica* and Therapeutics in the University of Pennsylvania. Revised and rewritten by Horatio C. Wood, Jr., M.D., Associate Professor of Pharmacology in the University of Pennsylvania. Fourteenth Edition. Cloth. Pp. 778, with illustrations. Price, \$5.00. Philadelphia: J. B. Lippincott Co.

The issue of the fourteenth edition of any medical text-book indicates that it has filled a needed place and that it must have been kept up so as to answer the demands occasioned by the advance of science. The last edition of Wood's text-book shows more extensive alterations than does any previous edition for many years. The work has been done by Horatio C. Wood, Jr. The preface to the first edition presents a strong plea for a rational therapeutics founded on facts derived from experiment. The work has always been a good representative of the existing state of science; and it continues to be such a representative, for in the present edition reports of recent discoveries have been carefully incorporated.

The arrangement of the book is such as to facilitate study. Instead of resorting, as some text-books do, to the easy but unscientific method of alphabetic classification, Dr. Wood gives one based on the pharmacologic action of medicines. On the other hand, the individual drugs are considered separately, which we believe is better for the practitioner, if not for the student. It is disappointing to search a text-book for facts regarding the action of a drug to find only general statements regarding the group. The arrangement of the text is such that the important facts which the student should learn are given in larger type and the details which interest the special investigator are placed in fine print. An excellent feature is the full bibliography placed at the end of the sections. The references are brought up to 1906. The problematic value of digestant remedies is insisted on.

Since therapeutics is the aim of practical medicine, and since correct therapeutics must be based on the science of pharmacology, it is to the interest of every practitioner to review frequently and thoroughly the scientific bases of his therapeutic measures. We know of no treatise that will serve his purpose better than the book before us.

THOMAS LINACRE. By William Osler, M.D., F.R.S., Regius Professor of Medicine in the University of Oxford. Cloth. Pp. 64. Price, \$0.75. Cambridge: University Press, 1908.

This little work constitutes the first of a series of annual Linacre lectures at Cambridge, substituted by St. John's College (with which the original foundation rests) for the lectureship rendered vacant on the translation of Dr. Donald MacAlister from Cambridge to Glasgow. Osler appropriately devotes his lecture to a brief biographical note of the great English physician and then, after the style that it is fashionable to term an "appreciation," discusses Linacre as a medical humanist and as a grammarian. The little volume closes with an account of the Linacre foundations—the Linacre lectureships at Oxford and Cambridge, and the much more important Royal College of Physicians of London, of which Linacre was not only one of the founders, but in 1518 the first president.

The work is embellished with two portraits of Linacre and six reproductions of title pages of the more famous of Linacre's works. It collects from many widely scattered sources material concerning a well-known but poorly known-of man, and will, therefore, be a welcome addition to the library of the student of medical biography and history.

ESSENTIALS OF SURGERY. By Alwyne T. Compton, F.R.C.S. Cloth. Pp. 428, with illustrations. Price, \$1.50. Chicago: W. T. Keener & Co., 1908.

This compend of over 400 pages is unusually complete, much information being expressed in the most compact manner. There are a number of good diagrammatic illustrations and the differential diagnostic tables are very useful. It will lend itself very well to quick reference.

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS will not be noticed. Queries for this column must be accompanied by the writer's name and address, but the request of the writer not to publish name or address will be faithfully observed.

DIASTASIC POWER OF SALIVA.

(CHICAGO, Oct. 22, 1908.)

To the Editor:—1. Is the use of diastase, malt extract, etc., founded on any experimentally proved lack of diastasic power in the saliva?

2. In deciding on the use of malt extract, would it be practicable for the physician to test the saliva, and make this his guide in the use of the remedy?

3. In what proportion of cases is the saliva deficient in diastasic power?

4. What is meant by amylaceous dyspepsia? Is there any proof that undigested starch in a finely divided condition is irritating to the stomach?

X. Y. Z.

ANSWER.—1. No. The therapeutic use of diastase or malt extract did not result from any line of experiment, showing diminished activity of the ptyalin, but from the well-known test-tube effect of diastase on starch and the assumption that a starch ferment would be useful in cases of starch indigestion and bacterial fermentation in the gastrointestinal tract. The physiology of salivary secretion and starch digestion would seem to contraindicate the use of diastase. It is generally accepted that, normally, salivary secretion results from reflex stimulation of the secretory nerves during mastication; and psychic conditions also seem to be a factor. Recently Nelson and Lewis have shown by experimenting on dogs that the secretion of ptyalin occurs on a starch diet, and furthermore, diminishes on a meat diet. Both Cannon and Grützner have demonstrated that after food enters the stomach, it remains in the fundus in a quiescent state for from twenty to forty minutes. Within the center of this mass, which has been mixed with the saliva containing the two ferments, amylase and maltase, starch digestion may progress because it is protected from the acid gastric juice; but as soon as the hydrochloric acid of the stomach comes in contact with the diastase the ferment action is at once destroyed. In order to imitate the normal process it would be necessary to mix each mouthful of food with mucus, simultaneously combining it with the artificial diastase to protect the ferments from the acid secretion in the stomach. If the artificial diastase be taken before or after meals it would not mix with the food mass, but would come into immediate contact with the gastric juice and its activity would be destroyed. The researches of Croft Hill first demonstrated the reversibility of ferments. He used maltase in his experiment and showed that an excess of this diastase not only stopped all digestion of starch, but produced a synthesis of that part already hydrolyzed.

2. The digestive power of the saliva on starch may be tested by diluting the saliva in various degrees and noting the time it takes to form erythrodextrin and achroodextrin, but this test gives no practical results, inasmuch as the strength of the secretion varies and no estimate can be made clinically of the total quantity formed.

3. It is rather rare to find cases in which the saliva is deficient in diastasic power, and furthermore, an increase of amylase and maltase is also rare.

4. Amylaceous dyspepsia is a crude unscientific term—a misnomer applied to symptoms arising from fermentation, flatulence, etc. Even when exact examinations are made, such as the demonstration of undigested starch in the feces, one can not conclude from such an examination that there is a deficiency of starch ferments. Excessive acidity in the stomach, we may conclude, interferes with starch digestion, but motor insufficiency in the stomach is more often a responsible factor for so-called amylaceous dyspepsia.