evinces the presence of peritonitis, such treatment would be universally condemned; but it so happens that symptoms of a more masked character do often exist, and measures are adopted which the medical man himself immediately withholds when he understands the nature of the case. I have seen several cases where the bowels were confined for several days with urgent vomiting, and the means I have mentioned were used, but, as it subsequently appeared, with much harm to the patient; for, as common sense would dictate, if a perforation have occurred, and the orifice be glued by recent lymph to some adjacent surface, the most absolute rest cannot be too resolutely enforced. In one case, an abscess had been the cause of the temporary obstruction, and in others I apprehend it was due to the atony of inflammation or an actual impediment from the exudation of lymph. I remember one case of a young man, with typhilitis and peritonitis, who eventually got well after the bowels had been confined for three weeks. I have always taken the credit of this recovery to myself, owing to the stand I made against the administration of purgatives, and my recommendation of opium in their place.

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**Part Second.**

**REVIEWS.**

*Researches in Obstetrics.* By J. Matthews Duncan, A.M., M.D. Edinburgh: Adam and Charles Black.

Obstetrics owe their advancement in modern times chiefly to the scientific methods employed in their study. The manipulative skill and practical experience of the predecessors in the art have not only been increased and confirmed, but have been explained and supplemented by rules and laws founded on accurate physiological, pathological, and statistical data. It would be tedious and unnecessary to allude to the numerous authors at home and abroad, from the time of Naegle; by whose combined labours the modern science of obstetrics has been constituted; but it is satisfactory to observe that the study continues to be pursued with unabated ardour and encouraging success. To no one in recent times has obstetric science been indebted for more frequent and valuable contributions than to the author of the work now before us, which, as containing some of his most important views, we recommend to the earnest attention of our readers.

Thoroughness is, as the perusal of these "Researches" will at once show, the distinguishing characteristic of all Dr Duncan's work. This is the second volume which in the course of a few
months the author has given to the profession, and, like the first "On Fecundity, Fertility, and Sterility," its various chapters are chiefly made up from papers published in different medical and scientific periodicals. These, we are told in the preface, however, have all undergone revision, some having been so altered and added to as to be almost new, while a few of the essays are now published for the first time. The book is dedicated to the Obstetrical Society of London, and is divided into five parts, to which is added an appendix containing references to papers by the author, which have been introduced into the volume, a catalogue of authors referred to, and an index.

It cannot be expected that in a notice like this we can enter with any minuteness into the numerous subjects of interest discussed in the work. To do so would occupy more space and time than we have at our command, and we must therefore content ourselves with a brief reference to a few of those topics which appear to us to be of greatest general importance. The first part treats of the Statics of Pregnancy, and includes chapters on the position of the Uterus, the position of the Foetus in Utero, the position of the Pregnant Female, and the Mode of Presentation of Dead Children in Labour. Dr Duncan combats the theories of Dubois and Simpson regarding the position of the foetus in utero in advanced pregnancy, and holds that "it is impossible to conceive of its maintaining any position but under the influence of gravity." While admitting that the foetus probably possesses the power of effecting temporary changes in its position by its own unaided movements, he thus concludes:—"Those authors, who with Dubois strive to prove that the position of the foetus is determined by its own motions, have first to prove that it could maintain any position whatever against gravity, without such constant efforts as voluntary muscles are incapable of, and of the actual presence of which no evidence can be furnished."

The paper on the Presentation of Dead Children in Labour is of much interest, and the conclusions drawn from a lengthened series of experiments made by the author with a view to elucidate this question are these:—1. The healthy foetus floats obliquely, with its head lowest, in a fluid of its own specific gravity,—a position corresponding to that which it has in utero. 2. The foetus has a specific gravity of about 1050, while that of the liquor amnii at the full time is nearly 1010. 3. Soon after the death of the foetus in utero, changes take place in it which alter its position of equilibrium in a fluid of its own specific gravity, so as to be generally the reverse of that of the healthy foetus, that is, so as to be oblique, with its head highest. 4. It may happen that an advanced stage of decomposition of the foetus, with collapse of the cranium, may make its position of equilibrium when floating again oblique, with the head lowest. 5. These circumstances have probably considerable influence in determining the frequent mal-presentations of dead children.

Part II., in which the pelvis is studied with a view to obstetrics, is
chiefly taken up with anatomical questions relating to the Os Sacrum, the Formation of the Rickety and Malacosteon Pelves, the Development of the Female Pelvis, the proximate cause of the Oblique-ovate Pelvis, and the Pelvic Articulations in Parturition. All these chapters are of great importance to the obstetrician; but in the third part of our author's work, "some points in the physiology and pathology of pregnancy and the puerperal state" are touched on, which are of more general interest to the mass of practitioners. The chapters on Menstruation in Pregnancy and Superfoetation are particularly worthy of attention. It is well known that many obstetricians deny the possibility of a true menstrual discharge taking place after impregnation has occurred, even in the earliest months,—a view which is founded on the belief that after conception takes place the cavity of the uterus is sealed up. Dr Duncan, from his own observations and a reference to those of Coste and others, clearly shows that up till the end of the first three months of pregnancy the menstrual blood may come from its ordinary source, seeing that it is not till then that the intra-uterine cavity is really closed by the complete fusion of the decidua vera and decidua reflexa. Should menstruation occur after this, it must find its way to the vagina "by rudely separating coalesced layers, and almost certainly leading to abortion, of which in such cases it would probably be regarded as merely the first symptom."

As regards Superfoetation, the fact already alluded to of the cavity of the womb being still open up till the third month (except indeed in cases where the ovum is inserted over the os) distinctly shows that there is nothing to prevent the spermatozoa from finding their way into the uterus up till this period at least. The great difficulty is as to whether ovulation goes on after conception. On this subject Dr Duncan says:—"It is known that during pregnancy, maturation of Graafian vesicles and the discharge of ovula do not generally take place. But the occasional occurrence in early pregnancy of menstruation, with all its ordinary symptoms, suggests the probability that at such times perfect ovulation may take place." There is therefore a strong presumption in favour of the possibility of superfoetation taking place in the early months of pregnancy; and, referring to recorded cases, our author remarks,—"If we suppose in an instance of this kind that the first child is born prematurely, but within the limits of viability, we thus gain two months; and if impregnation may take place between two or three months after conception, we have thus four or five months of interval accounted for between the births of successive viable infants. In the same way it is easy to explain the difference in apparent age and development often observed in twin-births; which may thus be instances not unfrequently of superfoetation; with this peculiarity, that both children, though conceived at different times, are born at or near the same time."

Dr Duncan's original observations on the condition of the internal
surface of the uterus after delivery are already well known, and it is to him that we are chiefly indebted for the more correct knowledge of this subject which now prevails. The favourite illustration amongst teachers when treating of this subject used to be the erroneous one given by Cruveilhier, and others,—namely, the resemblance between the internal surface of the uterus after delivery, and the raw suppurating surface of a stump. It is upon this idea that the distinguished French pathologist bases his theory of the nature of puerperal fever, which he designates "the traumatic fever of the puerperal state." To Dr Duncan belongs the credit of pointing out the error of the comparison, and his remarks on this topic are worthy of quotation.

"Finally," he says, "did there exist after every delivery a wound of the enormous dimensions of the internal surface of the uterus,—dimensions not inferior to those of the wound produced in amputation of the thigh, it is difficult to conceive how parturient females should escape the frightful mortality succeeding that operation, or the like. It would be difficult or impossible to explain why, instead of one in every three or four dying, as after amputation of the thigh, there should be only one in every two or three hundred. It can scarcely be asserted that the shock produced, and the circumstances of the supposed uterine wound, are a whit more favourable to recovery in the obstetric than in the surgical patient. The explanation lies in the fact that the chief analogy of the internal uterine surface after delivery is not with a stump, so far as it consists of incised and denuded tissues, but only in both surfaces presenting numerous open veins liable to become inflamed, or to absorb the obnoxious materials which may be brought into contact with them."

Dr Duncan holds that the internal surface of the uterus is not denuded after delivery, but is covered by a mucous membrane, which he believes to be the remains of the uterine decidua, and which he states is found to be of greater thickness at the site of the insertion of the placenta than elsewhere. This opinion is confirmed by later observers, such as Robin and others, and may, we think, be safely accepted as the correct one.

Twenty pages of the work before us are devoted to an elaborate defence of the correctness of William Hunter's observations on the Mucous Membrane of the Body of the Uterus,—a labour of love which Dr Duncan has been prompted to accomplish from one circumstance amongst others, namely, that the great anatomist was a Scotchman, and a pupil of our illustrious Cullen and Monro.

A chapter of much value, in a practical point of view, is that which is taken up with the consideration of Imperfect Deliverance, in which some cases of great interest are recorded; but we hasten to glance at Part IV., which contains eight chapters on some topics in natural and morbid parturition. This is decidedly the most philosophical portion of the volume; and there are many important
observations on the power exerted in ordinary labours, the greatest power of labour exerted in difficult cases, the power of the uterus to resist a bursting pressure, etc. In the experiments conducted by Dr Duncan for the elucidation of these subjects, he had the benefit of the great skill of Professor Tait, the distinguished Professor of Natural Philosophy in our University, and the results arrived at may therefore be relied on as strictly accurate. Another paper is written "to show that the obliquity, or lateral obliquity of the foetal head, when passing through the brim of the pelvis, described by Nægele, by some of his predecessors, and by his followers down to the latest authors, does not exist in natural parturition; and that obliquity, or lateral obliquity, of the foetal head, when passing through the outlet of the pelvis, not described by Nægele and most of his followers, does occur in natural parturition."

With that love of accuracy and definiteness, which is a special characteristic of Dr Duncan's writings, he seeks, in another part of the volume under consideration, to lay down in exact terms a precise definition of what is meant by the Caput Succedaneum and the Presentation. These terms are in constant use amongst obstetricians, but great vagueness prevails as to their meaning. Thus, for example, in speaking of the presenting part, authors are at variance as to what portion of the child is really meant; and, in order to get rid of this indefiniteness, Dr Duncan submits the following definition, which he says is a modification of Nægele's:—"The only definition," he says, "having sufficient exactness which I can suggest is, that it is that point on the surface of the child's head, or other part advancing first, through which the axis of the pelvis passes. It is evident that this corresponds to the part first touched by the finger, if passed in the axis of that part of the pelvis in which the presentation is lying. . . . The definition just given of the term presentation has the very great advantage of adapting itself to the fundamental writings of Nægele on the mechanism of parturition."

The essay upon the Production of Inversion of the Uterus is one of the most interesting in the book, and advances an original explanation of this untoward accident. We make a few quotations. "Four kinds of uterine inversion occur after delivery. 1. Spontaneous passive uterine inversion. 2. Artificial passive uterine inversion. 3. Spontaneous active uterine inversion. 4. Artificial active uterine inversion. The only uterine condition essential to the production of all these kinds is paralysis, or inertia or complete inaction. This is the condition of the whole organ at the time of production of the first two kinds. In the two last kinds it is accompanied by uterine activity, and as these cannot co-exist in the same part, the paralysis is partial, and the activity partial. Action of the uterine wall cannot cause introcession of it. Activity of the whole of the uterus renders inversion impossible. Activity of a part of
the uterus renders introcession of that part impossible. There
must therefore be paralysis of the whole or of a part before inversion
can be begun. . . . Spontaneous passive inversion occurs in
cases of paralysis or inertia of the whole uterus; the organ being
large, its walls lax, and capable of being inverted by little force.
Bearing down produces in general collapse and compression of the
organ; but it may produce inversion, if the depressing force is applied
under favourable circumstances; and the inversion will be complete
if the bearing down is strong and continued. Artificial passive
uterine inversion demands little description. It is the kind of
inversion commonly described by the older authors. It differs from
the spontaneous passive inversion only in this, that foreign force
replaces the bearing down. The foreign force may be applied from
above by pushing, or from below by pulling the cord, or manoeuvring
with the placenta. It would be a more frequent occurrence than
it is, were it not the case that the interference which tends to produce
it also tends to bring on that general uterine action which prevents
it. "Spontaneous active uterine inversion is the kind which modern
authorship is bringing more and more into notice as the most com-
mon kind. . . . In this kind paralysis of the fundus or of a
portion of it, probably of the placental portion, occurs. The state
of the retentive power of the abdomen, or positive bearing down,
leads to this portion projecting into the uterine cavity. It is seized
by the adjacent contracting segments of the uterus, is pushed down
and expelled through the os uteri into the vagina or beyond the
vagina. . . . Artificial active uterine inversion differs in nothing
from the kind last described, except in this, that the inversion of
the paralyzed portion is effected by pressure from above, or by
pulling on the cord or other interference from below."

These are the author's views of inversion, and we have thought
it of importance to quote thus largely, chiefly because they are
comparatively novel, and are not as yet generally adopted.

The concluding part of the work is made up of three papers
on the Retentive Power of the Abdomen, some points in Uterine
Metrology, and cases of Vagina Duplex et Uterus Simplex, and of
Saccated Uterus,—the latter being of unusual interest owing to the
rarity of the malformation.

We have thus glanced briefly and superficially, it must be ad-
mitted, at a few of the principal subjects treated of in this im-
portant volume, more with the view of bringing them under the
notice of our readers than for the purpose of offering critical
remarks. No more valuable contributions to the science of obstetrics
have been offered to the profession in recent times, and no prac-
titioner can flatter himself that he is abreast of the age who has not
bestowed attention on Dr Duncan's Researches. The production of
such a work will do much to maintain the reputation of our famous
medical school, and cannot fail to enhance the renown of its gifted
It is a good example of what scientific inquiry ought to be—logical, exact, concise; and on this account, as well as for its intrinsic worth, we earnestly commend the volume to the consideration of the profession. We ought to say that, as regards the type, the illustrations, the paper, and the whole get-up of the book, the publishers are entitled to praise.

De l’Homme, considéré sous le rapport des Facultés qu’il partage avec les Animaux, et qui assurent sa conservation particulière et la perpétuité de son espèce. Par M. le Dr Felix Voisin, Medecin en chef des aliénés de l’Hospice de Bicêtre, Membre de la Legion d’Hon- neur, etc.

Man, considered with reference to the Faculties which he shares with the Lower Animals, and which ensure his own preservation, and the perpetuity of his species. By Dr Felix Voisin, Chief Physician of the Lunatic Department of the Bicêtre, etc. Paris: J. B. Baillière and Son. Large 8vo, pp. 392.

This volume constitutes the third and concluding part of a work, entitled, “Studies on the Nature of Man: what are his Faculties? what are their Names? what is the number of them? how should they be employed?” One is not surprised to learn that such a comprehensive series of inquiries have been spread over a consider- able time. Sixteen years have intervened between the publication of the first part of the work and of this, the concluding one. The author, in alluding to this fact in the preface, somewhat naively consoles himself with the reflection, that his “book is not the book of any one period: it is written for all time, for all places, for all men.” Such a startling bid for universal immortality at the outset is calculated to excite our curiosity, and raise our expectations to a high point.

We have not had an opportunity of perusing the two first parts of the work, which treat of man in relation to his moral and intellectual faculties; but we must confess that, as regards this volume, our expectations have not been realized.

In a long introduction, M. Voisin explains the position which he takes up, and the ends which he proposes to himself in writing this work. He begins by stating that in every age there have been men of grand intellect, and of immense energy, who have striven to develop the instinctive, intellectual, and moral faculties of the human race, and to control their manifestations. The teachings of all of these he looks upon as “revelations,” placing those of Moses and Christ in the front rank; and he considers that each in his time, and each according to the measure of his capacity, has been the in-
structor and educator of the human race. M. Voisin, however, does not hesitate to affirm, with their works in his hands, that these men are far from having enunciated all the principles necessary to direct in a proper manner the activity of our faculties. He considers that they have none of them solved the grand problem: the "law of activity appropriate to each of our faculties has not yet been promulgated, and the human race, growing old in its long infancy, still remains in ignorance of its proper life."

Will any one be surprised to learn, after this, that it is M. Voisin himself for whom has been reserved the rare honour of at length promulgating this law, for want of which the human race has so long languished in swaddling clothes? Our author has the enthusiasm and confidence, if not the modesty, of a great reformer. Every man, he observes, has his mission to fulfill: "and I proceed," he adds, "to acquit myself of mine. Strong in convictions which I have established upon numerous and incontrovertible facts, I do not fear that, from one end of my book to the other, I shall once be found to have contradicted myself. . . . Whoever reads this book with some attention will find there, I am sure, the seal of an upright and well-meaning man: the style is not elaborated, nay, it is often enough incorrect; but it is clear, comprehensive, distinct, and positive. If I rise to the height of my theme, I shall have laid the foundations of the new philosophy, of the practical philosophy. I shall have taught all who wish to live the life of a man: what they ought to do with their time, and with their faculties, for themselves, for their fellow-creatures, for external nature, and, in fine, for the order, the happiness, the fulness, and the morality of their whole existence."

Every reformer is allowed a certain license in depicting the evils which he hopes to cure; even Luther, we may suppose, made the monks a little blacker than they really were; still is not M. Voisin just a little hard upon the present representatives of the human race, when he says that they know neither their forces, nor their duties, nor their rights, nor their end, when he leads us to believe that, as a rule, a man's career is one of mistakes and extravagances; and that if he succeeds in ending it otherwise than by the scaffold, suicide, or a lunatic asylum, he may consider himself fortunate, and has chance to thank more than anything else?

It is consoling, however, to a certain extent, to be told that there are a few who escape these evils; but it is still more comforting to be assured by our author that he has discovered the grand remedy for them all. This is "to take man as he is, and to trace for him the law of activity of all his faculties." Before a poor, misguided man, however, can avail himself of this law, it is essential that he should, as a preliminary, know "the name and the number of his instinctive propensities, the name and the number of his moral sentiments, the name and the number of his intellectual powers." M. Voisin enumerates some twenty faculties in this volume alone.
One does not like to think how many there may be altogether; but it would certainly be enough to appal any one who was not a perfect prodigy at "mental" arithmetic. So far, we should be inclined to put M. Voisin down as a philanthropic enthusiast—as a man who, having seen a great deal of the evil and misery which result from the infraction of Nature's laws, has conceived the Utopian idea that the world is to be regenerated by teaching people the number of their so-called "faculties," and the law of their activity, as one would teach them compound addition, or the rule of three. But when M. Voisin gravely announces that he is not merely a reformer, but is the medium of a new revelation to man, we are tempted to think not only that he is an enthusiast, but that "much learning" has had the same effect on him as Festus supposed it had had upon Paul.

The book is divided into chapters, which treat of the various instinctive faculties; and after the account of each faculty, the law of its activity is given as a direct revelation, purporting to be spoken by the Deity himself. These constitute what M. Voisin calls the new tables of the Law—a sort of revised edition of the Decalogue brought down to the present day. Anything more repugnant to our feelings, to our sense of propriety and reverence; anything more out of place in a work which professes to be one of scientific importance, and written for a scientific audience, it would be impossible to imagine. At the best, it is a feeble and unscientific attempt to invest the author's opinions with a fictitious importance; and we cannot refrain from adding, they require all the support which such a device can give them.

These "revelations," which occupy nearly half the volume, are made up, for the most part, of the veriest truisms, mixed with a great deal of interrogation, exclamation, and expostulation, which borders on both the ludicrous and the blasphemous, and is very suggestive of the opposite side of the channel. The "revelations" might be summarized thus:—"You have been very bad boys, but you must be good boys in future; you must not neglect any propensity, but you must not abuse it by any excess," which is no doubt very good advice, even if one fails to recognise in it a new "law of activity" which is to regenerate the world.

In the chapters devoted to the "faculties" themselves, M. Voisin gives an account of certain physiological propensities, and of certain qualities, such as "savoir-faire," "prudence," "circumspection," etc., which he considers as common to man and the lower animals. These are evidently based on the now almost exploded phrenological classification; and in accordance with phrenological views, a great deal of unnecessary pains is taken to prove that each of these "faculties" is inherent, and that their number is fixed and definite. We would only inquire, Why should "alimentivity" and "reproduction" be regarded as inherent faculties, and not other physiological functions as well? why should Nature have endowed man
with a "faculty" for "destruction," while the faculty of construc-
tion, we are to suppose, is an acquired one? If "affection" be re-
garded as a "faculty," why not "hatred" or "dislike?" As to
qualities being inherent or not, it is little more than a war of words.
The capacity for developing and exhibiting, under favourable cir-
cumstances, any particular quality is inherent in the organism, and
in this sense every "faculty" is inherent. But circumstances may
not be favourable; the needed stimulus may be withheld. The
"faculty" of reproduction, for instance, requires for its manifesta-
tion a complicated series of anatomical changes; and if these are
interfered with, the "faculty" is not developed, in spite of its being
"inherent." But many other "faculties" not considered by M.
Voisin as "inherent," and more immediately the result of education
or other external stimulus, are in reality just as inherent as "repro-
duction:" that is to say, in both cases the organism, by virtue of
its inherent "capacity," develops in a particular direction in re-
sponse to a particular stimulus.

Altogether, this is a most disappointing book; its chief value
seems, indeed, to be to show what a scientific work should not be. It
seems to us to achieve nothing, and to add little or nothing to
our knowledge of the subject. The book is one which, from its
title, is calculated to excite attention. The minute structure and
functions of different parts of the brain is felt by every one to be
the "coming subject" in physiology, and is, in fact, the one great
physiological problem which remains yet to be solved. If any great
advance is ever to be made in this superlatively difficult path of
research, one great branch of the subject which we conceive must
be followed out, is a careful comparison of the cerebral phenomena
in man and in the lower animals, in connexion with the gradual
development and differentiation of the various parts of the brain, as
we ascend the scale of animal life. The limits of reflex, sensori-
motor, and automatic action among the various members of the
animal kingdom,—how far any of them display mental phenomena
proper, and kindred questions, would fall to be considered in such
an inquiry; and it was in this direction that we hoped M. Voisin's
researches would tend. M. Voisin, however, bases his work on an
assumption which quite accounts for his not adding to our knowl-
dge of cerebral physiology. He considers that the anatomy and
physiology of the brain are already completely elucidated; that
nothing remains to be done in that department. The structure and
arrangement of the brain, and the localization of the different facul-
ties, are all quite settled and "accepted without opposition by the
majority of savants." (!)

The solving of this great problem, towards which in this country,
at any rate, it is thought that only a very few steps have as yet been
made, M. Voisin attributes to the labours especially of Gall and
Spurzheim. These men, with the other founders of the phrenological
school, undoubtedly gave a great impetus to the more exact study of
the brain and nervous system; but it seems to us, that while they did make many valuable observations, they mixed up with these so much hypothesis and groundless assumption as very much to weaken the force of their statements; and we are at a loss to conceive how any man can seriously maintain that, after them, nothing was left to be done. Upon what we cannot help terming this radical error of M. Voisin’s, the latter bases another idea, in our opinion, equally erroneous—viz., that a complete scientific knowledge of the functions of the body, and the faculties of the mind, not only favours the development of the highest morality, but is essential to it. To such a length does M. Voisin carry this notion, that he regards the want of such knowledge as the real cause of miseries, disorders, and crimes, and views the imparting of the knowledge as a new revelation from heaven. “Either,” he says, “I am far wrong, or the hour has come to give to science the character of a public revelation. This is a great—possibly a rash—undertaking, but it is to me a sacred duty.” There is an element of truth in this, it cannot be denied; but this is not the place to attempt to show what a false basis science, taken by itself, would prove for a system of morals. We are sorry that we have not been able to speak more favourably of this work, for its author is evidently an earnest and a philanthropic man, who has seen a great deal of the darker side of human nature, and is deeply impressed with the fearful amount of vice and misery which still exists, in spite of our boasted civilisation and the progress of science. It is the work of a man who, feeling that something is far wrong, and that there should be some way of setting things to rights, dreams that he has at length discovered a royal road to perfection, and elaborates his dream with an enthusiasm which borders on monomania. Still the work is addressed to the Academy of Medicine, and put forward as a scientific work, and as such we must judge it. We cannot conclude, however, without expressing our entire concurrence with M. Voisin in one or two points to which he incidentally alludes. We think M. Voisin is quite right when he says that the study of “the higher life of the human species, the life of the brain,” has been too much left to metaphysicians and psychologists, and that it pertains just as much to medical science as the study of the other functions of the body; and, he adds, “if this subject presents great difficulties, if we have as many systems of philosophy as of would-be philosophers, if science has not yet said its last word upon the nature of man, the fault lies chiefly with the medical profession, who have allowed men, strangers to the study of natural history and of physiology, to take upon them a part which belonged exclusively to themselves.” Certainly the metaphysical method of inquiry, studying mental phenomena by processes of self-interrogation, has not led to very satisfactory results; it is but right that the inductive method of studying them as functions of the brain should have a fair trial.

We would just mention another point alluded to by M. Voisin,
and which is intimately connected with social questions of immense importance. M. Voisin states as his deliberate opinion—and his position as physician to the Bicêtre gives him excellent opportunities of forming an opinion on this subject—that he considers the immense majority of our criminals are not constituted like other people; their moral organization is congenitally defective. Their instincts or propensities are unduly violent; their moral sense is little developed, and their intellectual powers are below par. This he considers to be independent of the effects produced by example, education, habits of life, etc., powerful as these undoubtedly are. We believe that there are few men who have had opportunities of studying individuals belonging to what may be called the "criminal class," who will not agree with M. Voisin in his opinion. This, of course, has a most important bearing on the subject of responsibility, and the mitigation of punishment, especially in capital cases. We have no hesitation in saying that in many, if not all, cases of frightful crime in which such an outcry is raised if an attempt be made to bring in a plea of insanity, the wretched criminal, if not in the ordinary sense of the term insane, is not responsible in the same degree in which ordinary people are so: his moral nature is congenitally defective. It may be long before public opinion comes to look at these cases in this light; but there is already a growing repugnance to carrying out the extreme penalty in such cases, which, in course of time, may lead either to the abolition of capital punishment, or to the adoption of the principle advocated by Dr Skæ,—of degrees of responsibility as decided by a jury of medical experts.

1. "Neligan's Medicines" has so frequently been noticed in this Journal, that it is unnecessary to dwell on the general merits of the work. Since the death of Dr Neligan, two editions have appeared under the editorship of Dr Macnamara, and with the latter of these we are now concerned.

This treatise is subdivided into chapters, each of which includes a more or less detailed account of all those articles that possess the

1. **Neligan's Medicines, their Uses and Mode of Administration.** By Rawdon Macnamara, Licentiate of the Royal College of Physicians; Licentiate, Fellow, Member of Council, and Professor of Materia Medica, Royal College of Surgeons in Ireland, etc. Seventh Edition, 8vo, pp. 934. Fannin and Co., Dublin: 1867.

2. **The Indigenous Drugs of India; or, Short Descriptive Notices of the Medicines, both Vegetable and Mineral, in Common Use among the Natives of India.** By Kanny Loll Dey, Graduate of the Medical College of Bengal, etc. 8vo, pp. 130. Thacker, Spink, and Co., Calcutta: 1867.
same medicinal action. The basis of the work is thus a therapeu-
tical one; and to this no great objection could be raised were
our knowledge of the action of medicines at all perfect, but while
this perfection is, as yet, far from having been attained, the adoption
of such a basis produces very few advantages, while it necessarily
leads to confusion and to want of compactness. It is impossible,
for instance, to treat of the therapeutical uses of Antimonium
tartaratum without referring to its employment as a diaphoretic,
as an emetic, as an epispastic, as an expectorant, and as a sedative
or contra-stimulant; but it is surely a great disadvantage to adopt
a system which requires these therapeutical applications of one
remedy to be discussed in five different and widely separated
portions of the book. We would also protest against this system
of subdivision as unscientific, and as, therefore, tending to oppose
progress in therapeutics. The various remedial effects are too
sharply cut off from each other; and this is certainly objectionable,
as it separates, with too great distinctness, many effects that are
in reality due to the same action, as the diaphoretic, emetic,
and sedative effects of Antimonium tartaratum.

To assign a proper position to a drug in this system is also a
matter of some difficulty, and we are not, therefore, surprised to
find that the decisions on this point are occasionally contrary to the
opinion of the majority of writers on Materia Medica, and even of
the editor himself. Few would admit that Acidum carbolicum is
chiefly valuable as an astringent, and that it should be described
in this class only, along with gallic and tannic acids, alum, and
catechu; or that the action of Chloroformum is adequately defined
as a sedative or contra-stimulant; or, to content ourselves with
another out of many similar examples, that Pepsina is in its proper
place among the special stimulants. The editor has placed Am-
monii bromidum in the class of special stimulants, and yet he
records his opinion of the erroneousness of his own decision in the
following sentence:—"The best description that has been as yet
given of the medicinal properties of this salt is, that it is a laryngeal
anaesthetic, producing remarkably sedative effects over the con-
vulsive and irritant affections of the larynx" (p. 618). There is no
allusion to a stimulant action in the description that is given of
its therapeutical uses.

When a treatise on Materia Medica assumes the bulky form of
a work of reference, it is obviously unfortunate that it is insufficient
for its implied purpose. The absence of references to the sources
from whence statements and opinions are culled must render
"Neligan's Medicines" a mere class-book. This is a grave mis-
fortune, as the literature bearing on many of the articles that are
treated of appears to have been carefully examined and judiciously
made use of. We are strongly of opinion that, even for a class-
book, it is important that references should be given. Nothing,
for example, can be more unsatisfactory to the student than the
occurrence of such statements as the following:—"In addition to these" (constituents of belladonna) "Luebekind has announced the existence of another principle, belladonnine, to which, probably, may be attributed a portion of its physiological effects" (p. 409); and again,—"In Lepelletier's essay, two cases of pneumonia are mentioned, in one of which the pulse was reduced from 120 to 34 beats per minute in nine days, and in the other from 72 to 44 beats per minute in three days, under the use of continued doses of tartar emetic" (p. 492). Who is Luebekind, and who Lepelletier? What value is to be attached to their statements? Is belladonnine a neutral body, or is it an alkaloid? and, if the latter, is it a fixed or a volatile base? These, and the other numerous questions that are naturally suggested by these statements, must remain unanswered as far as any assistance that can be obtained from this book is concerned. We do not expect that every detail should accompany statements of this kind, for the limits of the work must prevent this; but if such statements are considered of sufficient importance to be made, they ought certainly to be supported by the means of verification, and of more ample consideration. There are several other statements which show that these criticisms are not uncalled for; but the assertion of the opinion that "the physiological researches of Professor Haughton leave no room for doubt that the true antidote" (for nicotia) "is strychnia" (p. 523), is alone sufficient to justify them. We are sure that an examination of these researches would convince many, as they have certainly convinced us, that Professor Haughton's investigations, though of great merit, are by no means sufficient to justify the expression of so decided an opinion.

We have termed the active principle of tobacco nicotia, and in this we differ from Dr Macnamara, who prefers the name nicotina. Until this alkaloid be elevated to an officinal position, the name that is applied to it may be, to a certain extent, a matter of choice. The Pharmacopoeia committee have adopted the feminine termination to distinguish those vegetable active principles that are alkaline, and the neuter for those that are indifferent in reaction. The word nicotina is certainly feminine, but we believe nicotia is preferable as being more properly in harmony with the names of the other alkaloids, as morphia, strychnia, conia. Nicotina can harmonize with only morphina, strychnina, conina. We are also at a loss to understand why Dr Macnamara should prefer to use in different places, quina, quinine, and quinia, instead of uniformly using the Pharmacopeial name quinia.

Dr Macnamara has added, in this edition, two chapters,—one upon "Waters," and the other upon the "Administration of Medicines,"—and both of these contain much useful information admirably expressed. This edition contains, besides, a valuable appendix, consisting of a classified list of the chief plants used in medicine, together with the preparations of those that are included.
in the British Pharmacopoeia. We observe several important omissions from this list, and believe that its value would be increased if all the medicinal plants treated of were included in it. We regret that the appendix of formulæ has been retained. A few typical formulæ are certainly useful to the student, but the immense number of these that this appendix contains is more than sufficient to serve any educational purpose, and it increases, in a very unnecessary manner, the already formidable dimensions of the volume.

We draw attention with pleasure to the valuable details that this edition contains on the therapeutical and physiological actions of remedies. These are sufficient to entitle "Neligan's Medicines" to occupy one of the first places among our works on the actions of remedies. The remaining contents of the book,—the definitions of drugs, the physiological properties, the botanical and chemical characters, the tests, the explanations of chemical processes, and the information regarding dosage and modes of administration,—have been prepared with evident care, and are in all respects sufficiently trustworthy to render this an admirable text-book for the student.

2. Many of the most valuable drugs in our Pharmacopoeia are obtained from Hindostan; and it has long been suspected that there are others among those that are daily employed by the native doctors, or makeers, which might be advantageously adopted by us. The labour of collecting for, and presenting to the consideration of British practitioners, the evidence in favour of the value of these comparatively unknown remedies is, therefore, deserving of our warmest commendation. O'Shaughnessy, Waring, and others have done important service in this direction; but, without at all depreciating from the merit of these distinguished writers, it has been the good fortune of a native of India to bring before us the first comparatively complete account of the rich medicinal resources of that country. Baboo Kanny Loll Dey's volume is unpretending in form, but it possesses merits that should entitle it to careful consideration.

The arrangement of the work is alphabetical; the scientific and vernacular names of each substance are given before its description; the medicinal properties are then concisely stated; the preparations, and, in some cases, their doses, are mentioned; and, finally, the price of the drug in the Calcutta market is given. After a careful examination, we can confidently record our opinion of the accuracy of those statements of which we are entitled to judge.

Although a matter of very secondary import, we would draw the attention of the author to a slight but prominent inconsistency. The scientific name of each substance is given in the index and immediately before the description of its properties without any abbreviation, except in the cases of alum and sulphate of copper, which are
written as *Alumen sulph.* and *Cupri sulph.* In the index this form is adopted without any indication of its being an abbreviation, while in both the index and the body of the book the other sulphates are recognised under their full names, as *Ferri sulphas, Potassae sulphas*, etc.

We have read with great interest the descriptions of the medicinal uses of the drugs; and we are especially obliged to the author for his statements regarding their value as contrasted with that of their principal British official representatives. These statements have convinced us that not only is India in a great measure independent of extraneous resources for the supply of her medicines, but also that she is able to supply this country with many valuable medicines in addition to those for which we are already indebted to her. Among her indigenous plants is *Aloe Indica* (*Ghrito-koomaree*), from which an efficient substitute for our Pharmacopœial aloes may be obtained; *Calotropis gigantea* (*Akund*), whose bark possesses the valuable properties of ipecacuanha; *Datura alba* (*Sada Dhatura*) and *D. fastuosa* (*Kala D.*), both having an action similar to *D. stramonium*; *Dipterocarpus levis* (*Gurjun-tel*), which supplies a balsam that compares favourably with balsam of copaiva; *Garcinia pictoria* (*Ossara-rewund*), which yields a gamboge at least equal to that of Siam or of Ceylon; *Nardostachys Jatamangsi* (*Jatamangsi*), whose roots have properties exactly the same as those of valerian; *Pharbitis nil* (*Kalla-danah*), from the seeds of which a most efficient cathartic oil may be expressed; and *Scilla Indica* (*Koondroe*), which is already extensively used in place of the officinal squill.

We are informed in the preface that the publication of this interesting volume is, in great measure, due to the liberality of the Indian Medical Department, and to the appreciative discrimination of Inspector-General Green. We feel sure that a wise liberality has been exercised. The publication of Baboo Kanny Loll Dey’s volume will direct the attention of the medical officers to the indigenous drugs of India, their properties will be more definitely determined, and it is rational to hope that comparatively cheap substitutes will be thereby obtained for the costly English medicines now in use in that extensive empire.

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*Observations on the Nature and Treatment of Polypus in the Ear.*

By Edward H. Clarke, M.D., Boston, U.S., America, 1867.

This is a monograph of 71 pages, entering fully into the nature, structure, and treatment, of growths in the ear. Dr C. mentions the diversity of opinion which has existed, and still exists, concerning them. He relates 13 cases in full, and then tabulates them so that they may be analyzed at a glance. From his cases it is evident
that age has little influence as regards the occurrence of polypi; the age of his youngest patient was four and a half years, and the oldest forty-five, still he thinks, notwithstanding the figures, that aural polypi are more likely to occur in childhood than later in life.

One symptom always occurring, and that from an early period, is otorrhoea, and he remarks that "the condition of the meatus, which produces a discharge from it, and which may lead to a growth in it, can generally be brought back to a healthy state with care, if treatment is adopted as soon as there is any otorrhoea."

In none of the 13 cases did the polypi spring from the cavity of the tympanum, and in only 3 are they described as being near the membrana tympani, which latter, however, was perforated or totally destroyed in 7.

According to their structure, these growths are divided into two groups:—1. Fibrous, similar to Toynbee's fibro-gelatinous; and, 2. Epithelial, or fibro-epithelial, which are similar to fibro-plastic growths.

In every case the growths were completely eradicated after a longer or shorter period of treatment. In about half the cases, hearing was not improved by their removal; while in the other half it was so, more or less. Dr Clarke has made an alteration in the form of the snare of Dr Wilde of Dublin for extracting polypi, by having a handle placed at right angles to the steel bar carrying the wire, so that it can be introduced into the external meatus without any chance of the operator's hand interfering with his view; and the slide which moves the wire and contracts the loop is maneuvered by a trigger.

The treatment employed by the author consists of extraction, cauterization, injection into the substance of the tumour of Tr. Ferri Perchlor., and similar means directed to the growths themselves; while, to reduce inflammation and its results in the neighbouring tissues, counter-irritation, astringents, styptics, syringing, leeching, and constitutional measures are recommended.

On the whole, the subject is well treated; and this contribution to aural surgery deserves the notice of those specially interested in disease of the ears.

Plastics: A New Classification and a Brief Exposition of Plastic Surgery. By David Prince, M.D. Philadelphia, 1868.

The first portion of this work consists of an Introduction, which treats of,—1st, The definition of plastic surgery; 2d, The general hygienic conditions favourable to success in plastic surgery; 3d, The general therapeutic indications; 4th, The local therapeutics.

Under these heads the well-established principles in regard to the treatment of wounds are discussed, but we have not been able
to find anything new or original in the author's remarks on this subject. Dr Prince has apparently not yet studied Professor Lister's important observations on the "antiseptic" treatment of wounds.

In the second part, a "philosophical" classification is given. In this classification Dr Prince distinguishes "six general methods, with their varieties." The six methods are,—

1. Sliding in a direct line. 2. Sliding in a curved line. 3. Jumping (Indian method). 4. Inversion or eversion. 5. Talia-cotian (the part being obtained from a distance). 6. Grafting.

We do not attempt to enumerate the varieties, but would recommend those of our readers who are interested in the subject to study Dr Prince's classification, which is distinct and comprehensive.

Cicatrices form the subject of the third portion of the book. We agree with the author that cicatrices, even of large size, when producing deformity by their contraction, may be removed with great advantage, and the deficiency left by their removal relieved either by granulation—proper means being used to prevent the reproduction of excessive contraction—or by transplanting a healthy flap from neighbouring parts. In addition to the author's testimony on this point, the operations of Mr Butcher, and operations which we ourselves have seen practised, prove the success of this method in suitable cases.

An important fact in connexion with cicatrices is the one observed long ago by Mr Syme,—namely, that, as long as a cicatrix is recent, it readily permits of stretching by the employment of some simple mechanical means.

The remaining chapters contain a description of the plastic operations for the relief of the deficiencies and deformities of the nose, eyelids, mouth, lips, bladder, and penis. The author's account in these chapters of the various plastic operations which have from time to time been suggested by surgeons, and his remarks upon them, are concise, and the accompanying illustrations are good and intelligible.

We regret, however, to find Dr Prince advocating the removal of the centre portion of the lip in the operation for double hare-lip, a proceeding which, in our opinion, is quite contrary to the principles of sound practice. If Dr Prince could see the admirable results obtained in this school—thanks to the labours of Mr Syme—by retaining the centre portion and adjusting it so that it assists in filling up the cleft, he would, we venture to hope, change his views on this point.

Dr Prince deserves the thanks of the profession for his labours in this department of surgery; and we trust to receive at some future time the results of his further experience in connexion with plastic operations.
Cancer of the Uterus and other parts. By A. Wynn Williams, M.D., etc. London: Henry Renshaw: 1868.

Whatever the profession may be, the public is not sick of cancer-curers. These gentlemen hold a place in medical literature that we shall not characterize. The little pamphlet before us is the last bid for the benefits which we have no doubt cancer-curers get. Of course they are jealous of one another, and especially of their immediate predecessors, whom, above all things, they must displace. Here is a passage from Dr Williams, which illustrates what we have said:

"The attempt to destroy cancerous growths by injection is not novel. For instance, Dr Broadbent has lately advocated the use of acetic acid; but I am somewhat inclined to think that the idea of injecting the tumour occurred to him in consequence of a conversation I had with him, when my colleague at the Western General Dispensary, on the feasibility of injecting cancerous tumours with bromine. On observing the action of acetic acid on cancer cells under the microscope, he was led to believe that it would destroy the life of the cell, causing it to shrivel up, and that it might ultimately be removed through the means of the circulation, without setting up suppurative action in the part. How far this hoped-for result may have been realized in other hands I am unable to say, it has however not been realized in mine; nevertheless, the idea was a most happy one, and ought to have been followed by greater success. It is by such means as these, and by constitutional treatment, that I hope some day to see all this fearful class of diseases made amenable to medical treatment."

Dr Williams need not be jealous of Broadbent's reputation. He has a long list of predecessors, all equally loud and careless in statement, and equally fitted for oblivion as cancer-curers. Some of them have the merit of having made careful and good trials, a merit we cannot award to Dr Williams, judging from his statements. Were we so foolish as to recommend him to republish his account of his treatment, we should advise him to give the world an account of one case, sufficiently well attested as a case of uterine cancer in a progressive condition, in which his treatment has produced a cure which can be well attested one year after its performance. To ask one case is surely little. It would not convince us. But it would be encouraging, and it would be worth a thousand of these pamphlets. Here is an account by Williams of one of his cases, almost the only one he gives. We forbear to characterize it. Speaking of medullary cancer of the uterus, he says:

"This form of cancer may be confounded with syphilitic or other chronic indurations. Indeed, in one instance, when a respectable married woman came to me, supposing herself to be suffering from constitutional syphilis communicated by a former husband, I was
myself misled until the disease failed to yield to the usual remedies; when, finding these fail, I treated it as a case of medullary cancer with the happiest results."

Here is his account of the two cases of scirrhus of the uterus which he says he has met with:—

"Scirrhus or hard cancer, as before stated, seldom attacks the uterus, and, when it does, the patient rarely applies for relief until the disease has become so far advanced as to be beyond the possibility of cure. In one of the cases I met with, the whole uterine tissue was infiltrated with the carcinomatous deposit, feeling to the touch like one of those masses of nodulated ironstone seen in the British Museum. The other was the case of a middle-aged woman who had had the neck of the uterus incised some two years before consulting me. The remaining portion of the neck was converted into a hard solid mass."

To conclude, we present our pathological friends with a description of colloid cancer of the uterus. If not edifying, it is not a tedious account.

"The colloid variety is also of very rare occurrence in the uterus. In the only case I have witnessed, there was an opaque fibrous-looking mass, about the size of a small walnut, imbedded in the posterior lip of the uterus, around and in close contact with which were seen two or more semi-transparent cysts the size of large peas."

Dr Williams says he may be, and he hereby is, charged with too great precipitancy in advocating a mode of treatment which has not been longer submitted to the test of time.

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Catalogue of the United States Army Medical Museum. Prepared under the direction of the Surgeon-General, U.S. Army. Large quarto, pp. 960, illustrated. Government Printing Office, Washington, 1866-7.

This very large and magnificent catalogue is divided into three distinct sections, prepared by different authors, devoted to the surgical, medical, and microscopical sections of the museum respectively. Of these, as might be expected, the first—the surgical section—is by far the largest, and consists almost entirely of specimens obtained during the fearful carnage of the great war. Including specimens, casts, photographs, and weapons, the surgical section contains very nearly 5000 distinct objects; and considering the enormous difficulties under which many of these were obtained, during the hurry and confusion of battles and retreats, it is astonishing how definite and precise most of the little notices are, even as to the initials and regiment of the original owners, and the circumstances under which the specimen was obtained. At least two-thirds of the preparations are examples of gunshot injuries of bones and joints; most of them
are dry specimens; many show the balls in situ. The method of arrangement in the catalogue seems very simple. The first great divisions are marked by Roman numerals, and refer to the part injured, such as cranium, shoulder-joint, hand, abdomen, etc. Next under each, in large Roman capitals, the specimens are classed according to the nature and cause of the injury—thus, under I, Injuries and Diseases of the Cranium, we find A, gunshot injuries, etc. A still further subdivision, in smaller Roman capitals, enables similar conditions of wounds to be grouped together, thus: A, concussion; B, penetrating fractures; while, lastly, with small letters, we have the final groups according to treatment adopted: a, primarily fatal; b, operated on by trephining.

The information given with each specimen is of necessity very brief. It consists first of a description of the specimen, the operation, if any, that had been performed, and any important collateral facts discovered at the post-mortem examination. Then the initials of the patient and the number of his regiment, with the letter of his battery or company; date and battlefield on which wound was inflicted; date of operation; date of death or recovery; name of operator, and name of contributor. Considerable statistical value must be granted to cases thus reported when the report is complete, and much interesting material may accordingly be found in the catalogue. For example, of twenty-seven specimens of fragments of bone and discs removed by trephining for gunshot injury of the cranium, we find that five recovered, twenty died, and in two cases the result was unknown.

Some of the notices, pithy as they are, are very curious and interesting. Here are a pair, both illustrative of the doings of a certain civil practitioner in Washington:

"2263. The right carpus and metacarpus, and portions of the bones of the forearm; the radius is fractured for one and a half inches, and several of the carpal bones are broken. The point to be observed in this specimen was primary amputation at the insertion of the deltoid. Lieutenant S., 14th N.Y. State Militia, amputated by a civil practitioner in Washington, and contributed as a surgical curiosity.—See 3288, from the same operator. 3288. The bones of the right foot and leg, and the two lower thirds of the femur. The tibia and fibula were fractured in the lowest third by the subject falling in the street while intoxicated. An oblique fracture of the tibia extends into the ankle, and the fibula is transversely fractured at the junction of the upper thirds. A civil practitioner cut off the extremities of the fractured bone, and the next day amputated the femur in the upper third, for no assignable cause. Death followed."

In pleasing contrast with the effects of such radical treatment is the following instance of conservative surgery:

"1738. The head and five and a half inches of the shaft of the right humerus excised for fracture by shell. . . . This man feeds himself, and can use his arm with tolerable facility, and is able to lift and carry very heavy weights without the assistance of an apparatus. 4711. Shows some of the bones from a case almost unexampled. Private B. F., 2d Minnesota Cavalry, 26, exposed, from 11th to 17th December, to a snowstorm,
THE UNITED STATES ARMY MEDICAL MUSEUM. [JUNE

in which both hands and forearms were frozen to the middle thirds, both feet and legs to the upper thirds, both knees over and around the patellae, and both elbows and the tip of the nose. The gangrenous parts of the nose fell away. The whole four limbs were removed at different dates. The conical stumps of the four limbs were covered with solid cicatrices, and the patient entirely recovered.”

Many other interesting cases might be quoted, had we room, but the above must suffice. The preparation of the catalogue of the surgical section was entrusted to Assistant-Surgeon Alfred A. Woodhull.

The medical portion of the catalogue is interesting, chiefly from the series of preparations of the viscera, illustrating the morbid appearances in camp-fever and dysentery. It is enriched by some exceedingly good plates. It has been prepared by Assistant-Surgeon J. J. Woodward.

The microscopical section, prepared by Assistant-Surgeon Edward Curtis, has a histological, rather than a pathological, interest; but seems to contain a collection of preparations which will prove exceedingly valuable for teaching purposes.

The whole work is most creditable to the Surgeon-General’s office; in paper, size, and type, it leaves nothing to be desired.

Part Third.

MEETINGS OF SOCIETIES.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

SESSION XXVII.—MEETING VIII.

6th May 1868.—Dr Omond, President, in the Chair.

1. REMARKABLE POLYPUS UTERI.

Dr Matthews Duncan exhibited a polypus of the size of a small hen’s egg, and which resembled a false fibrous polypus, having no investment of mucous membrane or of proper uterine tissue, which he had removed lately from the vagina of a young unmarried lady, whom Dr Crawford of Peebles had sent to him for the purpose. Its stalk, closely resembling the pedicle of an ordinary polypus, passed through the healthy cervix uteri. The tumour was removed by avulsion, no cutting being required.

The patient had a fetid discharge. This arose from the state of the tumour. Its section was not like that of a fibrous tumour, being less uniform. The tumour was much more friable than a fibroid. Its lower parts, as seen in section, were intensely red from bloody congestion. The inferior surface of the tumour was invested with a sphenelated greenish layer, nearly a line thick in some parts. This layer was at some points detached, at others adhering only by a thin yellow semi-purulent stratum. The mass of the tumour was easily broken up into irregular bits.

About a fortnight after the operation, she ceased to have any kind of vaginal discharge and felt quite well. At this time the cervix uteri was elongated,