very regular, passages moist, os fully dilated, and head presenting. In another hour matters were sufficiently advanced to have admitted of delivery by the long forceps; but my object being merely to induce labour, not to run any risk, I determined to allow nature to take its course; the pains continued all night, but were not very strong, and at 9 A.M., February 11, a male child was born alive, and both he and his mother are well at this date, although the former has been entirely fed by hand, the latter not having any secretion of milk, or appearance of it.

No doubt this case might have been terminated by art in five hours from the introduction into the os of the first caoutchouc bag, but although it lasted for twelve, it is yet a most satisfactory case of induction of premature labour, with the best result to the mother, who made a satisfactory recovery from the symptoms for which it was undertaken, and which were no doubt caused by the gravid uterus pressing upwards and retarding the action of an already diseased heart.

Martley, 1st June 1863.

Part Second.

REVIEWS.

Jaundice: its Pathology and Treatment, with the Application of Physiological Chemistry to the Detection and Treatment of Diseases of the Liver and Pancreas. By George Harley, M.D., Professor of Medical Jurisprudence in University College, London, Assistant Physician to University College Hospital, etc. Pp. 132. London: Walton and Maberly: 1863.

The main facts in regard to the biliary secretion, in the present state of our knowledge, are briefly these:—Bile consists of two principal constituents, a resinous matter (bilin), and pigment (cholopyrrhin). The pigment, though in small amount, is readily detected by its colour, and by the well-known changes of hue on the addition of nitric acid. The resinous matter, which makes up nearly three-fourths of the solids of the bile, is, when pure, quite colourless. Its chemical nature was very imperfectly known until the accurate analysis of Strecker, who discovered, about fifteen years ago, that the biliary resin presents a definite composition, is, in fact, a kind of resinous soap, and consists of two peculiar acids, now named the Glycocholic and Taurocholic, in union with soda as their base. The property which these biliary acids and their derivatives possess of striking a purple or violet colour in contact with sulphuric acid and sugar, first pointed out by Petenkofer, furnishes a delicate test of their presence. The amount of bile secreted daily by man is at present estimated, on the data of
Bidder and Schmidt, at about five pounds. The biliary acids are admitted by all to be generated in the liver, and not merely eliminated by it; while the pigment, which is believed, on good grounds, to be derived from the colouring matter of the blood, is commonly supposed to be produced in the liver, but by some (and Dr Harley maintains this view), it is presumed to be formed in the blood, and merely excreted by the gland.

Assuming jaundice to consist in the abnormal presence of bile, in whole or in part, in the blood, from which it passes into the tissues and the excretions, the endeavour of pathologists has long been to detect the presence and trace the course in the blood and the secretions, of the different constituents of which bile is composed. In regard to the pigment, this is readily accomplished. Its colour reveals its presence everywhere, and renders it the most conspicuous symptom of jaundice. But if, remembering its minute quantity and insignificance, we seek to pass beyond it and inquire into the destination of the more important biliary acids, we are at once met by serious difficulties. They are colourless, and Petenkofer's test, although extremely sensitive, is delicate, and uncertain of application in mixed fluids. To the older chemists these difficulties were insuperable; and, at the present time, there are no more interesting or more keenly disputed questions in regard to jaundice, than the presence of these acids in the urinary secretion, or their transformation in the blood. Frerichs maintains that the biliary acids are never found in the urine, and he endeavours to prove that in the blood they become converted into colouring matter. In this opinion he is supported by Städler, and other chemists of eminence. On the other hand, Kühne, in his original and elaborate paper on Jaundice, has described in detail his discovery of bile acids in Icteric urine, and he lays down the important general proposition, that in jaundice caused by complete occlusion of the ductus choledochus, these acids are always present in the urine. Hoppe, by a modification of whose process Kühne succeeded in detecting the bile acids in jaundiced urine, supports the statements of Kühne, and denies, on chemical grounds, the transformation alleged by Frerichs, of the colourless bile acids into pigment in the blood. We have not space to go into this controversy, but it is impossible to read the careful statements of Kühne and Hoppe without being satisfied of the presence of bile acids in jaundiced urine. Whether they are found with the constancy alleged by Kühne, or in the quantity to be expected to justify the belief that they pass off by the urine without undergoing any change in the blood, still remains to be determined.

Professor Harley, in the present treatise, takes up these important questions. He rejects Frerichs' view of the change of bile acids into pigment, as inconsistent with the chemical nature of animal pigments and their relation to liematin, as shown by Harley and

1 Virchow's Archiv, xiv., 1858. Beale's Archives, I.
2 Virchow's Archiv, xxiv., 1862.
others. Agreeing in most points with Kühne, he confirms his statement of the presence of bile acids in jaundiced urine, which Harley apparently succeeds in detecting by Petenkofer's test simply. But the absence of these acids in some cases, contrasted with their presence in others, has led Dr Harley to propound those views on the pathology of jaundice which form the basis of his book. Adopting, with certain modifications, the well-known distinction recognised by Alison and Budd, of jaundice by suppression and by reabsorption, he maintains that the state of the urine will indicate with certainty the one condition or the other. In suppression, the biliary acids, being no longer generated in the liver, where alone they can be formed, will necessarily be absent from the urine; while the biliary colouring matter, which, according to Harley, is produced in the blood and not in the liver, will accumulate in the circulation, and, passing into the tissues and the urine, will be readily detected. In jaundice from obstruction, on the contrary, both colouring matter and biliary acids will pass into the urine. Consistently with these principles, Dr Harley has divided the different pathological conditions on which jaundice may depend into two classes, according as they give rise to suppression or obstruction. The former class are, he maintains, distinguished by the absence, the latter by the presence, of biliary acids in the urine.

The views here brought before us are ingenious and important. It is necessary, however, to distinguish between the observations and the doctrines founded upon them. The presence or absence of biliary acids is itself a fact of great value; and if, setting theory aside, and dividing jaundice simply into two classes, 1st, with previous, 2d, with obstructed ducts, we ascertain the presence of bile acids in the urine of the former, and their absence in the latter, we shall have made a decided advance. That this is attainable, the statements of Kühne and Harley warrant us in believing. The evidence hitherto adduced is not, however, sufficient to establish this position. We require a large array of facts in view of the difficulties and contradictions which have hitherto attended these inquiries. In some cases of undoubted obstructive jaundice, as proved by post-mortem examination, we have formerly failed to detect the biliary acids. And Kühne has observed in his experiments, that in jaundice from partial obstruction (in the case of dogs with gall-bladder fistulae, after ligature of the choledoch duct, in which the fistulae allowed an imperfect escape of bile), the biliary acids were absent from the urine. It is, therefore, in cases of complete retention that the bile acids can be looked for most certainly, and their discovery will be fully significant.

In regard to the theory of suppression as a cause of jaundice, we are not prepared to agree with the views brought forward by Dr Harley. That the secretion of bile may be diminished or arrested all will admit. Indeed, even in jaundice from obstruction, suppression to a considerable extent must necessarily take place.
But of suppression as a cause of jaundice we are not convinced. Some of the conditions (cancer, cirrhosis) classed by Dr Harley under suppression are, we think, quite explicable as examples of partial obstruction. And in the acute or yellow atrophy, which was formerly regarded as the type of jaundice by suppression, we find Dr Harley stating (it is one of the most original and important statements in his work) that in the case he examined, he found the biliary acids present in the urine along with leucine and tyrosine. In toxæmic jaundice, as in yellow fever, instead of the secretion appearing arrested, the gall-bladder is often found distended with bile. Nor are we satisfied on physiological grounds of the rationale of jaundice by suppression. There is no adequate proof that bile pigment can arise in the blood spontaneously when the liver ceases to act, as urea does when the function of the kidneys is arrested. We know, indeed, that by the injection of bile acids, or even of water into the blood, the blood-cells are acted on, and a pigment like that of bile is produced from their hæmatin (Kühne, Hoppe). And this experiment may perhaps afford some ground for explaining the causation of toxæmic jaundice as independent of the liver. But in the absence of the action of the liver or of some change in the blood, is bile pigment generated continually in the circulation? We are not aware of it. The only proof we know is to the negative. The experiments of Moleschott and others showed that in the extirpation of the liver in frogs, there was no accumulation of bile pigment any more than of biliary acids in the blood. So long as these experiments remain uncontroverted, the theory of suppression is open to a fatal objection.

Although the pathological views, being of fundamental interest, have chiefly occupied our attention, we must not omit to refer to the chapters on Experimental Jaundice, and on the Principles of Treatment. The experiment of producing jaundice by injecting bile under the skin is novel and curious (p. 96). In the section of treatment, the mode of action of the different remedies is reviewed and commented on in accordance with the pathological doctrines in the earlier part of the volume. The author's observations on the action of mercurials, on podophyllin, benzoic acid, etc., will be read with interest. In cases of permanent jaundice from obstruction, Dr Harley proposes, as a last resource, the formation of a biliary fistula, such as is frequently established without much injury in animals for the purpose of experiment.

There are many points of interest in connexion with the subject before us, which space will not allow us to enlarge upon. We refer our readers to Dr Harley's work. The views which it contains are original, ingenious, and suggestive. His essay deserves the perusal of every one interested in the progress of medicine. Dr Harley has already earned a reputation from his researches in various departments of physiological chemistry; we trust again to find him bringing his science to bear upon questions of clinical medicine and pathology.
Aural Surgery is now one of the most thoroughly distinct specialties in surgery and its literature is becoming every year more extensive.

Till within the last half-century, aural surgery was either practised as a part of the great domain of surgery by general practitioners or pure surgeons, or had in great measure passed into the hands of ignorant quacks, each with his universal panacea—either local or general, which was equally suitable or unsuitable for all diseases involving hearing, from tumours of the brain down to collections of cerumen in the meatus.

Sir Astley Cooper himself, though much interested in diseases of the ear, and far beyond his age in his treatment of them, rather dreaded lest he should be considered an aurist, and eventually gave up any special attention to the subject.

But ever since Itard, physician to the Royal Institution for the Deaf and Dumb, of Paris, published his standard treatise on the Diseases of the Ear and of Hearing, in 1821, the attention of the profession has been more and more directed to the subject, and, in accordance with the tendency of the present age to division of labour, few great towns are now without one or more aurists; and the term is now not one of reproach, aural surgery being a science based on the anatomy and physiology of the organ, and requiring careful observation, and no inconsiderable manipulative skill for the attainment of success. The very extensive researches of Mr Toynbee, and his very numerous dissections of the ear, amounting to upwards of 2000, have, along with the labours of others, created an aural pathology; while, in its surgery, Wilde, Toynbee, Harvey, and Hinton, in this country, Deleau, Triquet, and Kramer on the continent, have all raised a goodly pile of volumes on the foundation of Itard. As in all other departments of surgery, great strides have been made in instrumental agency for diagnosis by visual examination of the passage. The speculum of Gruber of Vienna, the lamps of Avery, and our late townsman Dr Warden, for the examination of the meatus and membrana tympani, and the application of the principle of the laryngoscope for rhinoscopy in the diagnosis and treatment of affections of the Eustachian tube, have each added something to the knowledge of diseases and methods of cure.

For the last twenty-five years of the rise and progress of aural surgery, Dr Yearsley has been in the front, and has embodied the results of his extensive experience in the work now under review, of which the present is the sixth edition.
The general tone of the work is eminently practical; no attempt is made at a scientific arrangement or exhaustive description of diseases of the ear, some forms of disease and points of practice are treated with special attention, and the author's own discoveries are very fully discussed and defended.

The two points which receive the greatest amount of attention in Dr Yearsley's work are,—

1. Deafness the result of morbid conditions of the Eustachian tube, with or without affection of the mucous membrane of the throat, stomach, and ear.
2. The marvelous remedial powers of cotton-wadding in cases of deficient membra tympani, and for the cure of chronic otorrhoea.

Dr Yearsley's chapter on the history of catheterism of the Eustachian tube is very interesting, describing the first idea of it as introduced by a layman, Guyot, the deaf postmaster at Versailles, and described by him to the French Academy in 1724, and the various modifications and improvements by Cleland, Wathen, Douglas, Itard, Deleau, and Kramer.

With the very strong views which Dr Yearsley holds as to the frequency of deafness caused by thickening of the membrane of the tube, or its being obstructed with mucus, we cannot wonder at the strong terms in which he recommends the catheterization of the tube. As a means of diagnosis, it is certainly sometimes very valuable, but that its frequent application, or the use of injections of fluids, or of compressed or medicated air into the tympanic cavity, are often necessary, or even admissible, is, we think, now denied by most English surgeons. Notwithstanding his approval of syringing the middle ear from within, Dr Yearsley has, in his sixth chapter, some sensible remarks on the danger of indiscriminate and repeated syringing of the external ear from without.

The question of throat deafness, and the possibility of an enlarged tonsil blocking up the opening of the Eustachian tube, is fully discussed, Dr Yearsley, against the opinion of Mr Toynbee and others, asserting that such blocking up is both possible and frequent.

With Dr Yearsley's too mechanical explanation of this "Throat deafness," we cannot agree. He says, "The true explanation of the loss of hearing by closure of the tube seems to be, that the vacuum caused by the loss of air in the tympanum places the membrane of the tympanum under the influence of atmospheric pressure. We can easily imagine how a weight of 15 lbs. to the square inch must affect such a delicate membrane as the drum of the ear. The membrane of the tympanum, when the cavity is a vacuum, bears an actual pressure of more than 7 lbs., as it is more than half an inch square; it becomes preternaturally tense, and its vibrations on the impulsion of sound are greatly impeded."

Now, there are several fallacies here; first about the vacuum, why should there be one at all? what is to send the air out of the middle ear? and how does it get out if the Eustachian tube is closed? Second, as was shown by Toynbee in 1853, and as is
believed by Wharton Jones, Hyrtl, and others, the normal condition of the Eustachian tube is to be shut, its walls lying close to each other, and it is only opened at times during the act of deglutition; so that the effect of the obstruction of the duct on hearing must be the result, not of its not being open, but of the retention of secretion and the vitiated character of the air which is contained.

Another point, almost too trivial to mention, as it is surely an inadvertence, is in the arithmetical calculation about the weight borne by the tympanum in its supposed circumstances, in which "half an inch square" gets the credit of being equal in area to "half a square inch."

In the description of the effect of enlarged tonsils in causing deafness, and the treatment by their removal, Dr Yearsley tells us that he has excised upwards of 4000 morbid growths from the throats of patients; but, notwithstanding this large experience, he makes the following most extraordinary pathological statement:—

"The growth to be removed has neither nerve to give pain nor bloodvessel to bleed, it is neither more nor less than a deposit of fibrine, the result of repeated inflammations." However, the paragraph in which this occurs is for the purpose of "allaying the fears of the timid"—(patient? who is supposed to read scientific works on deafness)—so, perhaps, this curious pathology may not do him much harm.

The description of the discovery of the marvellous effects of the pellet of moistened cotton wool in cases of perforation of the membrana tympani is most interesting, and the cases recorded are very remarkable. It includes the paper read in this city to the British Medical Association in 1858, on the modus operandi, and also refers to the controversy which, in 1857, existed between the author and Mr Toynbee, regarding the artificial membrana tympani invented by the latter. The cotton wool, trivial as it may seem, is simpler, safer, and as efficient as any more complicated artificial tympanum, and, besides, has a directly curative effect on the otorrhcea which so frequently accompanies perforated membrana tympani; while the other apparatus tend, by the irritation of their presence, rather to keep up the discharge.

The question of perforation of the membrana tympani as a cure in some cases is fully discussed; but for this and many other important points we must refer to the work itself. It is the production of a thoroughly practical man of great originality and experience. Its practice is throughout far before its pathology. Written in an easy characteristic style, it is very pleasant reading, though marred here and there by references to old controversies, self-assertion, and fine writing, and is a work from which surgeons will obtain much reliable information, and which every aurist would do well to possess.
Catalogue of the Library of the Royal Medical and Chirurgical Society of London. London: 1856; with Supplements to 1862.

Catalogues de la Bibliothèque Impériale. Catalogue des Sciences Médicales. Tome Premier. Paris: 1857.

Catalogue of the Library of the Royal College of Physicians of Edinburgh. Edinburgh: 1863.

The great progress which the sciences have made during the present century, has exerted a corresponding influence on our libraries; and it is now generally acknowledged that it is not sufficient to bring together a great number of books, but that it is essential to classify and arrange them, and enter their titles in carefully prepared catalogues. By this means alone can the libraries of the present day be placed on a level with the requirements of literary and scientific men. Few, however, are aware of the difficulties which present themselves to those who are engaged in such important labours, or of the time and trouble which the preparation of extensive catalogues involves. Yet it is interesting to remark, that, notwithstanding these difficulties, and the almost encyclopedic knowledge which is required in bibliographical researches, many eminent physicians have devoted great labour to such investigations; and the catalogues of Haller, Ploucquet, Atkinson, Forbes, and the Bibliotheca Britannica of Dr Watt, will always attest the interest which these distinguished men have taken in bibliographic inquiries.

We have to notice, amongst the larger catalogues of medical works recently published, the Catalogue of the Library of the Royal Medico-Chirurgical Society of London; the first volume of the Catalogue des Sciences Médicales, being the medical department of the Bibliothèque Impériale of Paris, recently issued by order of the Emperor Napoleon; and the Catalogue of the Library of the Royal College of Physicians of Edinburgh.

Catalogues of special libraries, like the first and last of these, are particularly valuable, as these collections, without being so extensive as the large public libraries, have the merit of greater completeness in particular departments.

The library of the Medico-Chirurgical Society is a very valuable one; and, as the Fellows of the Society are numerous, an accurate printed catalogue became a great desideratum. Accordingly, the preparation of an entirely new catalogue, constructed directly from the books themselves, was commenced in 1854, and published in 1856. The works are arranged alphabetically, according to their authors' names; but a very valuable addition was made by the publication in 1860 of an index to the catalogue of the library, in which the subjects are arranged in alphabetical order.
The arrangement of the Catalogue des Sciences Médicales of the French Imperial Library is according to subjects,—a mode of compiling a catalogue which is very useful, but which, to render it complete, necessitates a general index of authors. The handsome quarto volume of nearly 800 pages, already published, contains lists of works on the history of medicine, on anatomy, physiology, hygiene, and the first part of pathology; the second will include the remainder of pathology, with therapeutics, pharmacology, medical jurisprudence, and veterinary medicine. M. Tascherau, director of the cataloguing department, in his report to the Minister of Public Instruction, which forms the preface to the volume, complains that he has derived no assistance in his task from the Academy of Medicine. Naturally thinking that that learned body could aid him in framing a classification at once simple, logical, and scientific, he applied, through the Minister, for their advice. In October 1852, he was informed that a commission had been appointed to draw up a report on the subject, and that this would be communicated to him without delay. But, alas! commissions and committees are not always to be depended on; time passed away, and no report appeared; as M. Tascherau pathetically observes—"L'attente fut longue; elle fut vaine." Three years elapsed, and, wearied out with waiting, the authorities of the library referred to M. Dubois the perpetual secretary of the Academy. The secretary was more trustworthy than the commission; he drew out a scheme of classification, which, with some modifications in detail, was adopted. As might be expected, the library is very rich in French medical works of all periods, but we were somewhat disappointed in finding the medical literature of other countries far from perfectly represented.

The Catalogue of the Royal College of Physicians has lately been issued to its Fellows. As stated in the preface it is the fourth edition of the Catalogue. The preface contains some interesting information relative to the origin and gradual progress of the library, and the early history of the College, in so far as the changes in its chambers or hall are concerned; reference is also made to certain violent controversies which arose amongst the Fellows of the College about the end of the seventeenth century, with regard to the treatment of fever, and in which Dr Andrew Brown, Dr Archibald Pitcairn, Sir Edward Eizat, Sir Robert Sibbald, and other eminent Scottish physicians were engaged.

The library has made very rapid progress of late years; it now contains upwards of 15,000 volumes, and is increasing at the rate of 600 or 700 annually. As might be expected the library contains a very full collection of the works of the early Scottish physicians, but it also includes many of the rarer works printed in England at an early period; amongst the last may be noticed a very rare and curious one by John Hall, the son-in-law of Shakespear, which presents a very singular specimen of the state of
medicine in England about the middle of the sixteenth century. It was published in London in 1565, and is entitled "An Historical Expostulation against the Beastlye Abusers, both of Chyrurgie and Physyke in our Tyme: with a Goodlye Doctryne, and Instruction, Necessarye to be Marked, and Followed, of all true Chirurgiens: gathered by John Hallé, Chirurgyen." We may extract an account of one of the quacks or irregular practitioners of that period:—"One Robert Nicols, a false deceiver, and moste ignoraunt beaste, (as weare his former felowes:) hath in tymes passed boasted him selfe to have been the servaunt of maister Vicary, late Sargeant Chyrurgien to the Queenes highnes. But now the matter being put in triall, he sayeth he was apprentice with a priest. Among whose wicked & prodigious doynges, (whiche are infinite,) one very notable chaunced in the yere of our lorde. 1564. the 26. of September. He poured in a purgation to an honest woman of good fame, one Riches, wydowe, of Linton (a paryshe three myles distant from Maydstone): whiche within three or foure houres at the moste, purged the lyfe out of hir body: so violent was this mortal potion. The woman being before in perfecte health, to all mens judgementes: beinge onely of simplicitie perswaded to take the same, by the deceivable perswasions of this Nicols: Who made fayre wether of all thynges, and hir to beleve, that he would deliver hir of such diseases, as in deede she had not. For he should have had by composition, xx. shillings for the saide drynke." Master Nicols was arrested and put in jail, where he was questioned by members of the faculty regarding his knowledge and his doings; space only permits us to extract one specimen of his answers:—"Among other questions of the Anatomie, to al the which he answered as beastly, as in other thinges before, it was asked him what the splene was, and he answered, that it was a disease in the syde, baked harde lyke a bisket: denying that there was any thyng called the splene, but the disease (sayeth he) so called."

The "goodlye doctrine," appended to the "expostulation," is partly in verse, and the following stanzas show that Mr Hall had a very correct estimate of the importance of anatomical knowledge:—

"Harke and drawe nere ye younge studentes,  
Your eares loke ye unclose:  
The worthy arte Chirurgery;  
To practise that purpose.  

"But chieflye the Anatomye,  
Ye oughte to understande:  
If ye will cure well anye thinge,  
That ye doe take in hande.  

"For by the same above the rest,  
Ye shall greate fame deserve:  
The life of man from manye streightes,  
To save and well preserve."
"Without the knowledge of whych e arte,
Thou canst not chose but erre:
In all that thou shalt goe aboute,
Thy knowledge to preferre:

"As if ye cutte or cauterize,
Or use Phlebotomye:
Ye can not but erre in the same,
Without Anatomye.

"He is no true Chirurgien,
That can not shewe by arte,
The nature of evrye member,
Eche from other aparte.

"For in that noble handye worke,
There dothe nothinge excell,
The knowledge of Anatomye,
If it be learned well.

"Endevoure therefore by all meanes,
The same to knowe and cunne,
For when thou haste it perfecty, 
Thine arte is halffye wonne.

"For therby shalt thou understande,
Of eche member in dede,
Their nature and their offices,
And howe they doe procede.

"And unto what good use they serve,
As well the leaste as moste,
And by their hurte Prognosticate,
What action will be loste.

"Werby of knowledge and greate skill,
Thou shalt obteine the brute,
And men to thee in generall,
For helpe shall make their sute.

"Wherefore all honour, laude and praise,
To God ascribed be,
The Father, Sonne, and holye Ghoste,
One God and persones three."

Besides containing an excellent collection of printed books in the various departments of medicine, the library of the College of Physicians possesses a valuable series of manuscript notes of the lectures of the founders of the Edinburgh School of Medicine, to whose labours the fame of Edinburgh as a place of medical education is justly due. Under the same head may be noticed twenty-two volumes of the manuscript consultation letters of Dr William Cullen.

Like that of the Medico-Chirurgical Society of London, the Catalogue of the Edinburgh College is arranged according to the names of the authors, but the former, as already mentioned, has a printed index of subjects by which its value is much enhanced. We trust that this important part of the Edinburgh Catalogue will be printed at some future time.
On the whole, these three Catalogues are welcome additions to medical literature, tending as they do to afford the student a still more complete view of what has been written on medical subjects; and we would only remark in conclusion, that it is every day becoming more necessary to be aware of what has been written by others, in order to avoid the annoyance of discovering, when too late, that the field had already been occupied by previous inquirers.

Reports in Operative Surgery, "Series the Eighth." By Richard G. Butcher, Esq. Dublin: 1863.

There are several cases of considerable interest to the surgeon contained in this pamphlet. A report of a case of severe elephantiasis of the right lower extremity is given, which is of sufficient moment to warrant a condensed account of it here.

A female patient, of the age of forty-four, had been suffering more or less severely from the above affection for eighteen years, when she came under the care of Mr Butcher. Before that period of eighteen years, she had at times felt uneasy sensations in the limb, but she paid little attention to them. Being a laundress by trade, she was rendered useless for much work, and was therefore anxious that some means should be taken, if not to cure her altogether, at least to make her capable of exertion sufficient to earn her daily bread. When admitted to Mercer's Hospital (under the care of Mr Butcher), the limb presented an appearance such as to render hopeless the application of any ordinary treatment for elephantiasis. The healthy leg measured 8 inches in circumference above the ankle, while the diseased one measured 16½ inches. Around the dorsum and arch of the foot the healthy leg measured 10 inches, the size of the diseased one was 15½ inches.

Notwithstanding the repeated requests of the patient to do so, Mr Butcher did not feel justified in removing the limb by amputation, and resolved to attempt to cure it by ligaturing the femoral artery. This operation, in consequence of the accumulation of fat, the increased size of the limb, and the distended veins, was one of considerable difficulty to the surgeon. The femoral vein, also greatly enlarged, was, by the great quantity of blood which it contained, rolling over the arterial trunk, and to avoid it great care was necessary on the part of the operator. These were the chief difficulties in the way of the operation, but they were overcome, and the vessel was secured, leaving the great vein unharmed.

Shortly after the operation, the limb fell in a very marked manner in temperature, pain was complained of in the region of the ham and the knee, to remedy which the limb was wrapped in cotton wadding, hot jars were placed along it, and a large opiate administered. The patient continued gradually to recover from the
effects of the operation, the limb slowly decreased in size, and on
the thirty-first day after it, the ligature of the artery came away.
At that period also, the limb began to show very decided tendencies
to reduction in size, so much so, that the muscles and tendons
could be distinctly traced when brought into action by the move-
ments of the leg. Six months after the operation the patient left
the hospital able to use the leg with great ease, although the appli-
cation of a bandage round the leg has not yet been dispensed with.
Here the report of this case ends, so that we cannot tell whether
the operation has procured permanent relief to the patient. "So
far as the history now goes," says Mr Butcher, "the case has, I
would say, been eminently successful; as to the permanent nature
of the cure, time has not yet sufficiently passed by so as to afford a
practical answer."

The next case reported by Mr Butcher is one of "Excision of
the Knee-joint, all the functions of the limb being fully preserved,
with the exception of the knee being rendered firm and rigid (the
perfection of cure), and with no deformity to the patient."

This operation for excision of the knee-joint being now recognised
as one of the regular operations of surgery, and also being so fre-
cquently performed, requires no remarks to be made upon it here.

But we cannot understand what Mr Butcher means when he
says that the knee being rendered firm and rigid constitutes the per-
feetion of cure. We are inclined to believe that, in such a case,
cure is perfect only when the limb is rendered as useful to the
patient and as normal as possible—and surely that cannot be when
the joint at the knee is taken away and no joint supplied. It
would be justifiable to render the knee firm and rigid were there no
means of preserving motion; but as such means do exist, we are of
opinion that it is only just to the patient that the surgeon should
take advantage of them. There are certain conditions which cause
any attempts to form a false joint to be dangerous to the life of the
patient, as when a disposition to relapse is apparent, "then," says
an eminent surgeon of the present day, "prudence will necessarily
dictate the safer procedure which favours anchylosis; sacrificing
motion but retaining the limb, because securing immunity from
return of the disease." But we are unable to discover anything
in this report which would lead us to conclude that such a disposi-
tion to relapse had been observed in the present case, and even if
there were any notice of the kind, we are inclined to think that,
by the words "the knee being rendered firm and rigid (the perfection
of cure)," Mr Butcher would imply that in every case of excision
of the knee-joint the after-treatment should be with a view to
render the bones to unite by anchylosis.

There are several other cases which we cannot allude to here,
though we would fain say a few words concerning them. But we
must close the book, which we have read with great pleasure, for it
contains the records of a thoroughly practical man. It reports bold
and daring operations performed by a skilful surgeon. And it is by these operations that surgery maintains the rank to which it is entitled as a science. If all surgeons were content to proceed in a humdrum manner, their profession would be degraded to a mere money-making trade, instead of being regarded in its true light,—a noble science, whose aim is the preservation of life, and the speedy relief of pain.

Stammering and Stuttering: their Nature and Treatment. By James Hunt, Ph.D., F.S.A., F.R.S.L., etc. London: Longman; 1863.

In these days of division of labour, when it takes twenty skilled workmen, or something like that number, to finish a pin, it is no wonder that specialists flourish within the wide borders of our profession. Day by day the field is becoming more and more parcelled out, and as each little plot of ground is dug deeper and deeper, and more thoroughly brought under cultivation, new adventurers are seeking “fresh fields and pastures new” in which to expatiate.

On the very border-land of the profession lies the class of defects, vices of education and of habit, rather than diseases, which it is the object of this treatise to remedy. Its author, as the son of one of the earliest and most successful cultivators of this field in Britain, has an almost hereditary right in it, besides what he has won for himself by his experience and success.

The first chapter is devoted chiefly to making out the distinctions between stammering and stuttering, with the general causes of each, so far as they depend on a defective use of the mechanical agents of voice. Chapter II. is devoted to causes of other sorts, as, hereditary transmission, individual peculiarities, and emotional influences of all sorts. Both chapters are interspersed with many striking and amusing cases, and exhibit considerable philological research. In the third chapter is a very erudite review of the history of the chief theories of the causation and modes of treatment of impediments in speech,—exhibiting most extensive reading and research, and interesting as showing the great variety both of theories and methods of treatment.

On the statistics of stammering we find the curious fact stated, that four men stammer for every female victim. Mr Hunt hints at a possible explanation of this fact, to be found in the well-known theory, that, in order to compensate woman for her weakness, nature bestowed upon her a powerful weapon in the gift of the tongue.

After some very sensible pages, condemnatory of any surgical interference, such as would have been very useful in Dieffenbach’s days of “operating gone mad,” and a chapter on the question, “Is Stammering a Disease?” we come to the practical part of the work, and this is headed, “System of the late Mr Hunt, and Practice of
the Author." After such a heading to the chapter, we must confess to being a little disappointed, and not a little astonished, to find in the very first page the following sentence:—"I do not care to enter into any particulars of treatment, which would perhaps have the effect of depriving sufferers of that confidence which they can alone obtain by *vivâ voce* instruction. I believe, therefore, I am consulting the best interests of those suffering from impediments in speech when I refrain from entering into any particulars of my mode of treatment. This course does not certainly receive the approbation of the inquisitive or indolent."

Quite true, Mr Hunt; and at the risk of being thought inquisitive, we must condemn most heartily the egotism and self-advertising spirit of this chapter. Intermingled with puffs of the author's experience, we have quotations from a laudatory article in Fraser's Magazine, a description of what takes place on the first admission of the patient to Mr Hunt's consulting-room, remarks on the necessity for his boarding with Mr Hunt, observations on the homesickness induced thereby, examples of the rapid removal of the homesickness, proofs of the necessity for staying at least twenty weeks, histories of one or two patients and their relatives, a treatise on the advantages of sea-bathing, with a description of the author's new establishment by the seaside.

A most characteristic quotation from an article, evidently from the pen of the Reverend Professor Kingsley, in Fraser's Magazine, is given in an appendix, in which riding, rifle-shooting, and boxing, along with true manliness and self-respect, are recommended with the wonted eloquence of that muscular divine as the best adjuvants to a cure of stammering.

The book is in many respects a good one, and, were it not for the unlucky chapter on the "System of the late Mr Hunt and the Author," would be worthy of unqualified praise.
Angoulême, enthroned among her vineyards, and the quays of stately Bourdeaux, and across the Landes,—not without their mournful beauty, being a kind of Scotch steppe, waving like the sea with heather and firs.” A line from Bourdeaux conducts to La Teste and the Bassin d’Arcachon, which are about forty miles farther south. In this region the Scottish invalid may almost deem himself at home; while he will find a mildness and steadiness of temperature which will contrast strongly with the fluctuations and rigours of his own native “land of brown heath and mountain flood.”

Arcachon is situated in 44° 38’ N. lat., and is so remarkably sheltered, that, though it perhaps receives little influence from the bland gulf-stream, its temperature is in winter somewhat higher than Bourdeaux, and a great deal higher than Paris. Nay, there is a difference of even two or three degrees (of the Centigrade thermometer) between the shore and the pine-forests, in which are situated the “Villas d’Hiver,” intended for the residence of invalids, and to which we wish chiefly to direct attention. There are some other peculiarities worthy of note, though difficult to account for,—such as the great proportion of saline ingredients in the water of the Bay of Arcachon compared with that of the Mediterranean. This constitution of the sea-water cannot but exercise a decided influence on the skin of those who resort to bathing, for which the beach offers very great facilities and comforts.

In the pine-forest has been erected a set of villas, replete with accommodation for the healthy, and every contrivance to ensure the welfare of invalids, whether those presenting the early symptoms or threatenings of consumption, or the more advanced stages. Bronchitic cases and rheumatism seem to experience much alleviation from a residence in this locality. The striking exemption of the habitual inhabitants of this region from all these maladies first incited medical men to search for the cause, and some spirited individuals have come forward with purse and intelligence to render it available to all who seek health by change of climate. Taking it for granted that the workmen in the pine-forests, who prepare the Bourdeaux turpentine, are really exempt from these diseases, notwithstanding their hard work and meagre fare, can any satisfactory or scientific explanation be given?

Dr William Ireland seems to have proved satisfactorily that ozone is a powerful disinfectant.1 Pine-trees evolve it in large quantity; even the bark seems to emit it. Where these are abundant, health prevails. Of the importance of this subject the Bombay Government appears fully aware, for it has directed Dr Cook to make arrangements for the systematic registration of the daily amount of ozone in the atmosphere throughout the Presidency.2

1 See his paper in Edinburgh Medical Journal, July 1862,—Notes on the Medical Topography of Kussouli.
2 Lancet, 13th June 1863, p. 677.
Now, the position of the "Villas d’Hiver" in the forest of Arcachon ensures a vast supply of this purifying agent; so that there can be little question as to the beneficial effect of breathing the invigorating atmosphere which surrounds the invalids who may resort thither. The notion of the superior salubrity of such sites is neither new nor confined to Europe. Johnstonus, in his Dendrographia, published at Frankfort in 1662, observed that it is wholesome to walk in groves of pine-trees, which impregnate the air with balsamic particles. "In Germany," says Dr Ireland, "it has been observed that in districts where pine-forests are abundant, bronchitis and rheumatism are not so common as elsewhere; and Professor Albers of Bonn regards it as certain that patients suffering from these disorders derive benefit by removing to such localities. Ozonized cod-liver oil, the reader must know, has lately been recommended in phthisis."¹

Dr George Wood, Pennsylvania, says, in his Treatise on the Practice of Medicine (4th edition, Philadelphia, 1855), in regard to changes of climate in phthisis pulmonalis,—"For Americans there is probably no better residence than the interior of Georgia, Alabama, and Florida. The immense pine-forests of these regions may add the advantage of their exhalations to those afforded by the comparative dryness and warmth of the climate."

But the distance, and the unhappy war now raging in these territories, forbid invalids resorting to these regions. Besides, all benefits to be hoped for from the abundance of pine-trees are to be found at Arcachon, and certain others not readily met with elsewhere. The French mode of cooking food, especially stewing, is greatly commended by Dr Prout for such as suffer from dyspepsia,—a too frequent accompaniment of consumption. Then the abundant supply of grapes, constituting the famous cure de raisins, is an important point.

As invalids are mostly accompanied by healthy members of their family, amusement and means of instruction for them abound. If geologists and botanists, they may find ample occupation in studying the history of the churches overwhelmed by the ever-shifting sands of the shore, till science and enterprise bound them over to "good behaviour," and made that productive and useful which was once destructive. The early church was obliged to be rebuilt farther and farther inland, the original being buried by the sand. A precisely similar event covered up two of the churches in Cornwall,—Perranzabuloe, on the north-east corner of West Cornwall, and an ancient British church in the sands of Gwithian, on the north-west corner of West Cornwall.²

¹ See Observations on the Medical Administration of Ozonized Oils, by Theophilus Thompson, M.D., in Trans. of the Medico-Chirurg. Society of London, vol. xlii. p. 349; also Lectures on Pulmonary Consumption, by Theophilus Thompson, 2d edition, with Appendix by his son, Dr E. Symes Thompson.

² See Edinburgh New Philosophical Journal, January 1863, p. 14.
The constant drifting of the loose sand inland threatened to make the whole region valueless and uninhabitable, till Bremontier, a resident of the province, succeeded in opposing an effectual barrier to its farther progress by planting a wood. First of all, he planted the sand-loving broom-rush (*Sarothamnus scoparius*), and produced in its shade young pine-trees, and so brought the overflow of the sea-sand to a stand-still. Thus was produced that forest, to the friendly shelter of which those threatened with consumption should flee, if by any means their malady may be prevented or its progress arrested. Some who have tried, as a winter residence, both the Isle of Wight and Arcachon, give the preference to the latter.

_A Manual of Elementary Chemistry, Theoretical and Practical._ By George Fownes, F.R.S., late Professor of Practical Chemistry in University College, London. Ninth Edition, Revised and Corrected. London: Churchill and Sons: 1863.

The rapidity with which edition has followed edition of this work is the best proof of its being well adapted to the wants of the student. In fact, Fownes' Chemistry has become a standard work; its success has not been inferior to that of any other of Mr Churchill's excellent series of manuals. This success has not, however, tempted the editors to rest contented with what they have already done; each successive edition is brought fully up to the actual state of the science. In the present edition, various alterations and improvements have been made, rendered necessary by the progress of chemistry during the last two years. We have only to repeat the hearty recommendation of this work which we have expressed upon former occasions.

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**Part Third.**

**PERISCOPE.**

**MEDICAL JURISPRUDENCE.**

**ON THE RESTORATION TO A NATURAL APPEARANCE OF PUTREFACTIVE BODIES WITH A VIEW TO THEIR IDENTIFICATION.** BY DR BENJAMIN WARD RICHARDSON.

On Saturday, the 9th instant, I conducted an inquiry to ascertain if a human body that had undergone putrefactive change to such a degree that it was unrecognisable could be so far restored to the appearance of life as to be sworn upon in respect to its identity.

As the inquiry in question, from the circumstances by which it was surrounded, has created great public interest, as it opens a new line of research in regard to a medico-legal question of a very important nature, and as certain