tem, if the patient is “otherwise in good health and heart whole.” In the two first-mentioned cases neither opium, ether, nor any other anaesthetic was made use of; and yet the subjects did not seem to suffer more pain than in cases of single amputation. By removing both limbs at once, besides saving the double nervous shock, we save the time that is necessary for the patient to recover strength and tone to enable him to endure the second operation, and we avoid the nervous irritation that is frequently set up by the unamputated limb, to say nothing of the mental disquietude which the patient usually endures in anticipation of a second operation. The saving of the vital fluid, moreover, tends to the more speedy, as well as more complete, recovery of the patient, as very little, if any more blood is lost in the double amputation, than in each single one. In these views I am not singular, as all the gentlemen who have operated, or assisted at these operations, concur in my opinions.

6, Anne Street, Quebec, 27th April 1855.

Part Second.

REVIEWS.

An Inquiry into the Statistics and Pathology of Some Points Connected with Abscess of the Liver, as met with in the East Indies.
By E. J. Waring, Residency Surgeon at Travancore.

The great Exhibition of 1851 brought us acquainted with many specimens of beautiful workmanship from our Indian possessions, but we do not remember among them any sample of typography. We have, however, received, in our editorial capacity, a most creditable proof, that while India has become a great nursery for our warriors, there is no neglect of the more peaceful arts!

The work placed at the head of this article is from the “Government Press, Trevandrum,”—not from the metropolis of one of our great Presidencies, but printed in a city of which, probably, most of our readers never heard—the capital of the Travancore country; the author being residency surgeon to this one of the few native courts remaining in the Madras Presidency. We are not, however, inclined to exhaust our approbation on the typographic merits of Mr Waring’s work, for truly we feel much indebted to him for bringing into a compact form much valuable information on a subject of great interest, and we trust that he and his brethren will believe that we shall ever welcome any contribution likely to advance the interests of the science to which we are devoted.
Mr Waring's object is mainly pathological. He has, with great industry, collected and collated every case of abscess of the liver, the authentic records of which were within his reach. These amount to 350 cases. He gives the treatment, as far as detailed by his authorities, the autopsy, the results of surgical operations, and the modes by which spontaneous evacuation of the pus are effected; adding tables of the results, and some sensible practical observations.

It is a disadvantage that the term *hepatitis* should be applied indiscriminately to the *deep-seated* and to the *surface* inflammations of the liver. These hepatic affections differ in their symptoms, progress, and terminations, and call for totally different modes of treatment. An author some years ago suggested that the terms "*puro-hepatitis*," and "*sero-hepatitis*," should be adopted to denote the distinguishing characteristics of the phases of hepatic inflammation. Mr Waring's work illustrates, very distinctly, the nature and effects of inflammation in the *substance* of the liver. A similar compilation of cases of acute inflammation on the *covering* of the organ, would prove equally interesting, and of more practical value. The disease of which he has treated is, we fear, beyond the reach of medicine: that to which we would now call his attention, is a seizure in which the life of the patient is in most cases, dependent on the skill and energy of the physician.

No mortal disease is more insidious in its onset, or more obscure in its symptoms, than the deep-seated inflammation of the liver; in almost every case narrated by Mr Waring, and there is a painful similarity in the three hundred histories of fatal cases,—the abscess had probably been formed before the patient came under treatment. Many of the patients continuing to perform military duty till within a few hours of their death from the bursting of the abscess, containing even several pints of pus;—or the patient dies without the experienced practitioner being able to detect a single symptom of abscess.

"No. 165.—S. Macdonald, of regular habits, admitted Sept. 1816, passing frequent muco-sanguineous stools, unattended by tenesmus or abdominal pain; he bore pressure without complaint, even over the liver; he had much vomiting, prostration of strength, and depression of spirits, with an increase of fever towards evening. Treatment not given.

"Autopsy.—A large abscess on the concave surface of the right lobe of the liver; colon and caecum ulcerated."—Annesley, vol. ii., p. 227.

Or the symptoms, such as they are, of an abscess having been formed, may be masked by the more prominent characteristic symptoms of enteric disease.

"No. 44.—P. Kennedy, three years in India, a strong, robust, intemperate Irishman, admitted for the first time since he has been in India July 20, 1840, with severe pain in the abdomen, increased on pressure, particularly in the left hypochondrium, and in the course of the descending colon; frequent,
scanty, watery stools, tinged with bile, but unmixed with blood; urgent tenesmus, and great irritability of the stomach. These symptoms continued unabated during the next two days, in spite of the most energetic treatment; it is not stated that he took mercury. On the 25th the pain and tenderness had greatly subsided, but the other symptoms remained. He now became much exhausted, with cold clammy perspirations, hectic debility, and a rapid pulse. He died on the 31st, eleven days after admission. There was no pain in the shoulder; indeed, with the exception of the cold perspirations, there was no evidence during life, of hepatic abscess.

"Autopsy—Serous effusion into the abdominal cavity; the liver enlarged, softened, and of a deep colour; it contained four abscesses, one in the left, and three in the right lobe; the total quantity of matter was about two pints. Gall-bladder full of green bile, mucous coat of the stomach vascular, and in some places softened; the small intestines natural; the colon thickly studded throughout its inner surface with ulcers of various sizes; and near the caput coli, they were large and close, and covered with coagulated blood; one had perforated the intestine."—Dr W. Parry, ibid, p. 139.

As dysentery almost invariably concurs with hepatic abscess, the sensitive state of the head of the colon is apt to mislead the examiner.

"No. 161.—J. Day, admitted May 27, 1817, with abdominal pain and dysentery; the symptoms of the latter were so severe as to mask, in a great measure, the existence of hepatic disease; he had no cold sweats, and there was no appearance of enlargement of the liver, nor was pain complained of till near death, when much fulness was perceptible in this region; mercury was given freely, but nothing beyond a tender state of the gums was induced. He died June 2.

"Autopsy.—Liver much enlarged, with four abscesses in the right lobe, two on the convex surface, and a large one on the concave side; the latter had burst, and its contents escaped into the abdominal cavity; ulcerations in cæcum and rectum; small intestines thickened and white; heart enlarged, with white spots upon the right ventricle."—Annesley, vol. ii., p. 214.

In short, here are 350 cases of a common tropical disease, occurring under the eyes of the most painstaking medical men in the world, yet we rise from their perusal unable to say when, in most of them, the fatal lesion took place; to determine what symptoms, or set of symptoms, are to guide the diagnosis; nor unhappily, can we say what mode of life will give the European, residing within the tropics, most reason to hope that he shall escape the disease; for, although intemperance unquestionably is a predisposing cause, yet the most temperate habits do not, it would appear, exempt the European in India from hepatic abscess. Many cases corroborative of this might be cited from Mr Waring's compilation: a very interesting instance is afforded by the case of an eminent French traveller.

"No. 290.—M. Victor Jacquemont, the French traveller and philosopher. His case is principally interesting as showing that strictly abstemious habits are, alone, no protection to the supression of hepatic abscess. No one could have been more temperate; for a long time he had left off the use of spirituous liquors, discarded animal food, and lived on nearly the same diet as the natives, only in smaller quantities. He took regular walking or riding exercise, morning and evening; but living, as he was obliged to do, principally in tents, he was exposed, particularly in the hot season, to extreme heat, and to great
atmospherical changes. He was first attacked with dysentery, and irregular attacks of fever; hepatic abscess supervened, and he died at Bombay, Dec. 7, 1832, fifteen hours after the rupture of the abscess into the cavity of the peritoneum. No autopsy."—Twining, ibid., p. 326.

By far the most valuable portion of Mr Waring's work is that containing "a summary of 81 cases, in which the contents of the abscess were evacuated by operation"—the results, however, are not very encouraging. Out of 81 cases operated on, there are only 15 recoveries; less than one in five. Some important points, nevertheless, are established by our author's labours on this vital question. Of these, the most striking is the safety with which the substance of the liver may be punctured.

"Case IV. Recovered.—S. Wilks, wt. 35, admitted March 21, 1839—operated on March 30 — trocar only employed—gave vent to 1 oz. of very black blood, without any admixture of pus—afforded great relief—trocars introduced a little more anteriorly; gave exit to more black blood, but no pus. On the 5th of April a long curved trocar (such as is used for puncturing the bladder, per rectum) was introduced, and gave vent to 4 oz. of sanio-purulent matter, to the great relief of the patient. The discharge having ceased, the long trocar was again introduced on the 11th, matter became healthy; ceased to flow on the 10th of May; returned to duty June 7; was in good health two months after that date."—Surgeon Wilkins, H.M. 45th Regt., ibid., p. 479.

Again, with reference to the exploratory needle, the same point is established.

"Case XXIII. Recovered.—J. Crampton, wt. 25, admitted June 10, 1840—no fluctuation perceptible—operated on June 14. Exploratory needle introduced its full length into the liver, an incision having been previously made with a lancet—no pus flowed—dossil of lint introduced into the wound, and a poultice applied—no bad symptom followed; on the contrary, the patient seemed to feel better. Seven days after, an elastic tumour presented itself, having the wound in its centre—a trocar was introduced, and 6 oz. of matter evacuated—canula left in situ—discharge continued up to Aug. 22—gradually recovered. Seven months after he was sent to England, convalescent. Not combined with dysentery. He is reported before starting as, "fat, but complaining of lameness and numbness in his right leg." The wound of the trocar was quite healed, but he suffered from uneasiness in his liver."—Dr Sinclair, ibid, vol. iii., p. 190.

"First Case, Summary, p. 182.—Recovered.—D. Derrick, H.M. 4th Regt., admitted Aug. 1839. On the 11th the exploratory needle was introduced posteriorly to the angle of, and between the 7th and 8th ribs, to the depth of 2½ inches, but without detecting pus. No inconvenience ensued from the puncture, and the second day after the operation the abscess apparently burst into the intestines, and he gradually recovered from that date. He never experienced any bad symptoms from the introduction of the needle; he thinks, on the contrary, that it rather did him good."—Dr Nouat, Madras Med. Journal, vol. ii., p. 226.

It is, we think, established that a successful result in opening an abscess of the liver, mainly depends on the operation being performed early in the course of the disease. Yet the insidiousness of the malady, and the uncertainty of the symptoms, are such that the anxious practitioner is left in great doubt as to the existence of an
abscess, at the very moment when, if good is to be done, the time for operating has arrived. Here then, has Mr Waring presented us with 19 cases operated on, in which the liver was explored, without apparent injury, four of which recovered; of 6 cases in which the needle was used, without evacuation of the abscess by means of the operation, two recovered: and in those cases in which post-mortem examinations took place after the use of the exploratory needle, no evidence of injury was discovered.

There is, therefore, so far as these cases go, sufficient to justify the practitioner, in a case of suspicion, to resort to the exploratory needle.

The next point, pretty evident from Mr Waring's work is, that what is called active treatment is contra-indicated in hepatic abscess, viz., venesection, extensive topical bleedings, and large doses of calomel. The hope for the patient is strength to admit of the artificial, or spontaneous evacuation of the contents of the abscess.

Mr Waring has also allotted a section of his work to "Twenty-five cases of hepatic abscess which terminated in spontaneous recovery." In 10 of these the pus was discharged through the bronchi. In 7 it was passed by stool. In one case the discharge took place from both the intestines and the lungs.

"Case XXV. Two abscesses, one opening into the colon and another into the lungs.
—Mr J. C. S. was attacked on Aug. 6, 1836, with acute hepatitis, for which he was actively treated; the urgent symptoms subsided, but it soon became evident that abscess in the liver had formed. The treatment was now simply palliative. On the 13th of Sept. he was sensible of something having given way within him, and he all at once felt himself relieved of the distressing symptoms from which he had been suffering—a considerable quantity of purulent matter was found in the stools, and this was observed for several days subsequently. It was evident that the abscess had burst into the colon. At the end of 10 or 12 days he became worse again, and all his old symptoms returned; slight hopes were entertained of his recovery. On the 4th of Oct., however, a change for the better commenced, and a large quantity of matter was discharged by expectoration; an abscess in the liver had evidently burst into the lungs. From this date he continued to get better, and six weeks afterwards (Nov. 22), the patient is reported as recovering rapidly.—*Dr T. B. Colledge, in Webb's Pathologia Indica, p. 296.*

We are not, nor does our author, seem inclined to give credence to the statement that, in three of those cases the abscess burst into the cavity of the abdomen! And we very much doubt "the elimination of the contents of the abscess by the kidneys," as is stated of two cases. Two cases also are said to have been cured "by spontaneous absorption of the matter."

It only remains that we should perform the pleasing duty of recommending, which we do most cordially, Mr Waring's work, to the student of tropical diseases. Especially to those whose talents may enable them to attain the honour of appointments to the East India Company's medical service, of which our author seems so deserving a member.
The minute anatomy of the gastric mucous membrane, as examined nearly twenty years ago by Dr Sprott Boyd, and as further elucidated by the exhaustive observations of Kölliker in later times, appears to present an attractive field for the investigations of the morbid anatomist. With the exception, however, of a few remarks by Frerichs, in his article on Digestion, in "Wagner’s Handwörterbuch," we do not remember that any one, writing since the times of Louis, Carswell, Cruveilhier, and Rokitansky (which might be called, in Lord Derby’s phraseology, the pre-microscopic epoch of pathology), has given to the world an account of the changes which the mucous membrane of the stomach undergoes in disease. We are, therefore, by no means surprised that a skilful and experienced anatomist like Dr Handfield Jones should, in addressing himself to this inquiry, and in giving to the world its results, claim to have "brought to light some facts with which we were before unacquainted." Our surprise (we may as well say so at once) is quite of an opposite kind; and with every desire to do justice to an investigation which has obviously been the result of no small labour, we fear that it will be difficult for us to persuade our readers that the present work is calculated to add to their knowledge in a degree at all proportionate to the extent of its plan, and the reputation of its author.

The volume before us is intended to contain, “in a more practical and acceptable form,” the results of an inquiry submitted by the author to the Medico-Chirurgical Society. It has five highly-finished plates in lithography, and upwards of 200 pages of letterpress. It is divided into four chapters, of which one is anatomical, one physiological, one pathological, and one clinical. The work contains, moreover, the details of 60 cases, in recording which, the author has, certainly, not spared the labour of note-taking. We wish we could aver with truth, that the reading of these, or, indeed, of any of the parts of this work which distinguish it from the more scientific article in the Medico-Chirurgical Transactions, had been attended with pleasure; but we must honestly confess to have rarely encountered anything more flat and unprofitable than those chapters which the author has seen fit to add to his pathological observations, with the view of adapting them to the instruction of practical men. As average specimens of the class in question, we beg to assure Dr Handfield Jones, that the way to reach our ears and understandings, is not to spin out unimportant details, or to decant the contents of his note-book into one chapter, while he works up another out of materials contained in every elementary text-book. We demand to have the midnight oil bestowed, not in multiplying words, but in
retrenching them—not in reiterating ideas, but in condensing them into the most clear and brief practical expressions of which they are susceptible. Of the cases which occupy so large a part of this volume, indeed, we do not profess to have found time to peruse more than a fraction. After plodding through many pages of very ordinary cases of indigestion, met by very ordinary prescriptions—(the most remarkable is one which frequently occurs, in which nitrate of silver is ordered in conjunction with tannin, to the great detriment, we should think, of the activity of both substances)—we gave the clinical department of the book up in despair. We beg, therefore, to decline the responsibility of stating, as reviewers, the practical truths which the author has left to be gathered from this chaotic heap of evidence; and if we shall appear not to have done him justice in not reading the whole of his work, we must remind him that (as Sydney Smith used to say) human life is shortened since the flood, and that, if he wishes to be read, he must of necessity forego this vicious style of writing, and endeavour to meet us half-way, by getting his ideas into a somewhat more moderate compass and less desultory form.

Of Chapters I. and II. we shall have little to say. The former commences with the rather elementary information that the stomach "is situate in the upper part of the abdomen, occupying the left hypochondrium and the epigastrium;" and after a good many pages of what might be expected to follow such a beginning, we arrive at a description in detail of the mucous membrane, evidently from personal observations, but containing little which may not be found more shortly and quite as clearly described elsewhere. The author considers the solitary glands, which exist in small numbers in the mucous membrane of the stomach, as being superfluous structures, indeed worse than superfluous, for he hints that they are "imperfections, and, it may be, foci of diseased action."—P. 21. He does not tell us how he came to adopt this rather extraordinary, and, we think, unreasonable conviction. Chapter II. contains an account of the physiology of digestion, and is for the most part a compilation, by no means of surpassing excellence. The author has repeated the experiment of Bidder and Schmidt, by which it is shown that the intestinal fluid, apart from the gastric, pancreatic, and hepatic secretions, has a certain power of acting on albuminous substances.

In Chapter III. the morbid conditions of the stomach are described.

Passive congestion is described as common in its slighter degrees, but rare in its extreme forms. The line between morbid and normal congestion is not drawn with more distinctness than by previous authors; and, notwithstanding six cases narrated with considerable detail, little or nothing seems added to the clinical history of this affection.

Inflammation of the stomach is divided into catarrh and gastritis.
The former, confined to the mucous surface, is shown by exuberance of mucous secretion, with distension, and sometimes rupture, of the capillary vessels. We are by no means disposed to admit that, in this case, any more than in that of congestion, the author has been successful in separating normal from diseased conditions, the more so, as he says that the ultimate structure of the mucous membrane is commonly unaffected. The fact that he found gastric catarrh in 23 out of 100 cases taken at random, and dying of all diseases, shows pretty clearly, we think, that the clinical importance of catarrh in this sense is small. The author does not appear to believe, with Huss, Rokitansky, and Beaumont, that spirit-drinking predisposes to catarrh. True gastritis, the author, like most other pathological authorities, considers to be rare.

Hypertrophy and atrophy of the solitary glands is usually unattended by dyspeptic symptoms, or by any manifest and characteristic phenomena. The pathological relations of the affection, too, are involved in all the obscurity which is the result of the slight knowledge we have of the normal condition of those structures. Hypertrophy "is of the nature of an interstitial growth, spreading among the proper elements of the tissue, and inducing their atrophy. It is generally combined with more or less of fibroid stroma, which, in allied instances, comes to predominate."—P. 99. Hypertrophy appears to be, according to the author, more frequent than atrophy.

"Atrophy of the glandular tubes, with varying amount of fibroid formation.—There is a group of instances of atrophic change, not well defined, but which it yet seems fit to separate from the foregoing, in which great destruction of the tubes of the mucous membrane occurs. They are, for the most part, replaced by a fibroid or granular matter, much less loaded with nuclei than the new-formed tissue in the class lately described."—P. 106. We here present the reader with literally the entire clinical and pathological history of this form of disease; for the cases given, and the few speculations which follow, throw no additional light upon the subject.

Mammillation of the mucous membrane, to which so much importance has been attached by French authors, would appear, according to the statements of Kölliker, as well as those of Dr Jones, to be quite compatible with a healthy condition of all the structures involved in the mucous membrane. It appears to depend upon a certain state of contraction of the corium or body of the membrane.

Ulceration.—Dr Handfield Jones has not been able to confirm the statements frequently made, that ulcers of the stomach are more frequent in females, and especially young unmarried females, than in males. Two out of eight cases only were females, and none of them were under 48 years of age. Rokitansky also finds that more cases of ulceration occur above 50 than below 30 years of age.

Changes in the epithelial contents of the tubes. Those observed were—1. Fatty degeneration; 2. Simple wasting; 3. Black dis-
coloration. It does not appear that these conditions accompany any particular forms of disease; and no data exist sufficiently precise to fix either their chemical or pathological significance.

Softening of the Stomach.—On this much-canvassed subject there is nothing new.

Fibroid thickening of the Stomach, formerly supposed to be a cancerous lesion (schirrus), and probably in some instances dependent on cancerous disease of the mucous membrane, though sometimes not so, receives no additional elucidation. The same may be said of

Cancerous disease, the last morbid condition mentioned.

From this short analysis of the third chapter—including, however, short as it is, almost every suggestion which can be conceived to bear, however remotely, on practice—it will be seen that Dr Handfield Jones is not, as yet, in a position to make any very important clinical application of his researches. His gastric pathology is still a pathology of the dead-house and dissecting-table only; and so far as we can see, he has not as yet succeeded in establishing, to any considerable extent, its relations either with the physiology of digestion, or with the symptomatic disturbances which constitute the study of the practitioner. We do not indicate this failure as being in itself any reproach—on the contrary, we believe that it arises in great part from the nature of the subject; and had Dr Handfield Jones contented himself with a modest statement of facts observed, and conclusions cautiously deduced therefrom, in the field of morbid anatomy, he would not have had the trouble of writing so long a book, and we, on the other hand, would have had nothing to do but to give an account of his labours, and to praise the industry and the good faith which led him to cast his mite into the treasury of universal truth, in the hope that it would not be found ultimately wanting in useful results. But, by inflicting on us and on his readers, the wearisome iteration of commonplaces which for the most part occupies Chapter IV., Dr Handfield Jones compels us to pronounce judgment on the practical character of his work; and it is impossible to overlook, in this point of view, the want of connection between the physiology and the pathology, and between the latter and the practice or the diagnosis expounded by the author. We make these remarks, however, subject to the admission that Dr Jones may very possibly have done injustice to his own argument, and to his own knowledge, by such an elaborate display of cases leading to nothing, as may have hidden from our notice some of greater interest and more decisive character. If so, we trust he will not fail to take an early opportunity of cancelling our erroneous impressions, by communicating to the public a short and clearly connected view of the strictly practical results of his labours, as regards diagnosis and treatment, with only so much of clinical narrative as serves to place beyond doubt the positions which he believes that he has established. As it is, we are bound to pro-
nounce this treatise an unsatisfactory one; and we regret that it should be so, coming, as it does, from the pen of one whose honest and earnest labours in science we have at all times been most anxious to acknowledge.

We must not forget to note, that some of the most important facts in the volume occur in a short Appendix, in which a number of experiments on vomited matter are recorded. In 20 cases in the human subject, and in some additional experiments with the gastric fluids in the pig and rabbit, it was found that free hydrochloric acid existed in the majority of cases in minute quantity, in a few in larger quantity, while, in about a third of the whole, no trace could be found. There was nothing in either the negative or the affirmative instances to explain the difference. From experiments by Bernard and Barreswil, however, repeated by Dr Handfield Jones, it appears that lactic acid has the power of decomposing chlorides, and liberating their acid; so that it is, after all, very uncertain if the alleged free hydrochloric acid of the gastric juice be not an accidental educt, depending on the action of lactic acid on the chlorides either of the food or of the gastric secretion, or of both together.

1. A Treatise on the Action of Medicines in the System. By Frederick William Headland, M.B., etc. 2d Edition. 8vo. London, 1855.

2. The Essentials of the Materia Medica, Therapeutics, and the Pharmacopoeia. For the use of Students and Practitioners. By Alfred Baring Garrod, M.D., Professor of Materia Medica, etc., London University College. 12mo. London, 1855.

3. A Manual of Practical Therapeutics, considered chiefly with reference to Articles of the Materia Medica. By Edward John Waring, M.R.C.S.L., Hon. East India Company's Service.

It is impossible for us to enter upon a detailed examination of the three works which we have here classed together for the purpose of bringing them under the notice of our readers. Each may be said to represent a separate method of treating that department of medical instruction embraced under the title of Materia Medica. Dr Garrod, though by no means restricting himself to this, gives us a short account of the physical and chemical qualities, preparations, etc., of medicinal substances; Mr Headland discusses the theory of their action when introduced into the system; and Mr Waring takes the more strictly practical view of the manifold uses that have been made of various medicines in the cure of diseases.

Mr Headland's book has reached a second edition. In this we find abundant evidence of careful revision, an earnest desire to
avail himself of all recent sources of information, and a quality which, as reviewers, we are especially called upon to commend, a due respect for, though without any unnecessary submission to, the opinions of those who criticised and dissented from his views. The detailed examination, in the former series of this Journal, of the first edition of Mr Headland’s essay, which is gracefully acknowledged in his present preface, removes the necessity for any renewed discussion here. We must therefore content ourselves with recommending to our readers this ingenious exposition of the humoral doctrines now prevalent in the schools. Every one who takes an interest (as every one ought to do) in the progress of that most obscure of all subjects, the modus operandi of remedies, should find a place for Mr Headland in his library.

Dr Garrod’s book is a short and clearly-written commentary, very much on the plan of Christison’s Dispensatory. It will prove a useful book to students who are preparing for Apothecaries’ Hall, but for Scotch or Irish students it will be of less value, as it is almost entirely confined to the London pharmacopoeia. It will be no less useful to English practitioners who do not wish to be encumbered with a more bulky volume; and so far as the London pharmacopoeia is concerned, we can promise them that they will find all its essentials there in a clear and succinct form. The desire for brevity in the work has led to one or two omissions, which are, we think, to be regretted. Thus, whilst he has very properly given, under the head of Aconite, not merely the London tincture, but those of the Dublin College and of Dr Fleming, he does not, when discussing Hydrochlorate of Morphia, mention the important fact, that the London solution is nearly twice as strong as those of Edinburgh and Dublin. It is true that, in dispensing prescriptions, there is a certain amount of protection against error in the fact that each pharmacopoeia denominates its solution by a different name—the more’s the pity, say we; but many patients habitually use their “morphia at bed-time,” without any attention to the niceties of pharmaceutical nomenclature, and Dr Garrod ought to have told his English students and practitioners, to warn their Scotch or Irish patients, that 20 drops of solution of morphia in London are equal to 40 in Edinburgh or Dublin. We must also beg Dr Garrod to correct the atomic weight of mercury—Hg is not \( \equiv 100 \), if calomel and corrosive sublimate be \( \text{Hydrargyri Chloridum} \) and \( \text{Hydrargyri Bichloridum} \) respectively. If he will only persuade the College whose pharmacopoeia he follows, to banish those dangerous names, he may adopt whatever atomic weight he chooses; but in the meantime, he must be content to differ from most modern chemists, and call \( \text{Hg} \equiv 200 \).

Mr Waring’s book demands a more extended notice than we can find space for, but in the meantime we beg to state to our readers the general plan of the work, referring them for details to the book itself, which they will find to form a very good investment for
12s. 6d. Mr Waring, with a slight glance at the natural and pharmaceutical history of medicines, devotes his attention mainly to recording the special uses in the cure of disease which have been made of the different articles of the materia medica. Thus, to take an instance, *ad aperturam*, we have under the head of Ferri Sesquichloridi Tinctura, notes of its employment in nineteen different affections in which it has been stated to be of use, and in each case the reference is given to the statements quoted. In a work on this plan, accuracy of reference is of the utmost consequence, and we are bound to say for Mr Waring, that after having applied the test of turning up the passage quoted by him in several instances, we have always found him correct. This is a matter of more consequence than may at first sight appear. It has happened to us, unfortunately, very often to find an author cited as an authority for a practical statement, who never gave any grounds for the assertion at all, merely because some writer has quoted him incorrectly; and others have, without taking the trouble to refer to the original, copied the error till it has become stereotyped in medical literature. This we believe to be a fruitful source of the "false facts" with which medicine is said to abound. We are not prepared to become sureties for the accuracy of Mr Waring in every instance, but we are bound to say, that so far as we have tested him, he seems to be worthy of all confidence. If the value of Mr Waring's book, however, consisted merely in its use as a work of reference to the uses that have been made of individual drugs, it would be of comparatively limited utility to the practitioner. But by means of a very copious Index of Diseases at the end, the physician, who has met with a case which resists all his usual methods of cure, may be enabled to see at a glance what expedients have been had recourse to by others under similar circumstances. Thus, if he be baffled by a case of psoriasis, let him turn to page 744, and there he will find the following references, from among which he may perhaps find something useful to his scaly patient.

*Psoriasis.* Sesquicarbonate of Ammonia, 197. *Liquor Arsenicalis, 388.* Iodide of Arsenic, 410. *Liq. Arsenic. et Hydrarg. Iodid. 414.* Tincture of Cantharides, 668. Daphne Mezereum, 993. Arseniate of Iron, 1072. Bichloride of Mercury, 1276. 1279. Iodide of Mercury, 1364. Iodine, 1485. *Cod Liver Oil, 1731.* Phosphorus, 1923. *Pix Liquida, 1954.* Pix Nigra, 1958. Acetate of Potash, 2021. Liquor Potassae, 2072. *Iodide of Potassium, 2110.* Bicarbonate of Soda, 2368. Soluman Dulcamara, 2398. Blood-letting, 2845. *Issues, 3034.—Local Applications: Acid. Acet. Fort., 25.* Ioduret of Ammonia, 488. Nitrate of Silver, 342. Cressote, 934. Glycerine, 1216. *Calomel, 1356.* Iodide of Mercury, 1364. Liquor Hydrargyri Pernit., 1381. *Ung. Hydrargyri Nit., 1399.* Iodine, 1485. Naphthaline, 1710. *Opium, 1882.* Phosphorus, 1923. *Pix Liquida, 1954.* Pix Nigra, 1958. Borax, 2355. Bicarbonate of Soda, 2368. Liquor Sodae Chlorinatae, 2377. Iodide of Sulphur, 2437. *Leeches, 3060.*

The asterisk * denotes those remedies which are the most deserving of notice.
We should, however, be doing but half justice to the labour and methodicity which Mr Waring's manual evinces, if we did not permit him to narrate, in his own words, the circumstances under which it was written.

The compiler is painfully alive to the fact that, even in the department of which he has undertaken the illustration, many deficiencies and short-comings will be found to exist; and this leads him to mention briefly the circumstances, most disadvantageous ones it must be allowed, under which the following work was prepared for the press. It was compiled and arranged at Mergui, a small isolated station in the Tenasserim Provinces (part of ancient Burmah). It is the southernmost part occupied by the East India Company's troops in the above provinces, being situated about 240 miles from Moulmein, above 1000 miles from Calcutta, and a still greater distance from Madras. In times of peace, the only means of communication with the above places was by monthly steamer, and after the outbreak of the Burmese War (1851), by a small sailing vessel, whose visits, like those of angels, were few and far between. Thus, as may readily be supposed, great difficulties existed in obtaining books for reference. Calcutta is the nearest place at which these can be procured, and a space of at least three months must necessarily elapse between the periods of writing to that city for books, and receiving them, or, in the stead, a polite note from the booksellers, to the effect that the work or works in question are not procurable in Calcutta, but that, on receiving instructions to that effect, they will procure them from England by the next overland mail, thereby entailing a delay of several months, and a considerable extra expense. However anxious a writer, under such circumstances, may be to accumulate facts or to verify notes which have been taken years previously, without any view to subsequent publication, the obstacles thrown in his way are so numerous, that it is impossible to overcome them entirely or to complete a work to his satisfaction. In addition to these difficulties, it may be added that the writer was "in orders" to proceed to an appointment at least 1500 miles from Mergui whilst the work was proceeding to a termination, and that, in consequence, he was much hurried in effecting its completion, as travelling in India is but little suited for carrying on any literary occupation.

A forcible illustration of our author's difficulties in procuring books, is afforded by the fact, that neither Dr Christison's Dispensatory, nor Dr Neligan's Medicines, etc., are mentioned among the books which he consulted, although the former reached a second edition in 1848, and the latter a third edition in 1851; Mr Waring bearing date 1854. Upon no other principle can we account for the absence of all notice of these standard works.

We cordially recommend Mr Waring's book to the notice of the profession. We ought, in fact, but for circumstances beyond our control, to have noticed it long ago. Of course all isolated statements as to the cure of diseases by special remedies, are to be taken cum grano—but with this proviso in their mind, our practical readers will find in this manual a very useful addition to medical literature.