Tumours of the Bladder: their Nature, Symptoms, and Surgical Treatment. By Sir Henry Thompson, F.R.C.S. London: J. & A. Churchill: 1884.

The main part of this book has already appeared in the Medical Journals as reports of two lectures delivered at the Royal College of Surgeons in June last. The subject is here enlarged upon, and largely illustrated by drawings and cases. The author in his first chapter deals with the question of diagnosis. He considers that tumours of the bladder are not uncommon, and that, therefore, the diagnostic signs should be familiar to all surgeons. In regard to general symptoms he gives seven points to be investigated,—frequency of micturition, pain, haematuria, character of the stream of urine, appearance of the urine and its deposits, pains in back, loins, etc., and lastly, signs of dropsy. The careful investigation of these points in many cases should lead to a correct diagnosis as to whether the case is one of kidney disease, calculus, cystitis, tumour, stricture, or prostatic affection. Next, physical examination may be necessary, with sound in bladder or finger in rectum. The author further recommends, where doubt still remains, digital exploration of the bladder—the method of procedure already well known in connexion with his name. In the second chapter this operation is described minutely, and also the sensations imparted to the finger by the various tumours or other pathological conditions that may be found in the bladder. In this chapter are recorded 43 cases in which the operation of digital exploration was performed, in 20 of which a tumour was found. In the remaining cases, though no tumour was found, many were benefited by bladder drainage. In one case death resulted from pyaemia. In five cases no benefit is reported—in fact, one seems to have been worse before than after the operation (case 34). It is worthy of notice that all these unsatisfactory cases occur among the later ones—those operated on in 1883 and 1884. This suggests that the operator may have exerted less care in the selection of his cases, or become more enamoured of the operation.

Chapter III. is devoted to the symptoms and characters of the different forms of tumour found in the bladder. This chapter is abundantly illustrated with excellent woodcuts and beautiful coloured plates of microscopical appearances. Unfortunately we cannot transfer these plates or even the descriptions, but as everyone is likely to possess himself of a copy of the book, such a proceeding will be unnecessary.
The fourth chapter deals with the operation for the removal of a vesical tumour. The manipulations are carefully described, the instruments delineated, and a few illustrative cases recorded in full.

As an appendix a table is given of all the cases of tumour operated on. They are 20 in all. Of these only two can be considered complete recoveries (Nos. 1 and 7). Six patients died from the operation (Nos. 3, 9, 10, 11, 13, and 18). Three more cases (Nos. 5, 6, and 8) died subsequently of return of the tumour in the bladder or from malignant disease elsewhere. Of the remaining nine cases, three have been operated on so recently that the ultimate result cannot yet be properly ascertained; the other six have benefited more or less from the operation, some considerably, but without perfect recovery. Putting these six to the two perfect cures, we have eight successful against nine fatal cases—and three still sub judice, one having been operated on last February for the second time. This is not, on the whole, encouraging, considering the skilled hands under which the patients were.

To the report of each case is attached a diagram showing the relative size and position of the tumour. Altogether the book is most thoroughly and completely got up, and will form a most valuable and elegant addition to every surgeon's library.

Before concluding this brief notice of a work which will be the standard reference on the subject of tumours of the bladder for many years, we must refer to an opinion expressed by Sir Henry Thompson with which we cannot agree, and we do this the more confidently that we know that many eminent surgeons differ from our author on this subject.

In the first chapter, at page 8, when referring to necessary catheterism in elderly men, Sir Henry Thompson speaks in the most hopeless terms. He says, "In all the conditions described the patient's fate is sealed," and he sees no way out of the difficulty but through an opening in the perineum. Where a septic cystitis exists, we agree that sooner or later the result is generally a fatal one. But why should every old man who requires the use of a catheter run the risk of septic cystitis? And why should Sir Henry Thompson not think that there is such a thing as prophylaxis? We know that there is such a thing as making the use of a catheter safe, and we have to thank Sir Andrew Clark for directing attention more thoroughly to the matter, though the result of his agitation has been somewhat different from what perhaps he expected. From our author's utterances here and elsewhere we would almost suppose that he knows nothing of antiseptic surgery.
We have read this elaborate and exhaustive treatise with interest, care, and, we think, profit. It is written, we may say at the outset, evidently with the purpose of demonstrating that the proper method of treating all cases of obstruction, not excluding even hernia, is by starvation and opium. While we think that Mr Thomas pushes his argument rather far,—but, of course, we may be prejudiced,—we are ready to admit that even in the present enlightened age the so-called orthodox treatment of intestinal cases is far from safe in many instances.

Mr Thomas is very severe on those who administer purgatives and enemata to cases of obstruction indiscriminately, and on those who allow food and drink to patients who are constantly vomiting. He very properly points out that what an injured bowel and irritated stomach want is rest. Surely it is only common sense to refuse food and to give opium in such cases. Who has not seen opium stop sickness and ultimately bring about an evacuation of the bowels? Opium is not a cork, nor yet a ligature tied round the gut. It does not obstruct, and, by giving rest, it enables nature to bring about a cure in many cases of obstruction.

In the matter of diet there is a point for directing attention to which once again we are indebted to Mr Thomas. Milk is not liquid but solid food. One does not wonder at patients not believing this; but medical men ought to know it. Being both solid food and very nourishing, it does not constitute a part of "starvation diet."

There are not a few points in Mr Thomas's book which we, had we space, might criticise severely, more especially at the beginning, where he mixes up typhoid fever with intestinal obstruction, and argues that what is appropriate in the one must necessarily be useful in the other. Our author may be correct as to the treatment, but we don't admit the argument. Still, on the whole, the book is well worth careful study by all, for who may not have a case of obstruction on his hands any day, and have to decide at once as to whether an enema, opium, or abdominal section should be recommended. In view of the vast importance of correctly deciding this question, we would suggest, as we have suggested elsewhere already, that a surgeon should be called to see such cases at the very beginning, as it is then that an operation, if it is to be performed at all, is most likely to be successful.

There are many remarks of our author that we would like to quote for the benefit of our readers, but we must refer them to the book itself, which, though somewhat lengthy, will repay a careful perusal. One thing about the book we don't understand. It is evidently entirely written by Mr Thomas, who uses the first
person singular throughout, yet the name of Mr Rushton Parker is on the title page. We have left his name out in our heading of this notice, not seeing very well what he had to do with the production. Furthermore, every page of the book is marked “Part I,” and yet there is no reference anywhere to Part II.

Regional Surgery. Part II.: Upper Extremity and Thorax. By F. A. Southam, F.R.C.S. London: J. & A. Churchill: 1884.

This is a most excellent and, so far as we have examined it, reliable work. Diagnostic signs are specially described, and in several instances these are produced in the form of tables. We have no hesitation in recommending the book both to students and practitioners as valuable for reference.

The Influence of Heredity and Contagion on the Propagation of Tuberculosis, and the Prevention of Injurious Effects from Consumption of the Flesh and Milk of Tuberculous Animals. By Herr A. Lydtin, G. Fleming, F.R.C.V.S., and M. Van Hersten. London: Ballière, Tindall, & Cox.

This is the translation by Dr Fleming of a report prepared for discussion at the International Veterinary Congress at Brussels in 1883.

The book opens with a preliminary history of Bovine Tuberculosis, and the report proper embraces consideration of the following three questions,—(1.) What is the influence of heredity in the propagation of tuberculosis? (2.) What is the influence of contagion on the propagation of tuberculosis? (3.) What are the preventive measures which should be had recourse to in order to arrest the injurious effects which may result from the use of the flesh and milk of tuberculous cattle?

The views entertained on these points by the authors are indicated by the resolutions which they propose the congress should adopt. These are,—(1.) Tuberculosis is a disease transmissible by heredity. (2.) It is contagious. (3.) It should be classed among the affections which should be combated by sanitary police measures. (4.) The measures to which recourse should be had are,—(a), compulsory notification of the cases; (b), compulsory public notification of affected localities; (c), isolation and slaughter of suspected and diseased animals; (d), special police surveillance of infected localities for one year from date of last case of disease; (e), disinfection of affected localities; (f), the flesh and viscera of an animal to
be allowed for human consumption, if the disease be recognised as *only at its commencement,* the lesions merely affecting a small part of the body, without implication of the lymphatic glands, and without softening. Meat with marked tuberculous lesions to be spoiled for sale by sprinkling it with petroleum, and afterwards buried; *(g),* milk of diseased or suspected animals should not be used for consumption; that of animals suspected of contamination should only be consumed after boiling; *(h),* an indemnity to be allowed for cattle killed by order; *(i),* infractions of these measures to be punishable; *(j),* a competent service for meat inspection to be instituted in every district; *(k),* establishments specially set apart to provide milk for sick people or invalids to be under permanent control and supervision.

Our authors have prepared a very careful and complete report on this oft-debated subject. The importance of Koch’s researches in regard to the etiology of tuberculosis is fully emphasized, and we cordially agree with the reporters in the high estimate which they put upon the presence of the bacillus of tubercle as pathognomonic of the disease. It is interesting to note that, quoting Semmer, they believe that tuberculosis may be developed during the embryonic period. So far as we know, no corresponding observations have been made in the human species, a fact which tends to throw considerable doubt on the direct hereditary transmission of the disease in man. If, following Virchow, heredity be defined as embracing not only the actual disease but the tendency to it, then tuberculosis may be considered as hereditary. According to Niemeyer, however, the progeny of tuberculous parents is not more liable to tuberculous disease than that of aged, debauched, or otherwise diseased ones. In these instances, a common constitutional weakness is propagated, which, owing to causes incidental to climate and civilisation, finds expression in tubercular disease.

Now that a special organism has been detected in tuberculosis, the question of its contagiousness has been revived, and apparently more widely accepted. But the existence of a specific poison in a given disease does not necessarily imply its possession of contagious properties. Dr Andrew has lately directed attention to this, and quotes ague as dependent upon a specific organism, and yet as not possessing contagious or infectious properties; and we agree with this writer that it is to this class that the tubercular variety of disease belongs. At the same time, we confess that our authors have adduced very powerful proof that, amongst the lower animals at any rate, tuberculosis possesses contagious properties.

The legislative enactments necessary to prevent the sale and consumption of the flesh and milk of tuberculous animals are very fully dwelt upon in the report. We believe that sufficient attention has not hitherto been given to this most important sub-
ject, and we hope the day is not far distant when the meat markets and dairies of our towns will be placed under such supervision as will protect the public from the great risks incidental to the use of diseased flesh and contaminated milk.

_A Statistical Inquiry into the Nature and Treatment of Epilepsy._
By A. Hughes Bennett, M.D. London: H. K. Lewis: 1884.

This small volume contains three papers, which have appeared previously in one or other of the medical journals. The first paper is devoted to etiology and symptomatology, and is based upon a number of unselected cases. Etiology is discussed under the two heads of predisposing and exciting causes. The method of inquiry is the ordinary statistical one of division into sex, age, occupation, and so forth. In as many as 59 per cent. there was no family history of nervous or other hereditary disorder. That the neurotic constitution should have shown itself early in life, by convulsions during dentition, in 15 per cent. of the total number is perhaps less than general opinion and observation would have reckoned. The inquiry into the exciting causes is wholly negative. The statistics of the frequency of certain well-marked symptoms are interesting, even if not of much importance. And we are somewhat surprised to learn that in _epilepsia gravior_ there were 74.4 per cent. in which the intelligence was not seriously impaired; but of course much depends upon the author's standard and his ideas of normal variation.

The important question of the action of the bromides on epileptic attacks is dealt with in the second paper. And we are pleased to see that Dr Bennett is not amongst the unbelieving and sceptical members of the profession as regards the benefits resulting from medical treatment. The bromides in his hands have worked the marvels which they are able to do when administered with the boldness of intelligent confidence. He begins with 30 grains for an adult, and when necessary raises it by degrees to from 60 to 80 grains. He gives the drug on an empty stomach. Reason might dictate rules as to whether certain drugs should be given on an empty or partially full stomach, but it is probably the case that many grievous therapeutic disappointments result from an unwise selection in this detail, or by its being left to the whim of the patient. A dose of 20 grains to begin with to a child of ten years is surely often unnecessarily large; and the smallest efficient dose is the fundamental doctrine of intelligent therapeutics. Only in 12.1 per cent. were the attacks completely arrested during the exhibition of the bromides, while in 83.3 per cent. the attacks were diminished in number and severity, while in 4.6 per cent. there was either no improvement or the attacks became worse. When
Dr Bennett resumes his observations we hope he will extend them to other remedies, either alone or in combination, for we cannot rest satisfied with therapeutic measures which leave us with but imperfect success in 88 per cent. of cases, and we are familiar with cases where other measures have succeeded when the bromides have failed. Such an investigation approached in a like truthful and truth-seeking spirit, and conducted with as much care, and marked by as complete an absence of bias as the papers under review, would be of the greatest practical value to the profession.

The third essay is an inquiry into the effects of the prolonged administration of the bromides, and the author has satisfied himself that "in the majority of cases the physical and mental powers do not appear to be injuriously affected." We are acquainted with important investigations which have recently been made in one of the English asylums, which show that while the drug is being steadily taken in considerable doses the patients increase in weight, while the blood improves, both in its corpuscular richness and in the amount of haemoglobin present. We think Dr Bennett has done well in bringing these essays together and presenting them to the profession in a convenient form.

A Manual of Diseases of the Ear, for the Use of Students and Practitioners of Medicine. By Thomas Barr, M.D., Surgeon to Glasgow Hospital for Diseases of the Ear, etc., etc. Glasgow: James Maclehose & Sons, Publishers to the University, 1884, pp. 530, small octavo.

We can heartily recommend this new work on Otology to students and practitioners of medicine, first, because we have risen from the perusal of its carefully written and for the most part correctly stated facts with benefit to ourselves; and secondly, we are of the same opinion regarding this book as H. K. in a notice of it in the Zeitschrift für Ohrenheilkunde, vol. xiii. No. 2, p. 222, who says:—"The book holds a happy medium between the meagre and insufficient treatises which contain the names, titles, and claims of their authors in full, but only a fraction of the subject-matter of otology, and the exhaustive and fundamental works, of which Politzer's recent book may be mentioned as one of the best representatives. Barr's manual deserves to have a large circulation, and would undoubtedly obtain it if there had not been an over-production of otological text-books during the last years. Diffusion of otological knowledge has been more extensive than production." The arrangement of the work renders the subject much clearer than we have seen it in any of the more recently published original British works. There is a complete index at the end of the work, and a list of 122 formulae of
very doubtful utility, we consider, for the general practitioner and student. There are 115 illustrations, "mostly original!" we are told in the preface, throughout the work. Neither the wood-engraving nor the printing of the cuts are satisfactory. There is a list of principal works and journals at the beginning, and a valuable table of contents. The printing and paper, with size and compactness of the volume, as well as the clear and easy style in which it is written, and the advantages we have already referred to, make it a book we have pleasure and satisfaction in reading as well as in recommending. There are errors and shortcomings, but we believe Dr Barr has conscientiously striven to lay before the student and general practitioner the proper résumé of the amount of his knowledge, and that previously written regarding diseases of the ear, or what was known to him at the time of writing. We heartily recommend Barr's Manual on Diseases of the Ear.

West African Hygiene; or, Hints on the Preservation of Health and the Treatment of Tropical Diseases. By CHARLES SCOVELL GRANT, M.D., etc. Published for the Government of the Gold Coast Colony, by Edward Stanford, 55 Charing Cross, London. Second Edition. 1884.

We can heartily recommend this little monograph to those who purpose going to a climate which is popularly regarded as one of the most trying and dangerous in the world. It is intended for non-medical readers, especially those who may be located where trained medical aid cannot readily be obtained; and from its clear and simple style, it cannot fail to be understood and to prove a boon to anyone of average intelligence. The first part is devoted to a statement of how a European ought to live in a West African climate, while the second part is devoted to a lucid description, not encumbered by technicalities, of the more common diseases prevalent in that part of the world. Treatment is considered both from a preventative and curative standpoint, and is absolutely free from ambiguity.

The Pathology, Diagnosis, and Treatment of Diseases of the Rectum and Anus. By CHARLES B. KELSEY, M.D. London: Sampson Low, Marston, Searle, & Rivington: 1884.

This elaborate work from the pen of a New York specialist, carefully written, including many affections more or less directly connected with the rectum, and profusely illustrated, is a valuable addition to surgical literature.
The first chapter consists of an account of the anatomy and functions of the rectum and neighbouring parts. Our author supports the now generally accepted opinion that the normal condition of the rectum is to be empty and contracted. One common evidence of this he omits to notice, namely, the distinct sensations that are felt when flatus attempts to pass from the colon per anum and is prevented. Under such circumstances the air is distinctly felt to pass, with a gurgle, through the sigmoid flexure down into the rectum, and then, when prevented from passing out by a tight contraction of the sphincter, is as distinctly felt to return to the sigmoid flexure.

Chapter II. is devoted to malformations, of which there is a description of every possible variety. The author recommends immediate operation in the perineum if possible to establish a natural anus. If this is not possible, he recommends an artificial anus to be formed, by preference at the left groin.

Chapter III. contains directions as to how to examine the rectum, and a great amount of apparatus is described and depicted. The following chapters are devoted to the diseases of the rectum, etc. Of these chapters, twelve in all, we shall not attempt to give a separate account, but will merely select one or two for comment.

In treating of rectal abscess and fistula (Chapter V.), Dr Kelsey does not, to our mind, describe sufficiently exactly the locality of these pathological conditions, more especially with regard to their relation to the levator ani. In one thing we think he is distinctly in error, at any rate he is in direct antagonism to accepted anatomical teaching in this country, when he says that deep rectal abscess (presumably so-called ischio-rectal) may be caused by rupture of the urethra.

In speaking (Chapter XII.) of the treatment of malignant stricture situated too high up for excision, Dr Kelsey recommends colotomy or colectomy in the left inguinal region. No mention is made of the operation which seems to be somewhat in favour at present, and is advocated by Banks, Lawson Tait, and others, namely, to make a small incision in the median line of the abdomen, open the peritoneum, secure the first portion of bowel that presents, and open it either at once or after adhesion of the peritoneal surfaces has taken place (according to the severity of the symptoms and urgency of the case), so as to provide a special fistula with as little immediate risk to the life of the patient as possible.

The book is filled with quotations from numerous authors, and is illustrated by drawings extracted from almost every work on the rectum. It is saved, however, from being a mere dictionary of other men’s labours by numerous reports of interesting and illustrative cases.

On the whole, we can recommend Dr Kelsey’s book as a valuable work for reference.
Pursuing what may be termed a revised policy, the New Sydenham Society have for the last two years alternated their Atlas of Pathology with additional fasciculi of their Atlas of Diseases of the Skin. That this is a wise and politic measure there can be no doubt. Valuable as the portraiture of morbid appearances is, the busy practitioner deals more with the living than the dead, and aids to his diagnosis in a difficult skin case are really of more importance to him than graphic reproductions from the post-mortem theatre; and, besides, there are still numerous lacunae in the Atlas of Skin Diseases. Apart from the strict dermatoses, plates representing the exanthemata would be much appreciated. In particular, Rötheln might find a place; a couple of plates, showing the changes the eruption assumes,—how at one period it resembles measles, at a later scarlet fever,—would prove invaluable for reference. Much the same might be said of varicella. The present part consists of four figures on three sheets. An admirable representation of Pemphigus foliaceus takes up one. The flaky leaves of half-detached epidermis are excellently rendered, and the accompanying dermatitis is so expressed that little difficulty should be experienced in diagnosing an example of this rare and dangerous disease with the aid of this picture. Not less excellent is Plate XLVIII., the right-hand figure exhibiting the fungating mucous patches on the scrotum and round the anus in an aggravated case of inherited syphilis. The left, a serpiginous rash on the face of an infant, resembling closely some of the late secondary eruptions in the adult, the subject of acquired syphilis, where symmetry in expression ceases to be well marked. This last figure should be compared with that in the corresponding situation in Plate XXVIII., named by Mr. Hutchinson gyrate syphilitic psoriasis, and also an example of a rare form of hereditary disease. These last two figures raise in one's mind the question, What was the date of the disease in the infecting parent? Had he or she reached the late secondary or the tertiary stage, and so induced a type of disease in the child approximating in character to what might have been expected in themselves were an eruption to manifest itself? This is one of the problems in inherited syphilis to which, so long ago as in 1865 (Clinical Lectures and Reports of the London Hospital), Mr. Hutchinson made the following reply: "It matters little what may have been the stage of the disease in the parent, the offspring will present first symptoms of the secondary class; and only at a much later period of life those of the tertiary group." The plates are valuable as depicting forms of eruption by no means frequently met with in inherited syphilis, and thus more likely to be misunderstood. The third plate deals with a case of syphilitic tuber-
cular lupus, a term with which we are disposed to find fault. Mr Hutchinson himself admits that lupus and syphilis are entirely distinct processes; and thus it appears a pity, even for the sake of pointing out the mimicry, to call a syphilide lupus. For the drawing itself we have nothing but praise, the colouring is perfect, and the whole aspect typical. The character the *Atlas* bears for accuracy and reliableness is fully maintained by this fasciculus.

**Clinical Notes.** By W. Mitchell Banks, F.R.C.S. Glasgow: Stephen Miller: 1884.

Those who are acquainted with the clever and facetious Liverpool surgeon will not be astonished to hear that the above is a very interesting, instructive, even amusing, and thoroughly readable book. We can strongly recommend it to all surgeons for a leisure hour, when they want something "light" that contains valuable information; and on account of its latter quality, we can also confidently say that no surgeon will lay the book down without feeling that the writer is a man with a considerable amount of practical common sense. In reading the book through carefully, which we did with much enjoyment, we marked many passages to annotate on. We must, however, content ourselves and our readers with only a few.

In referring to amputations, Mr Banks takes the opportunity of praising Syme’s amputation. In comparing it with Pirogoff’s modification, he says very appropriately that the preserving a piece of the calcaneum is of no importance; it is the skin of the heel that is wanted.

The following is, we think, sound teaching:—

“I cannot help a certain fear that surgery, in some departments, is becoming too mechanical—that too much attention is paid to the planing, screw-driving, and sawing, without any regard to the kind of wood that is being used. The *vis viva* of the patient is not sufficiently regarded; his real and his surgical age, his occupation, his habits of life, the state of his internal organs, do not seem to attract that amount of attention before a capital operation which they once did. But, above all, the “rising” surgeon has difficulty in appreciating with proper keenness the condition of shock resulting from serious accidents. Formerly the screams of the agonized patient compelled the surgeon to hurry; now, having only a log to deal with, he is apt to proceed calmly—too calmly. He forgets that, although the patient is silent, and is not suffering pain, he is suffering shock—that every minute of anaesthesia, every fresh incision, every lost teaspoonful of blood is steadily diminishing his chances of survival. In a thigh amputation for smash, the fact of the patient being on the table twenty minutes in one case, or three-
quarters of an hour in another, makes all the difference between his crossing the bar and sticking on it."

Mr Banks has a modification of the ordinary operation for excision of the knee-joint that seems to be a decided improvement. Besides rounding the end of the femur and scooping out the head of the tibia to make the two bones fit better together, he leaves the posterior crucial ligament,—a procedure which, he points out, is comparatively simple, seeing that the ligament is attached to the tibia some distance down the posterior surface.

Whilst we are pleased to be able to agree with Mr Banks, and feel that we have learned much by the perusal of his "Notes," we cannot agree with his opinion of the operation of removal of portions of ribs in cases of empyæma. Without going into the subject, we will just say that, notwithstanding his power of taking a broad and common-sense view of most things, our author has quite misunderstood the operation. He has judged against the operation because one case on which he operated failed. He took out a portion of only one rib, and saw no result! No wonder! He should have taken portions from three, four, or five ribs, and then he would have seen the thoracic wall fall in accordingly.

For the treatment of fecal fistula Mr Banks recommends a most ingenious and simple method of treatment. In describing the case in which he employed this method successfully, he says:

"I introduced a thick piece of india-rubber tubing into the opening, pushing one end up the ascending bowel and the other down the descending. It was fastened by a piece of stout silk, which hung out of the opening, so that it should not become lost. It was calculated that the continuous elastic pressure of the tubing against the projecting spur or eperon would press it back, and so allow the feces to pass round the corner, without flowing out by the artificial orifice. The tubing was kept in for a week at a time, and was inserted twice or thrice. At the end of seven weeks the patient left the Infirmary with nearly all the feces passing by the rectum, and only a few drops of a yellowish coloured fluid exuding from the artificial opening, which was now reduced to the condition of a mere sinus. At the end of three months this completely closed. She was seen recently, the hole having been tight for a year and nine months."

He further remarks modestly, "I don't know that this is a recognised method of removing the obstruction, and, in consequence, am all the more pleased at its success, and mean to try it again on the first similar case."

In speaking about operating in cases of strangulated hernia where the gut is gangrenous, Mr Banks objects to the procedure usually recommended of dividing the constricting fibrous structure. He advises that the gangrenous bowel should simply be opened, because the living portion above will be glued by inflammatory adhesions to the ring, and by cutting the ring, the barrier formed by the adhesions between the dead mass and the peritoneum will be
broken down, and the risk of septic peritonitis made almost an absolute certainty. We admit this to be a correct statement and sound reasoning in regard to cases where strangulation has lasted for some time, and where inflammation has had time to form adhesions; but in recent acute cases, where gangrene comes on in a few hours, from the tightness of the constriction, rough handling of some medical attendant, or powerful straining of the patient, we think that the operation, which Mr Banks seems to look upon as the coming operation, of cutting out a portion of the bowel completely, should be performed, and this of course can only be done after division of the constricting parts and drawing down of the gut.

In referring to the treatment of glandular abscess of the neck, Mr Banks's recommendation is:—

"The child should invariably be anaesthetized, so that a minute puncture may be steadily and quietly made in the abscess, through which a small drainage-tube should be inserted and retained in position. To insert a tube; or pass a probe through it, to within a quarter of an inch from one end, and let it impinge there against the wall of the tube, pushing this before it, then cut off the small end close up to the probe, and pull up the tube on the probe, holding it firmly between the finger and thumb. Having inserted the tube in the wound at the proper depth, pass right across it a piece of pack-thread by means of a small darning-needle. Cut a circle of adhesive plaster, and nick it round the edges to make it lie comfortably. Then cut a hole in the centre and a slit at each side. Lay it down so that the tube protrudes through the hole, and bring up the thread on each side through the slits, and tie it in front. Cut the tube short. A little absorbent cotton wadding, wrung out of a disinfectant solution, should be put on the surface and frequently changed. Thus a vent is given for the discharge, which is sucked up by the wadding, and the abscess cavity can be washed out, while the parts are not kept soddened and heated by poultices or waterproof dressings. Every two or three days the plaster is removed, and the tube replaced and shortened if necessary. When all is closed, only a white spot marks where the tube once was inserted. I was shown this little manoeuvre by Mr Bickersteth many years ago, and have found it most valuable in private practice. I often show it to students, and tell them it will be far more useful to them than lucubrations on tying the innominate or performing gastrectomy."

We must now close this notice with some extracts from Mr Banks's remarks on the comparative merits of ether and chloroform as anaesthetics. He says:—

"From the teaching of Simpson I naturally imbibed an unquestioning belief in chloroform, while for six months, as a senior student, I administered it in the theatre of the Edinburgh Royal Infirmary to all Mr Syme's patients. From the latter I received only two instructions—(1) Give plenty of chloroform and plenty of
air; (2) watch the breathing most jealously, and pull out the tongue at once if it is not absolutely free and full. To this day I believe that these are the golden rules.

"It may be a harsh thing to say (I have said it, however, before, and will not retract), but I cannot help thinking that most of the fatal cases result from an inability on the part of the chloroformist to appreciate the exact condition of his patient and recognise impending danger, and I adhere to the doctrine which I was first taught, that, in the fatalities which might have been avoided, a neglect of the breathing has been the main error. Of all the scores of medical students whom I have helped to educate, only a limited number seem ever to grasp this question of breathing. Times without number I have seen a house-surgeon solemnly pouring on the chloroform long after the patient's tongue had fallen back, and while for a minute or more he had not been getting into his lungs as much air as would make two good breaths. Some one has stepped forward and lugged out the tongue with a pair of forceps. Then has come such an inspiration as showed what the unfortunate man was literally dying to get could he only have spoken. During an operation of a quarter of an hour, a patient is often ten minutes on quarter rations of air—the working of his chest and belly deceiving the inexperienced administrator into the belief that his breathing is going on quite well. If you held a man's head under water till he was half drowned, and then proceeded at once to give him a considerable dose of chloroform, would you be surprised if unpleasant symptoms appeared? And yet it is considered wonderful that they should appear after he has been half choked on a table!"

Mr Banks seems to have a preference for ether. In regard to his opinion of that drug, we give two short extracts:—

"Is there then no danger with the etherized man? Undoubtedly there is; and it would be a very great thing if house-surgeons and others would bear in mind that no patient can be rendered insensible by any drug whatever without some danger.

"There is little doubt that while ordinary sensibility to pain disappears soon enough under ether, that drug takes longer than chloroform to paralyze reflex action. So much the better in one sense—the more difficult is it to paralyze the heart with it."

It is evident from these statements that Mr Banks is in favour of ether, and uses it in preference to chloroform.

_What to do in Cases of Poisoning._ By WILLIAM MURRELL, M.D., Lecturer on Materia Medica and Therapeutics at the Westminster Hospital. Fourth Edition. London: H. K. Lewis: 1884.

The fact that this small volume appears again for review so soon,
is proof that it has met some want in the world of books; and its success is well deserved, for, in spite of minor drawbacks, its teaching is, on the whole, sound and instructive. No doubt we must demur to the giving of ipecacuanha as an emetic in cases of poisoning by aconite or digitalis, and we think the use of artificial respiration is not likely to be much needed in poisoning by strychnia, though we are told under that head that if artificial respiration be possible it is important. In the treatment of cases of compound poisoning the author continues to repeat the same instructions under each head, e.g., the advice of "what to do" in poisoning by chloral and morphia is repeated under morphia and chloral; and, indeed, the treatment of opium poisoning is repeated under morphia, and hydrocyanic acid under prussic acid. The book, however, is well up to date, directions being given of how to treat such rare cases as poisoning by kairin, resorcin, etc. The paragraph devoted to the supposed active ingredients of popular "patent preparations" is specially good, as indeed are the notices of patent preparations throughout the book.

Wharton and Still's Medical Jurisprudence. Fourth Edition. Edited by Robert Amory, M.B., M.D., and Edward S. Wood, A.M., M.D. Vol. III., Poisons. Philadelphia: Kay & Brother: 1884.

The progress in our knowledge of the action of poisons upon the animal economy, and the improvements which have taken place in our analytical methods during the eleven years which have elapsed since the publication of the third edition of this work, have been very great. These advances have consequent produced an amount of new material, so large, that the editors, as they state in the preface, feel themselves bound to detach toxicology from the rest of the work, and assign to it an entire volume. Much more attention is now paid both to the physiological actions and to the specialized methods of detection of poisons than was devoted to these subjects previously, and our perusal of this volume leads us to regard it as well abreast of the latest views and discoveries in these departments. The appendix of important medico-legal cases is not the least interesting or valuable part of the work, containing as it does a succinct account of 56 cases, among which we note those of Bocarmé, la Pommerais, and Lamson, besides others of equal interest, although not of such world-wide notoriety.