

*Surgery: Its Principles and Practice.* By ASTLEY PASTON COOPER ASHHURST, A.B., M.D. Second Edition, Thoroughly Revised. Philadelphia and New York: Lea and Febiger. 1920.

The first edition of this standard work for students and practitioners has been favorably reviewed in the JOURNAL. This second edition, appearing six years later, embodies a considerable amount of new matter derived from the author's experience in service with the American Expeditionary Forces, especially in the field of reconstructive surgery, gunshot wounds, infected wounds, and shock. Many new illustrations have been added, making a total of fourteen colored plates and 1129 figures in the text. The number of pages is increased from 1140 to over 1200. Of special interest are the photographs illustrating the Carrel-Dakin method of wound treatment.

*Pathological Anatomy of Pneumonia Associated with Influenza.* By W. G. MACCALLUM. *Johns Hopkins Hospital Reports*, 1921, xx, 149, 249.

This monograph, with the exception of a small number of pages, is given over to the description of cases and the gross and microscopical appearance of the lungs. It "is designed mainly to put on record the details of the pathological anatomy of the respiratory organs" of persons dying during the epidemic of influenza of 1918, and its re-occurrence in 1920. Professor MacCallum's opinions first expressed in a report in 1919, have undergone no change as a result of this further and more minute study. This excellent pathological work is nicely illustrated with twenty-three plates. It is excellently presented in an objective way and has great value from that standpoint. The cases have been put in a rational way into four groups: those in which the pneumonia was due to the hemolytic streptococcus, the influenza bacillus, the staphylococcus, and the pneumococcus. The only lesion that was fairly common in these cases, and extremely uncommon in pneumonias produced by bacteria in ordinary times when there is no epidemic of influenza, was the great dilation of the ductuli alveolares with hyaline lining in the midst of a very fresh pneumonia.

The author draws no startling conclusions, the only one of importance being that the cause of influenza is not any known bacterium and that the rôle of the influenza bacillus is that of other secondary invaders. He is to be commended for not theorizing.

*Lymphosarcoma. Lymphatic Leukemia. Leucosarcoma. Hodgkin's Disease.* By L. T. WEBSTER. *Johns Hopkins Hospital Reports*, 1921, xx, 251, 314.

This report from the Department of Pathology of the Johns Hopkins University, describes particularly the pathological aspects of a series of cases of leucosarcoma, lymphosarcoma, lymphatic leukemia, and Hodgkin's disease. The author clearly indicates the distinction between these allied conditions. He considers that leucosarcoma, lymphosarcoma and lymphatic leukemia, which are lymphocytic proliferative processes, are different manifestations of the same disease, which is not in the nature of a neoplasm. He suggests that the term, "lymphadenosis, leukemic or aleukemic," would express the idea and simplify the classification until a definite etiologic agent is found. There appears no comment on the use of this term by Italian and German authors.

Hodgkin's disease, a reticulo-endothelial proliferative process, is considered as probably a distinct entity. It is rather surprising to find no reference to the work of Bunting and Yates, and no definite reference to the blood of Hodgkin's disease. It is likewise unfortunate that a careful examination of the blood is not reported upon in the cases described as lymphosarcoma. The condition termed "leucosarcoma," is excellently described, not only from four cases taken from the autopsy records of the Johns Hopkins Hospital, but also from twenty-two cases collected from the literature.

The diagnosis and prognosis of leucosarcoma, lymphosarcoma and lymphatic leukemia, is looked upon as difficult from the microscopical examination of a single gland, because of its resemblance to certain types of benign lymphadenitis. On the contrary, it is stated that Hodgkin's disease may be accurately diagnosed and prognosed from the examination of a single gland. This would appear to be because no cases are considered Hodgkin's disease unless a more definite type of pathology exists than in the other group of cases described.

At the end of the report are twelve figures illustrating the microscopical appearance (the magnification is not given) of sections of lymphglands from various conditions. Though not so stated, some of the figures are reproductions of photographs and others of drawings.

This contribution of Dr. Webster's aids to clarify the various views held regarding these obscure conditions, and is to be looked upon as a type of report which appears too seldom in the medical literature.