

reference to the progressive lenticular degeneration described by Kinnear Wilson, and we think that the name of the Viennese physician is Von Economo not Econ as printed on p. 332. These are however minor blemishes which do not detract from the general excellence of the work. This is a volume which should find a place, not in the library merely, but on the study table of every practising physician.

J. M. H.

TREATMENT OF DIABETES MELLITUS.—By O. Leyton, M.D., D.Sc., F.R.C.P. Fourth Edition. London: Adlard & Son, Ltd., 1927. Pp. 99. Price, 6s. net.

We welcome the fourth edition of Dr. Leyton's small handbook on the treatment of diabetes mellitus, as it is a very simple exposition of our present knowledge of the disease. The whole subject has been nicely condensed within 92 pages, two-thirds of which deal with the treatment of the disease.

Dr. Leyton starves his patients for about two days (during which period weak tea, soda water, and plain water in unlimited quantity are allowed), till sugar disappears from the urine and the blood-sugar falls below 0.14 per cent. Thereafter a progressive diet, for which Dr. Leyton has given various tables, is given. If by the two days' fasting the urine does not become sugar-free, the patient is investigated as to his renal threshold, and if the blood-sugar persists above 0.15 per cent. after a four days' fast, insulin is given.

Dr. Leyton has considered the details of the treatment under three heads: (1) by diet alone, (2) by diet with insulin, and (3) by other preparations, with or without restrictions in diet.

We are sure that the book will be appreciated by the general practitioner, for whom it is especially intended.

J. P. B.

Annual Reports.

ANNUAL REPORT OF DIRECTOR OF PUBLIC HEALTH OF THE UNITED PROVINCES OF AGRA AND OUDH FOR THE YEAR ENDING DECEMBER 31ST, 1926. BY LIEUT.-COL. C. L. DUNN, D.P.H., I.M.S., DIRECTOR OF PUBLIC HEALTH, UNITED PROVINCES. ALLAHABAD, GOVERNMENT PRESS.

THIS report is prefaced by two excellent diagrams, one a map showing the distribution of the public health staff, the other a diagram showing the organisation of the Public Health Department and the relations between its various component parts. The district public health staff and the local health staff are both provincialised and under the control of the Director of Public Health. District health officers are employed in the south-eastern part of the province and in a small part of the north-western portions.

There is a Board of Health for the provinces; this body as well as being advisory is entrusted with the allotment of a large amount of the funds earmarked for sanitary purposes. Under the stimulating personality of the Director of Public Health the department continues to show remarkable all-round activity. The individual reports of the District Health Officers, and the remarks of District Officers and others on their work, bear ample testimony to their energetic efforts in rural areas. The publicity branch is now well organised and equipped with cinemas, lanterns, and posters and leaflets. Rs. 12,800 was granted by Government, Rs. 12,000 by the U. P. branch of the Red Cross Society, and Rs. 5,500 realised from District and Municipal Boards. Extensive touring, lecturing and demonstrations were carried out throughout the province and special attention was paid to instruction in schools.

The research work at present being carried on in plague transmission and rat flea distribution is now well known and further results are expectantly awaited.

The treatment of plague with bacteriophage during an epidemic in Agra proved a failure.

Endemic malaria in the U. P. appears as a definite problem and the malaria branch has some interesting work to record. The antimalarial work at the Sarda Canal Headworks is under its direct control. Quinine prophylaxis has been abandoned on account of the uncertainty in controlling it, and measures are now directed to disinfection of huts, catching early cases of malaria and treating labourers with large spleens. Classes in malariology are held at Banbassa twice a year.

Plague in the U. P. for the last three years has been active in the south-eastern districts, though several western districts are heavily infected. Evacuation and inoculation are accepted by the rural population as the best means of prevention.

Vital Statistics.—The annual complaint against indifference and inaccuracy in registration is again reiterated. Attempts are being made to get down to the lowest link, the village chowkidar, to instil into him the importance of his duties and also by the attraction of additional pecuniary reward for work well done. The 1921 Census showed a population of over 45 millions.

The birth-rate and death-rate (recorded) were 34.2 and 25.10, the former an increase, the latter a decrease, on the previous five yearly averages. The infantile mortality was 177.3, slightly over the 1925 figure.

Kanauj's Municipality by the way must be the healthiest place for children in India; it has an infantile mortality of only 8 per 1,000!

Still-births are numerous and are attributed largely to venereal disease. The question of creating an agency to deal with these diseases is under the consideration of Government.

In districts where cholera is severely endemic, a special "scheme" of sanitary control exists. Special arrangements are made for the quicker transmission of information regarding cholera cases than was possible hitherto. The hill districts of Almora, Naini Tal and Garhwal are specially liable to visitations of cholera by pilgrim traffic; they are under the special cholera scheme also.

Small-pox showed an increase. Some details of age incidence on mortality would have been interesting. In Bengal for instance the age incidence is distinctly high, pointing to fairly good primary vaccination; in Madras on the other hand the age incidence is comparatively low.

A striking table is given on page 15 comparing the numbers of deaths under various causes as contributed by the ordinary agency and by verified agency. Malaria, small-pox, and plague seem over-reported, while dysentery, kala-azar and pneumonia are under-reported.

It is interesting to note the striking differences in the amounts per head per day of drinking water given for various municipalities; Cawnpore gets 31, Agra 25, Lucknow 19, Meerut 13, Dehra Dun 9, Mussoorie 24, and Naini Tal 7 gallons.

Colonel Dunn remarks that some compulsory sanitary legislation seems necessary for sanitary progress, that propaganda and persuasion alone are going to take a very long time before they produce the much desired effect of making the villager discard his insanitary habits.

Filariasis seems widespread in many districts and there is an interesting note that many cases reported as plague may be filarial adenitis. This is worth while following up.

Goitre is endemic in certain areas and the cause of this would be a useful investigation also.

Colonel Dunn also remarks on the absurdly low fines inflicted by magistrates for sanitary offences, and the inordinate delays in proceeding with these.

A. D. S.