In one instance it was stated that the chorion and amnion were thickened (No. 30); in No. 64 they were described as normal; but in no other case was there any allusion to their characters.

II. Microscopic Characters.

In only five cases was there any description given of the microscopical structure of the placenta (Nos. 34, 51, 56, 66, and 67). In No. 34 the placental tufts were thin and badly developed, and the epithelium at their extremities was ill defined and insufficiently developed; in No. 51 the villi were changed in form from increase in size, and there was hyperplasia of the epithelium, the stroma, and the vessels; in No. 56 there was unusual swelling of the connective tissue of the villi, their epithelium was mostly lost, and their capillaries contained leucocytes in the same disproportionately large amount as in the foetal blood; and in No. 66 (b) there was swelling of the villi, increase in their stroma, and some degree of oedema of their epithelial covering. In No. 67 it is stated that no micro-organisms were present in the placenta.

The clinical history and the morbid anatomy of general foetal dropsy have been given, and one is therefore now better able to approach the difficult subject of the etiology and nature of this disease.

(To be continued.)

Part Second.

REVIEW.

Les Tumeurs de la Vessie. Par M. Albarran, Paris, 1892.

"L'important ouvrage que j'ai la satisfaction de présenter au public médical est consacré à une question de chirurgie toute moderne." M. Guyon, in the opening sentence to the preface of M. Albarran's book, thus draws attention to an important feature in this work. A new field has been opened in vesical surgery during the last five years by the introduction of the perfected cystoscope—with light internal—as a diagnostic agent in genito-urinary disease, and it is perhaps in the diagnosis of tumours of the bladder that the instrument has its chief value. When we consider what was known five years ago, and what we know now of the frequency and character of bladder neoplasms, we are compelled to recognize that, as Albarran shows, we entered upon a new epoch in 1888. Surgeons up to that year made diagnostic incisions—often of value still—into the bladder with a double object: 1, to form a diagnosis; 2, to treat, when possible,
the condition. Now that is in great part changed, and in the majority of cases the diagnosis and probability of removal are arrived at by cystoscopy, not by cystotomy. The book which we have under consideration gives the most complete account of vesical tumours that has been published, and is worthy of an extended notice.

M. Albarran at the outset gives an historical résumé which is interesting and valuable. He then discusses problems which are important regarding all tumours, viz., etiology and pathological anatomy. He adopts a classification which is based on an anatomical consideration of the bladder, and is the simplest and best which has been suggested. It is the classification of a pathologist guided by pathological anatomy, with, however, a full regard for clinical fallacies. Concisely the classification is as follows (v. p. 44):

1. Tumeurs nées de l'épithelium
   - Papillomata.
   - Epitheliomata.

2. Tumeurs nées du tissu conjonctifs
   - Groupe atavique
     - Sarcomata.
     - Myxomata.
     - Fibro-myxomata.
   - Groupe adulte—Fibromata.

Annexe aux tumeurs conjonctifs—Angiomata.

3. Tumeurs nées du tissu musculaire—Myomata.

Tumeurs hétérotopiques
   - Dermoid cysts.
   - Chondromata.

With this classification as a basis the author proceeds to consider the pathological anatomy in detail. He shows statistically from a consideration of 88 cases which he has personally observed, and from the observations of others, that tumours are most frequently single, and that their site is usually the inferior third of the bladder, the trigone, however, seldom being implicated. From a consideration of 78 cases he recognised two methods of attachment of epithelial tumours to the bladder wall: 1, the implanted; 2, the infiltrated. Of the former some are pedunculated, others sessile,—the former are not necessarily benign, as out of 28 cases, 15 were malignant, 13 benign. The sessile are rare—9, all malignant, in the 78 cases (v. table, p. 58). The infiltrated forms may be recognised macroscopically, but frequently microscopical examination alone shows that infiltration of the muscular coat has occurred.

The author refers (pp. 61–70) to the mode of propagation of epithelial tumours, and states that general infection is rare,—1st, from the mode of development, viz., in many instances a probable transition—as in the larynx—from simple to malign; 2nd, from the mechanism of death in the patient, viz., renal and urinary causes, e.g., septic absorption.

On consideration of those cases which he has personally observed, and from a study of the observations of other authors, Albarran concludes that epithelial tumours are of much the most frequent
ocurrence, and that sarcomata and myomata are rare. In a most instructive table at page 165 he gives:

"Statistics of primary tumours of the bladder which I have personally examined with the microscope.

Simple epithelial, 13
Malignant, 68
Fibromata and fibro-myxomata, 2
Sarcomata, myxomata, and myxo-sarcomata, 3
Myomata, 1
Angiomata, 1

Total, 88"

After quoting other authors, who give a very similar ratio, he says Nitze is the only author whose statistics materially differ, he giving the ratio as 30 papillomata, 17 epithelioma, and 1 sarcoma. This discrepancy is, however, readily explained by Albarran when he says,—"In the great majority Nitze made no microscopic examination, but gave the diagnosis papilloma from cystoscopic examination only." As we have elsewhere pointed out, in the majority of cases such a conclusion cannot be arrived at cystoscopically, but requires verification by microscopic examination.

The important subjects of symptomatology and prognosis are considered in detail. In many cases the diagnosis that a tumour is present may be easy from the clinical history, but the whole question is much simplified by the cystoscope. The author rightly lays great stress on haemorrhage being the first and only symptom in very many patients, and impresses the view that such haemorrhage comes on suddenly without any cause, is unaffected by treatment, disappears suddenly, and is associated with no other symptoms. Further, that many months may elapse between attacks of haemorrhage (v. table, p. 184). An aid to diagnosis may be the presence of characteristic cells in the urine, but these, the author states, are very rarely discovered. This view is, no doubt, contrary to the opinion of some of the older surgeons, but after an experience of 23 cases we agree with M. Albarran. Apart from the above, as a rule, nothing else assists, except cystoscopy, short of cystotomy, although pain, cystitis, etc., may make the presumption of a tumour being present more probable.

At pp. 221–275 the subject of Cystoscopy—its history, value in diagnosis and prognosis—is very fully considered, and the rules which the author formulates are valuable as an aid to the use of this important instrument. M. Albarran attributes to the cystoscope the highest place in the rôle of diagnosis, saying, in effect, that nothing else is of any value.

The latter part of the work is chiefly a consideration of the treatment of tumours of the bladder, and in this part, even more than in the preceding portion, the author quotes largely from the
writings and experience of his master M. Guyon, the distinguished
chief of the Necker Hôpital. The operative procedure of supra-pubic
cystotomy is advocated, and the various methods of carrying it out
are reviewed and the details of procedure discussed. The use of
Petersen's rectal bag is deservedly advised as a means to raise
the bladder high up out of the pelvis, thus freeing a larger portion of
its anterior surface from the peritoneal covering, and at the same
time bringing it within reach of the surgeon. The position of the
patient introduced by Trendelenburg is advocated until the bladder
is opened, and the surgeon is duly warned that one chief risk is
injury to the peritoneum, while safety is insured by all incisions
being made close to the pubis. The actual treatment of the tumour
is that usually adopted in this country, but the after-treatment of
the wound—primary suture or not—is modified. The author,
while admitting that the question is still sub judice, agrees with
Guyon, that a partial closure and the introduction of a double tube
is advisable—the tube to be removed on the third day, and a soft
catheter introduced per urethram. By this method very rapid union
(10–14 days) is obtained.

The more severe procedure of partial resection of the bladder is
described, but the success of this measure has not been great,
although if the tumour be situated on the anterior aspect of the
bladder where the wall is uncovered by peritoneum, the risk of
removal by complete resection of the portion affected would not be
greatly increased.

This work is well arranged and critically written. It is full of
valuable information, and from the practical experience of the
author will form a trustworthy guide to others in the diagnosis, prog-
nosis, and treatment of vesical tumours. The woodcuts and plate
engravings are excellent, the latter in particular being very beau-
tiful. We believe the work will prove not merely an evidence of
M. Albarran's careful and thorough work, but a lasting addition to
the reputation of the Paris school, which is proud to acknowledge
M. Guyon as its chief ornament.

Life in Motion, or Muscle and Nerve. A course of Six Lectures
delivered before a Juvenile Auditory at the Royal Institution of
Great Britain during the Christmas Holidays of 1891–92. By
JOHN GRAY M'KENDRICK, M.D., LL.D., F.R.C.P. Ed., Professor
of Physiology in the University of Glasgow, formerly Fullerian
Professor of Physiology in the Royal Institution of Great
Britain. London and Edinburgh: Adam & Charles Black: 1892.

Any one with a knowledge of the outline of physiology will
enjoy a perusal of this reprint of Professor M'Kendrick's Royal
Institution Juvenile Lectures on "Life in Motion." The teacher
will envy the lecturer his power of lucid exposition. It is, how-
ever, doubtful if such a reprint will be of much use or interest to
the uninitiated. Diagrams are all very well—and they are most
lavishly distributed throughout this volume—but, as Dr M'Kendrick admits, they cannot take the place of the actual experiments with which the course was illustrated, and without which the lectures lose much of their educational value.

The author covers much of the more important parts of physiology; and the relation of physiology to other sciences, and of the different parts of the science to one another, are ably elucidated.

In the first lecture we have a general consideration of the various forms of movement throughout the universe, and their relationship to the movements of living beings. This is one of the best parts of the volume, and is full of suggestive touches. What is said, too, on the method of study is most wise, and it would be well did all teachers bear in mind this remark on the value of education in science—"This does not consist, as is often erroneously supposed, in merely acquiring a knowledge of facts, but also and more, in learning to reason correctly, and in cultivating the use of the imagination.

The methods of recording and studying movements are perhaps dealt with at too great length in the second lecture, but undoubtedly they are of importance in approaching the consideration of the various kinds of movements and changes in shape which a muscle can undergo. These questions, as well as the physical properties and structure of muscle, are dealt with in the third lecture. Then follows a consideration of the connexion between muscle and nerve, the way in which nerve acts upon muscle, and the nature of the changes set up in muscle which causes the evolution of energy during contraction. This leads to the consideration of the utilization of the energy for mechanical work and heat production, and the relationship of these two processes to one another. In this connexion Dr M'Kendrick has to point out that modern research goes to show that muscle is not so economical a machine as was at one time supposed, and that some of the new gas-engines compare favourably with it.

A discussion on the source of the energy of muscle involves an exposition on the outlines of dietetics. In conclusion, the phenomena of fatigue and the production of electricity in the animal body are dealt with in the same clear and popular style which characterises the volume throughout.

*Lectures on Diseases of the Digestive Organs.* By Dr C. A. Ewald, Extraordinary Professor in the University, and Physician to the Augusta Hospital, Berlin. Translated from the latest German Edition by Robert Saundby, M.D.Edin., F.R.C.P.Lond., Physician to the General Hospital, Birmingham. Vols. I. and II., Lectures on Diseases of the Stomach. London: The New Sydenham Society: 1892.

Although Dr Ewald's book is so well known in its native dress and so widely read, yet the appearance in English of the two
volumes dealing with gastric disorders calls for a warm welcome. The first of these volumes has been translated before from an earlier edition by Dr. Saundby, the second has now for the first time been rendered into English. Dr. Ewald always writes in a charming style,—a style, indeed, uncommon to many of his fellow-countrymen. He masses together the results of numberless experiments in a masterly manner, giving the reader the impression acquired from a perusal of details, without wearying him with their actual presentation. He does not, on the other hand, neglect the clinical side of his subject, and, in fact, the notice he extends to clinicists of our country and their work is remarkable,—accentuating, as it does, the difference between the style of investigation pursued in Germany or among us. He quotes as freely from English sources as English writers at present do from Germans, the articles quoted being chiefly clinical in their interest, not experimental or minutely chemical. Dr. Saundby has succeeded very happily in the translation, both with regard to the style and the English, all the characteristic points of the original being retained. The book is eminently readable.

With regard to the contents of these two volumes, we need say little. In them are collected summaries of, and deductions from all the latest work on the subject. Dr. Ewald might perhaps have emphasized more strongly the fact that an acidity which is normal in one individual, and causes him no inconvenience, is hyperacidity to another. And again, his remarks on the subject of gastric ulcers, wide-reaching as they are, fail to bring out the influence that relative excess of free acid has on their formation. The part devoted to the nervous diseases of the stomach is excellent, and the lines of treatment recommended throughout the book rational and well supported by clinical evidence. The study of gastric diseases has lately, we are glad to say, made very considerable progress in this country, and the opportune appearance of this book should stimulate all, and convince even the most empirical that minute and scientific study of disease leads to great results, and, moreover, that the fruits of such study may be presented in an interesting and taking form.

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Differentiation in Rheumatic Diseases (so called). By Hugh Lane, L.R.C.P., M.R.C.S., Surgeon to the Royal Mineral Water Hospital, Bath, etc. Second Edition. London: J. & A. Churchill: 1892.

The author has not been led to alter his views of rheumatic disease during the two years that have elapsed since the first edition of this book was published, rather he has seen much in support of the opinions which he then expressed. His chief contention is that rheumatoid arthritis, as generally known, consists really of two diseases—rheumatic arthritis following after acute or subacute
DIFFERENTIATION IN RHEUMATIC DISEASES, ETC. [AUG.

rheumatism; and rheumatoid arthritis generally traceable to strumous habit and heredity, and characterized by great debility and anemia. Both diseases are best treated early,—the first by ordinary "rheumatic" treatment, alkalies, baths, etc.; the second by feeding up and exercise, as far as that is possible. Otherwise the volume contains useful hints about the baths at Bath, and the proper way to take them. Dr Lane should, before the appearance of a third edition, remove sugar from his list of nitrogenous substances, in which he has included it, on page 51.

Student's Guide Series. The Diseases of the Nervous System. By J. A. Ormerod, M.A., M.D. Oxon, F.R.C.P., Medical Registrar and Demonstrator of Morbid Anatomy at St Bartholomew's Hospital, etc. London: J. & A. Churchill: 1892.

In this attempt to give to students a compendium of nervous diseases not nearly sufficient care has been taken to generalize. In a book of this sort we are sure that it is more useful and politic to group together symptoms due to similar lesions than to only classify them in connexion with diseases. That is to say, that instead of separating the description of reflexes, paralyses, and the reactions of degeneration, it would conduce much more to the proper understanding of the matter if the effects of interference, total or partial, with the different trophic realms were collected and explained in one place, and then, afterwards, when the individual diseases were discussed and the nature of the lesion pointed out, the train of necessary symptoms would become clear. Otherwise the book is well written, and the accounts of separate diseases clearly given. A little more time might have been profitably spent in describing the different forms of aphasia. The illustrations are numerous, and, though necessarily small, are clear. At the end of the volume the different motor points of the body are represented, after Erb and De Watteville.

Diseases of Infancy and Childhood. By J. Lewis Smith, M.D., Clinical Professor of Diseases of Children, Bellevue Hospital Medical College, New York, etc. Seventh Edition. London: H. K. Lewis: 1890.

The appearance of a seventh edition of a text-book is a sufficient evidence of its value, and of its meeting a public demand. This edition has been thoroughly revised, and claims to be "virtually a new book." Much obsolete material has been excluded, and thus room has been found, without unduly increasing the size of the volume, for a great deal that was not included in earlier editions—such diseases, for instance, as icterus, sepsis, hæmatemesis, melēna, umbilical diseases and pemphigus of the new-born—while additional space is given to epilepsy and tetany, as well as to typhilitis.
and other diseases of the appendix and colon. A chapter on Intubation, with full details, by Dr O'Dwyer, has been added to the work. The more recent investigations relating to the bacterial origin of some of the local as well as constitutional diseases of early life are duly set forth. This book has long been known as one of the ablest and most trustworthy on the subject, and the latest edition is likely to add to its fame.

The Diseases of the Mouth in Children (Non-Surgical). By F. Forchheimer, M.D. Philadelphia: J. B. Lippincott Company: 1892.

The non-surgical diseases of the mouth, which are more or less confined to children, are so many and so important that Dr Forchheimer's excellent book seems to supply a want. It deals with a considerable number of subjects of interest to the medical practitioner, and does so in a clear and practical way.

In the first seven chapters, Stomatitis catarrhalis, S. aphthosa, S. mycos, S. ulcerosa, S. gangrenosa, S. crouposa and S. diphtheritica, and S. syphilitica are described accurately and interestingly. Their differences are pointed out, and their relations to other maladies are discussed in a way which evidences not only a good knowledge of recent literature, but much careful personal observation and thought. With most of the views expressed we thoroughly agree, but he seems to exaggerate a little the danger of giving chlorate of potash, and surely it is not a universal experience "that mercury will produce stomatitis, and much more rapidly in children than in adults."

The eighth chapter is on Dentition, and is the longest in the book. After giving an account of the views of the older writers on this subject, and discussing the development of the teeth, the author goes on to give arguments bearing on the relationship between teething and the various maladies which have been attributed to its influence, and to state his own views. The arguments are not all very easy to follow; but his views are very plain, being summed up in the axiom, "Teething produces teeth, and nothing more."

On gum-lancing, Dr Forchheimer's views are equally straightforward, and are to the effect that it never does any good and usually does harm. Should any reader hold another opinion, he may be interested to find that the author's personal experience of the operation is confined to one case!

The remaining three chapters treat of the Tongue and Mouth in Disease of Remote Parts, Parotitis, and Mumps.

In conclusion, we may say that we have read the book with much interest and profit, and can heartily recommend it as a useful contribution to practical medicine. The only thing in it with which we have been disappointed is the lack of illustrations. There are few medical subjects which lend themselves so readily to pictorial
Prescribing and Treatment for Infants and Children. By Philip E. Muskett, Late Surgeon to the Sydney Hospital. London and Edinburgh: Young J. Pentland: 1891.

This book, which resembles in size and appearance the Extra Pharmacopoeia of Martindale and Wescott, is arranged on a very similar plan. It is divided into three parts. Part I. contains in alphabetical order the names of most of the drugs which are used in the treatment of disease in childhood, with notes upon their use, dosage, and therapeutic value. Part II. treats in a similar manner the various diseases of childhood and infancy from the point of view of treatment only, and gives succinct directions for their management. Part III. contains a number of recipes for the preparation of sick-room necessaries, such as beef-tea, peptonised milk, white wine whey, etc. It is a handy and useful little book for students and junior practitioners.

Motherhood. By Dr Alice Ker (Mrs Stewart Ker), Hon. Medical Officer to the Wirral Hospital for Sick Children, and to the Birkenhead Lying-in Hospital. Manchester and London: John Heywood: 1891.

This is an excellent little book addressed to women, with advice as to self-management from the cradle to the grave. Dealing especially, of course, with the subject of pregnancy, parturition, and lactation, and the management of infancy and childhood. Yet it differs in toto from our old familiar friends, Dr Chavasse and Dr Bull, in adopting an altogether higher standpoint. More than this, the subject is treated very seriously from the moral side; and, as is natural from the author's sex and profession, the training and development of women, so as to fit them to help themselves, is preached with no uncertain sound. One or two short quotations will explain this.

Page 27, for instance: "At the outset we are confronted by the anomaly, that while everybody talks of the necessity for a woman's being trained for her duties as a wife, no one ever heard of the proposition that a man should be trained for his duties as a husband." And again, p. 31: "So long as we teach our girls that their duty is to be modest and virtuous, and allow our boys to pursue an entirely opposite course, without suffering any loss of social recognition and distinction, it will be impossible to look forward to a better and purer state of morals among us." These give the key to the spirit in which the book is written. We can heartily recommend it.
The Disinfection of Scarlet Fever and other Infectious Diseases by Antiseptic Inunction. By J. Brendon Curgenven, M.R.C.S., L.S.A. London: H. K. Lewis: 1891.

This little pamphlet illustrates how far strong faith in a remedy may carry one. Its author believes that the inunction of a disinfectant composition, consisting of two or three essential oils of different densities, with thymol and camphor, dissolved in the oil of eucalyptus globulus, if commenced in the initial stage of scarlet fever, characterised by headache and vomiting, will prevent the development of the fever and the evolution of the rash, the patient so treated being quite restored to health in from twenty-four to thirty-six hours. If the case be in the first day of the rash, the fever subsides in twelve or twenty-four hours, no more rash appears, and the patient is quite well in two or three days. If begun later, the results are less marked. He smears the whole surface of the body night and morning for three days. After the third day the skin is anointed only at night, after a warm bath, for seven days, when this treatment ceases, and the patient joins the rest of the family. The oils applied to the surface produce a slight stimulating effect on the skin, with a sense of general warmth. Children, restless and sleepless with fever, go to sleep soon after the inunction, the temperature drops three to four degrees, and the pulse becomes less rapid. The evidence afforded in support of these remarkable statements is, however, hardly convincing to our mind, and we could scarcely advise our readers to let their patients, so treated, loose upon the world ten days after the onset of scarlet fever, even though all the rules laid down by Dr Curgenven were followed out to the letter. There would, we maintain, be serious risk to the patients themselves, even granting, which we are by no means prepared on the proof submitted to do, that infection to others is obviated by the method proposed. At the same time, inunction with good eucalyptus oil is apparently a useful adjunct to the now accepted topical disinfectant treatment of scarlet fever.

Mastoid Cases. By CLARENCE J. Blake, M.D., etc., Boston, U.S.A. Reprinted from the Transactions of the American Otological Society, 1891.

We have here an excellent description of the best operative treatment of diseases of the mastoid. The efficacy of the Wildes' incision as a purely antiphlogistic measure has led to its being depended upon in many cases where it should have been but the first step in a mastoid operation. Indeed, there are cases where drilling of the mastoid, under proper antiseptic precautions, was the only measure sufficient to meet the demand for a considerable and rapid depletion, and has been of the greatest service. Dr Blake, using leeches and cold applications as preliminaries, never
makes a so-called Wildes' incision without both expecting and being prepared to go further. Viewing the operation from the standpoint of a simple surgical procedure, it may be said to be called for under the following conditions—firstly, as a means of phlebotomy; secondly, to check an inflammatory process in the mastoid and ward off its possible serious results; or, thirdly, to remove the consequences of the inflammatory process in the form of retained pus and necrotic bone. Then follow minute descriptions of the methods of carrying out the operation as necessary for any of the above three or other requirements, with the instruments and the author's mode of sterilizing them, the patient, the operator, and assistants.

It must be no means overlooked, that while this region bears very hazardous relations to other important parts, recent experience has shown that their invasion is by no means so serious or possibly fatal a matter as was at one time supposed. Dr Blake precedes his operation on the mastoid by a free incision, when needed, in the posterior superior portion of the membrana tympani following the curve of its periphery, and on concluding the operation, just before dressing, he thoroughly douches the parts with very warm water, endeavouring to secure a free passage for the warm water from the antrum to the external auditory meatus through the incised or formerly perforated drumhead. The most graphic and minute details of thirty cases are now given,—twenty-three mastoid cases in which the operation was successfully performed, and seven where it was not required. Studying the cases reminds one of the records of cases in the admirable works of Graves, Chambers, and Spence.

Dr Clarence J. Blake also sends us a most interesting and minute description of a new aural building, with complete plans, recently erected in connexion with the Massachusetts Charitable Eye and Ear Infirmary. We strongly recommend this pamphlet to the doctors, architects, and inhabitants of Edinburgh and Scotland generally at this time.

Guide to the Administration of Anaesthetics. By Henry Davis, M.R.C.S. Second Edition. London: H. K. Lewis: 1892.

The author chiefly considers the general anaesthetics—nitrous oxide, chloroform, and ether, and the local anaesthetic cocaine. The chapter on nitrous oxide is well written, and impresses on the reader a wider value of the drug than is commonly given. The greater part of the book is, however, taken up with the consideration of ether and chloroform, and of these the author obviously believes ether to be preferable for routine use, referring throughout the text to chloroform as more dangerous, although to be preferred in a large number of cases. In our opinion the book is the work of a specialist who starts on a wrong basis, and who, so far as chloroform is concerned, fails to grasp the essentials in administra-
tion. On page 43 we find, "During the administration of chloroform it is necessary to watch the respiration and the eye, and to be fully acquainted with the condition of the pulse." From the elaboration of that paragraph which follows, it is apparently intended that these are to be taken as the guides to dangerous symptoms, and there is no mention of the important and easily observed guide, the appearance of the face. We cannot agree with several other dicta which the author lays down, and we think more might have been said of how to prevent dangerous symptoms, and how to treat them when they obtain. The descriptions of methods of artificial respiration are too slight for their proper appreciation, and Howard's method is incorrectly described, the author seemingly confusing it with a method introduced by Schüller. The chapter on Cocaine is much more satisfactory.

After a careful perusal of this work, we think it a most defective guide to the administration of anaesthetics, and not one to be placed in the hands of students.

An Introduction to Modern Therapeutics; being the Croonian Lectures on the Relationship between Chemical Structure and Physiological Action in Relation to the Prevention, Control, and Cure of Disease. By T. Lauder Brunton, M.D., D.Sc., LL.D., F.R.C.P., F.R.S., Lecturer on Materia Medica and Therapeutics at St Bartholomew's Hospital, etc., etc. London and New York: Macmillan & Co.: 1892.

This book is a reprint of the Croonian Lectures, delivered at the Royal College of Physicians, London, in June 1889. Lectures I. and II. are on Prevention of Disease. Lectures III. and IV. on Control and Cure of Disease.

It is well that Dr Brunton has given in book form these valuable lectures, which are worthy of their distinguished author. The volume deserves a place in all medical libraries.

Watts' Dictionary of Chemistry. Revised and entirely re-written by H. Foster Morley, M.A., D.Sc., Fellow of University College, London, and Professor of Chemistry at Queen's College, London; and M. M. Pattison Muir, M.A., Fellow and Praelector in Chemistry of Gonville and Caius College, Cambridge. Vol. III. London: Longmans, Green, & Co.: 1892.

This volume extends from IN to PH. We have had occasion to express our opinion regarding the value of the two preceding volumes, and this third volume bears ample testimony to the ability of the distinguished authors, and maintains the high standard of the two previous volumes. The three volumes already published are invaluable as works of reference, and are deserving of a wide circulation.
The Complete Medical Pocket Formulary and Physician's Vade-Mecum. By J. C. Wilson, A.M., M.D. Philadelphia: J. B. Lippincott Co.: 1892.

This is largely an index of diseases, with remedies in the form of prescriptions, these prescriptions in many cases being taken from the works of distinguished physicians. It is not a book which is likely to have a wide circulation on this side of the Atlantic. No one will ever become a good prescriber by copying prescriptions out of a book.

Annales Provinciales de Chirurgie. A Monthly Journal of 64–80 pages, Illustrated. Dr Marcel Baudouin, Editor, Paris.

We have received the first number of this new Surgical Journal, which is to appear monthly in Paris. Founded by a number of young provincial surgeons, it has for its chief editor Dr Marcel Baudouin, the secretary of the editorial staff of Progrès Médical.

The first number is full of promise. Excellent original matter, chiefly on the operative procedures for the relief of intestinal and gastric cancer; it is admirably edited. Excellent paper and type, lavishly illustrated by woodcuts, photogravures, and coloured plates, it reflects great credit on its publishers; and the names of the able and zealous young hospital surgeons and teachers who have founded this magazine make it certain that it will deserve success, if talent and originality can command. We wish it every good fortune.

Part Third.

MEETINGS OF SOCIETIES.

MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

SESSION LXXI.—MEETING IX.

Wednesday, 4th May 1892.—Dr Clouston in the Chair.

I. ELECTION OF MEMBER.

Dr G. Matheson Cullen, 48 Lauriston Place, was elected an Ordinary Member of the Society.

II. EXHIBITION OF PATIENT.

Mr Caird showed a PATIENT, aged 29, who was admitted to Hospital six days after he had sustained a simple transverse fracture of the olecranon by a fall from a height of 18 feet.