The subject is dealt with in three parts: Part I, The Physiology of Respiration, is lucid and occupies 25 pages. Part II, Techniques of Artificial Respiration, occupies two-thirds of the book. In these chapters, all forms of artificial respiration are described and the shortcomings of each method are emphasized. The superiority of mouth-to-mouth methods is convincingly shown. This section also includes a chapter on closed-chest cardiac resuscitation. Part III, Clinical Artificial Respiration, includes a variety of conditions; barbiturate poisoning, carbon monoxide poisoning, drowning, paralytic poliomyelitis and anticholinesterase poisoning.

This book is well written and very well illustrated, the latter no doubt accounts largely for the relatively high price. It should be read by all members of the medical profession who may be faced with a patient requiring artificial respiration.

Die Krankheiten des Neugeborenen und Frühgeborenen.

This book has just over 500 pages with excellent pictures and X-ray photographs. This author has had 14 years' personal experience in Munich with the care of the mature and premature newborn, and she has worked in close association with a maternity unit.

The book is divided into two parts: the first deals with conditions in the mature newborn; and the second part deals with those occurring in the premature, including the criteria of prematurity.

The book is most enjoyable.


This book is written by an enthusiastic expert in testing the hearing of children and in fitting them with hearing aids, and is full of practical advice. The charts and illustrations are good.

The first chapter deals with the nature of sound and its amplification and explains clearly the principles upon which hearing aids are constructed. Theoretically a hearing aid should be designed for the individual deaf ear and make up its deficiencies on each frequency, but it has been found that the best response is got from aids with a level amplification with tone control and ability to boost the higher frequencies. They should cut off the peaks of sound and not produce anything over 4,000 c.p.s.

The instructions for testing young children for pure tones on the audiometer, and for speech, show that the author has great experience with children and sympathy for them. The audiograms showing various typical curves of hearing loss are discussed in a practical manner indicating the need for hearing aids, special education and the prospect of speech development. It is suggested that a hearing aid should be given an extended trial even with children who have more than 95 dB loss. About 30% of children in deaf school fall into this category.

There is a section on speech and its production, and upon the best listening environment and listening level. It is obviously difficult for a young deaf child to adjust his aid to the best advantage, and the writer very sensibly pleads for aids that are more clearly calibrated so that once the best amplification level has been ascertained it can be reproduced at will.

The proper fitting and care of aids are important matters to the deaf, and are very much more difficult in the child than in the adult. There is good practical advice about this and also on how to get a child to accept his aid, and wear it all the day-time. The continuous use of an aid is much more valuable than periods of intensive instruction.

The Bibliography and long list of references show that the author is widely informed on his subject, and the book demonstrates that he has a practical turn of mind. The result is a most useful book for those who work in this difficult field.


This monograph describes a very thorough investigation of the incidence of mental deficiency in 10 rural parishes selected at random from 212 such families in a particular county. The total population included was about 7,500. All the usual sources of information were utilized and in addition a wide variety of informants supplied particulars about those thought to be even rather slightly retarded. A screening procedure was adopted and then those who could possibly come into the category of feeble-mindedness were tested on the Binet Scale. It is evident that very few mentally defective persons can have escaped the net, and this was confirmed by a large-scale control study.

The author uses limits of Binet I.Q. for defining the three grades of mental deficiency, namely feeble-mindedness, imbecility and idiocy. To facilitate comparison with other studies these limits were calculated in units of the standard deviation, namely —2.01 to —3.00 standard deviations, —3.01 to —5.00, and —5.01 upwards, respectively. This corresponds to upper limits of approximately 70 I.Q. (more precisely 68), 50 I.Q. and 20 I.Q. for the three categories.

The incidences given refer to the population over 10 years of age. The averages for all 10 parishes are: feeble-mindedness 1.2%; imbeciles 0.5%; idiots 0.1%. The parishes were significantly heterogeneous and the one factor that stood out in this connexion was a relation to migration out of the parish: the higher the rate of emigration, the higher the proportion of mental deficiency in the population remaining. This is a finding that has frequently been noted in other investigations.

There was a tendency for the marriage rate to be distinctly low for feeble-minded men, whereas feeble-