keeper, swore that while a mob was attempting to break into his house he fired through the door, and shot the sailor, who was an active man among them. Now this defence was incompatible with the opinion of the surgeons, as the door was in a close eighteen feet from the street where the body was found. The prisoner was proved to speak the truth, partly by direct testimony, but, still better, by a stream of blood being found between the door and the spot where the body lay; which stream, from the direction of the declivity, could not have flowed from the body towards the door. The prisoner was acquitted.

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**Part Second.**

**REVIEWS.**

*De la Saignée, Effets Physiologiques et Indications Therapeutiques.* Par le Dr F. Brichetau. Paris: Delahaye: 1868. 8vo, pp. 44.

*On the Physiological Effects and Therapeutical Indications of Blood-letting.* By Dr F. Brichetau.

At this moment, when the lancets of most physicians lie neglected and forgotten, a publication such as the present might be considered singularly inopportune. All thoughtful medical men who reflect upon the subject will, however, rejoice at any philosophic attempt to place the much-disputed subject of the treatment of disease by bloodletting upon a sound basis. A mode of treatment which may be so fatal, must of necessity influence powerfully all the vital relations of the frame; and it still, we think, remains to be shown whether under certain conditions a remedy so capable of modifying all the normal relations of our organs may not be also usefully employed in modifying those abnormal relations which we term disease. We grant that to employ bloodletting as our forefathers did, in similar cases and for similar reasons, would indeed be to bring back the days of medical chaos. Amongst a savage or ignorant people, a high professional reputation is sure to be gained by a display of power, even though that power be fraught with danger in its exercise; like that Afghan physician whose fame was based on the use of cyanide of potassium, and who demanded of a traveller (Ferrier) what devil was in that salt, for of a hundred patients to whom he had administered it only one had survived. So in the early days of medicine, when it was of so much importance to exhibit power in action in the eyes of their rude and vigor-
ous patients, it is no wonder that phlebotomy was a favourite remedy with practitioners of medicine; and when we consider the little trouble it gave them—for it was kill or cure—the luck that occasionally attended them, and the handsome way in which their services were rewarded, we really do not wonder at their fondness for its practice. What physician or surgeon would nowadays be bold enough to bleed from both arms a patient just fallen from a lofty roof, as Podalirius did Syrna, the daughter of Damæthus, king of Caria—the first recorded instance of venesection, and both a very bold and a very lucky instance too—and, even if he were equally fortunate in not killing his patient, is it likely that he would receive a tithe of his reward,—a blooming wife with a province for a dowry? No wonder that phlebotomy became fashionable. And considering that Chrysippus of Cnidus, Erasistratus, and those who with them followed the Pythagorean philosophy and abstained from bloodletting, had no such deeds of so-called power to show, and were not likely to receive such handsome rewards for the unobtrusive but no less real exercise of their skill, we think them entitled to the very highest praise, as men who, even in those early and so-called barbarous ages, sought only truth and the good of their fellow-men; and we feel it a high compliment to our common profession, that even in those days these men had so large and so brilliant a following. Not that we mean to assert that the phlebotomists of those days were all self-seekers, or that all the Pythagoreans were the reverse, but only that, as the natural state of matters in those days tended to depress the scale of self in favour of phlebotomy, and as the natural tendency of mankind is towards active treatment, especially when productive of fame or reward to themselves, 1 so the Pythagoreans deserve great credit for their philanthropic and unselfish conduct as well as for the calm and philosophic way in which they argued out the matter, and placed it on a basis which, mutatis mutandis, differs very little from that which it now occupies. But just because our present reasons for not bleeding differ so little from those of Erasistratus, and because we know that, for more than two thousand years, these reasons have proved just as insufficient and incompetent to banish phlebotomy from medical practice as the transmitted opinions of Galen have been in maintaining it in that pre-eminent position when bloodletting was deemed the remedy for every ill, and physicians counted their triumphs by their bleedings; and especially because we feel that the present discarding of the lancet is more of a fashion than a faith, while there are not wanting among us men who would willingly restore it to its former position as a haphazard system of practice; nay, who have already endeavoured to recommend phlebotomy to their professional brethren, not for any certain physiological

1 “Illud etiam insitum est homini, ut cum adhuc non constet, an aliquid faciendum, et administrandum sit, necne; propensior sit ad faciendum, quam ad quiescendum.”—Porruus, De Miss. Sang., p. 4.
or pathological reasons, but for the oldest and the worst of all, the suc-
cess which has apparently followed its use, as if \textit{quia post, ergo propter},
was any more true nowadays than in the days of Podalirius; or—and
this is the most curious fallacy of all—of any more value in one
disease than in another,—a most forcible argument in uræmia, a
most fallacious one in pneumonia. For these reasons, therefore,
we rejoice at the appearance of a work the tendency of which is to
place this much-disputed question upon a sound and philosophic
basis; and we also think that no time could be more opportune
than the present, when the irrational views, which to sanguine minds
seemed disposed of for ever, are already beginning to crop up again
like weeds not killed but merely scotched; and we think it both
interesting and appropriate that the author of such a work should
be a native of that country which can boast both of Bouillaud, the
most consistent and persistent venesectionist of the present day, and
of Bordeu, one of the most philosophic of physicians, and most con-
sistent avoikers of phlebotomy of last century.

Brichetau states as the object of his inquiry two queries; the
first, What foundation is there for the violent attacks which have
been made upon phlebotomy as a part of medical practice? and,
second, Has not the reaction against bleeding been excessive? In
answering these queries, Brichetau first reviews cursorily the history
of bloodletting, dividing it into three imaginary periods:—

1st, A period of vicissitude;
2d, A period of prevalence;
3d, A period of decadence—that which now exists.

This division of the subject is, however, we conceive, quite un-
warranted by anything to be found in the history of medicine.
From the scattered and imperfect nature of the material at our
command, and the mode it has been worked by the expositors of
our history, who have been mainly phlebotomists, the connecting
links in the line of hæmatophobists may at times be difficult to
trace; but the existing facts warrant us in affirming, that since the
days of Pythagoras, the earliest medical philosopher, who flourished
about the first half of the fifth century before Christ, when medicine
first became a science, down to the present time, vicissitude in
regard to phlebotomy has indeed existed; but there never has been
a period in which, however prevalent, it has held undisputed sway
in the realms of medical science. Just as now, even in the period
of its decadence, there are still phlebotomists extant, and many
more who would be if they dared. Hippocrates himself was no in-
discriminate bleeder, Asclepiades no determined abstainer from
bleeding. From the works of the former many cases of pleurisy
and other inflammatory diseases may be extracted in which bleed-
ing was never thought of; while the latter, though he objected to
bleed "pleuritici" at Athens or Rome, yet had no difficulty about
bleeding them at Paros or the Hellespont, and was prodigal enough
of blood in other diseases even at Rome,—a matter about which
Soranus twits him with sufficient virulence; while indeed it was Aselepiades and not Van Helmont who was Todd's earliest precursor in the theory of the antiphlogistic powers of alcohol. We might, however, forgive our author for his want of clearness and distinctness in regard to the ancient history of this subject, but it is impossible to forgive a countryman of Bordeu and of Mollière for the manner in which he has slurred over the history of last century, and included within the period of "prevalence" a time when phlebotomy both waxed and waned, and during part of which at least whole cities were divided in partisanship between the physician who counted his triumphs by his bleedings, and his opponent who regarded bleeding as a source of evil, and sought to banish it from medicine.

Brichetau says that the fate of phlebotomy was decided from the moment that it was shown that repeated venesections diminished the amount of corpuscles, and of all the other most useful elements of its composition; but the results of the analysis of Andral and Gavarret, to whom he chiefly refers, were long before the public ere this came to be regarded as one of their teachings; nowadays some of us may see it to be so, but no such conclusion is generally drawn from them even now, or was ever thought of when first they were published. Neither had solidism any necessary tendency this way. Where was there a greater solidist than Abercrombie? or where a greater stickler for the efficacy of bloodletting, or a more ardent practitioner of the art? It is true, however, that Louis and his followers (the statisticians) have had a good deal to do with the present abstinence from bloodletting—not, however, as the history of medical statistics amply proves, from anything in them specially favourable for eliciting the truth in regard to such an inquiry, but mainly because they had the good or ill fortune to be pitted against statistics of a very different order now brought into the field; and the common sense of mankind was not so blinded as not to perceive, that if the decillionth of a grain of phosphorus was less injurious than the abstraction of twenty odd ounces of blood, it was at least not superior to doing nothing at all in that way. From the advent of homœopathy venesection was brought into contrast with a system of expectancy from which we learned definitely the lesson too often forgotten in bygone ages, that "cuncta sublunaria quae non sunt morti, sunt saltem termino subjecta."—(Van Helmont.)

Brichetau next passes in review the various physiological effects produced by bloodletting; in virtue, first, of its mechanical action of depletion, by which it diminishes the vital fluid, and thus weakens and enfeebles every manifestation of life; and, second, of its somewhat more complicated but still primary mechanical action of de-nutrition, the result of the diminution of certain ingredients of the blood, mainly the globules, and the consequent interference with the vital chemistry of the organism—effects which it is impossible to separate practically—the one from the other. He points out what was
long ago shown to be the case by Haller, that the acceleration of the capillary circulation, the constant result of bleeding, restores a free circulation to capillaries in the early stage of inflammation termed stasis, but that this effect can only rarely be employed with benefit, even when directly brought to bear in local and superficial congestions; while, in the congestions of internal organs, the only real effect produced is one of great depletion; an effect which may relieve certain symptoms, as dyspnœa, but which does so at a certain risk to the patient, who has always to pay—and often dearly—for the relief obtained; which, after all, is only temporary. In this review, Brichetau states concisely, but succinctly, the various physiological effects produced by bloodletting upon the different organs and functions of the body, and follows this up by an equally concise and succinct detail of the results which are thus capable of being produced upon diseases of different types. It is impossible to speak too highly of the careful and unprejudiced manner in which this is done; perhaps we might wish to modify some of the opinions expressed, but the points in regard to which we might desire to do so are comparatively few and unimportant; and we feel that even our own views are more likely to be advanced by thoroughly impregnating the profession with those contained in Brichetau’s well-reasoned pamphlet than by cavilling upon some of the minor points contained in it. A little too much importance may be assigned to merely mechanical causes, but this is counterbalanced by the skilful manner in which he demolishes various fallacies which have too long prevailed in relation to phlebotomy; and we therefore cordially recommend our readers to make themselves masters of the facts and reasonings contained in this pamphlet; and we feel that we cannot better sum up the conclusions arrived at by Brichetau than by quoting the words with which he himself takes leave of his reader:—“If we consider,” he says, “the ideas which have been put forth at different periods in regard to the mechanism and the means by which bloodletting was supposed to cure diseases, our review is sufficiently discouraging. Hippocrates sought to evacuate the morbific matters, to diminish congestions, to recall or turn aside the blood from parts into which it ought not to intrude. The Methodics employed bleeding as the best relaxant wherever constriction was held to predominate. Arateus bled boldly to facilitate the expulsion of calculi in nephritis. Galen, at one time, sought by it to diminish plethora, at another to divert the blood or bring about a revulsion, or even to evacuate a portion of the morbid humour. The Mechanical physicians employed bloodletting to disemarrass the bloodvessels gorged with thick and viscous blood. The Humoralists employed it to relieve the patient from his morbid humours. The school of Broussais hoped by it to relieve the irritated organs of the phlegmasic (inflammatory) element. All these diverse theories have each had their day, and we are nowadays astonished to find that they could ever gain even one moment’s credence.
"But it may be objected, that the theory upon which we have based the indications for bloodletting is likely to be just as transitory as its predecessors. To this we have our answer ready. All those ancient theories were only based upon hypotheses resting on more or less erroneous ideas, but modern science rests upon two bases which can defy criticism: analysis and experiment. There is certainly still much to be done. The composition of the blood is not fully known; the mechanism of the circulation is not yet clearly made out; nevertheless, we have certain positive facts to go upon. Clinical medicine, which at various times has anticipated the results of experiment, finds in modern researches a confirmation of that prudent treatment it has adopted, and we believe that bleed- ing, not systematically excluded from practice, but reserved for certain exceptional cases, will never again recover that omnipotent position which it formerly enjoyed.

"This is how we think the question of bleeding ought to be regarded. The blood, whose composition has only been studied during recent years and since the labours of French hæmatologists, and which, we repeat, is even yet but very imperfectly known, is the chief element of our organism. The blood is liquid flesh, said Bordeu. The blood lives, says Virchow. We cannot, therefore, abstract with impunity a certain quantity of blood from a healthy man, and still less from a sick one. Formerly, disease was looked upon as a new entity added to the organism, and upsetting all its laws. Nowadays we know it to be a mere disturbance, and that the organism is subject to the same laws whether it be well or ill. If bleeding be capable of producing certain effects—and we think we have sufficiently proved this—it will produce these effects in dis ease as well as in health. The physician ought to know that, in certain conditions, the smallest abstraction of blood may produce destructive results, and he ought not to waste the vital fluid as a matter of pure precaution, or as a primary and merely routine step in the treatment of every disease, as was formerly the case. This operation ought to be deliberately weighed, because the indications for it must always comprise two things—the local and the general condition—and the former must be always subordinated to the latter. If bleeding be, as we love to term it, a heroic remedy, we must remember that it may be also a dangerous one; because it may debilitate the patient and disturb the free and natural evolu tion of the malady. In certain cases, a bleeding made à propos acts marvellously; but its influence is transitory—it is not lasting—and we must not have recourse to it too often. Bloodletting, far from being banished from medicine, ought to be regarded as one of its most efficacious resources; but one which, surrounded by dangers, must be employed with precaution. As a rule of practice, it must never be practised lightly, nor without the most serious con sideration."

In these sentiments we cordially concur. In this most important
matter each one must act for himself, and must weigh each case by itself; not regarding it merely as one of a group for which this remedy has been proposed and may legitimately be tried or not, but as presenting, in itself, certain symptoms which physiology teaches us may be relieved by bleeding, and as further exhibiting no contra-indications in its present or prospective pathological condition. Bleeding can never be regarded as a remedy for a disease, though it may occasionally be legitimately employed to relieve a symptom upon which, now and then, the whole of what we call the disease will be found to depend. Regulated in this manner, blood-letting in skilful hands is capable of affording relief not otherwise attainable; employed in any other manner, or for any other reasons, it relegates us to the haphazard practice of Podalirius, and our very successes may be made responsible for as many evil results as the inopportune recovery of Syrna, daughter of King Damæthus.

I. Fourth Annual Report of the Sanitary Commissioner with the Government of India: 1867. With Appendices containing Returns of Sickness and Mortality among the British and Native Troops, and also among the Prisoners in the Bengal Presidency for that year. Calcutta: 1868.

II. Report on Epidemic Cholera and Yellow Fever in the United States Army during 1867. Washington: 1868.

The first of these welcome reports, which is signed by J. M. Cunningham, M.D., officiating Sanitary Commissioner with the Government of India, is principally occupied by an account of the cholera epidemic of 1867. The number of pilgrims who assembled near Hurdwar, at the gorge through which the Ganges descends from the Himalayas into the plains of Hindostan, was unusually large. It was calculated that three millions of human beings were encamped on the banks of the holy river over an area of twenty square miles. Extraordinary sanitary precautions were taken to keep clear this large space of ground, and dispensaries were arranged to treat the sick. As far as sanitary arrangements went, there was a marked improvement on any previous gathering at Hurdwar. Only one case of cholera occurred before the 13th of April, when almost all the pilgrims had left Hurdwar; and no more than nineteen cases in all were recorded; but it is surmised that the epidemic appeared amongst the vast multitude about the middle of April, after they began to disperse. At any rate, it followed and kept up with them through a large part of Northern India. It ascended the Himalayas to Mussourie, 7000 feet high, and to Simla, 8000 feet; but, as usual, did not spread much in the hills. It prevailed in Cashmere, where above 6000 people died. From Cashmere it passed to Ladak.
It entered Afghanistan, where more than 8000 people are said to have died. The epidemic did not go southward to the same extent. It is indicated in the map as stopping about the junction of the Ganges and the Jumna at Allahabad, and as descending the five rivers no farther than the junction of the Chenab and the Sutlej in the Punjab. The Agra district almost entirely escaped the epidemic, and it prevailed in Burtapore before any pilgrims had returned from Hurdwar, nor was it again introduced after the return of the 1000 or 1200 followers who accompanied the Maharajah on his pilgrimage. Assuming the correctness of the statistics given—and they cannot all be incorrect—there seems strong ground for maintaining that the disease was spread by the pilgrims. It seems to have prevailed most in the villages which they visited, and to have travelled about the same rate, sparing many of the jails, which were kept under strict quarantine. The evidence is very fully given in the Report, which is thus rendered rather long; but, though some of the details are of little weight, it would be difficult to overrule the whole body of evidence. The number of victims to this epidemic probably amounted to about 117,181, and the evidence afforded by the narrative in favour of the communicability of cholera from one person to another is undoubtedly powerful. In a critique which appeared in this Journal, February 1868, we called attention to Dr Bryden's views upon the spread of cholera epidemics, which allow little room for the transmission of the disease by contagion alone; and it is possible that he might be able to give an explanation of the spread of the epidemic more consistent with the views he has already enunciated. His letter foretelling or suggesting the chance of an outbreak of cholera at Hurdwar, and over Kumaon and Ghurwal in April and May, is given at full length at p. 135 of the Report; but the success of the prediction is evidently treated as a mere coincidence, since the data on which it is founded are viewed as incorrect.

It is noteworthy that cholera is generally absent from the Hurdwar fairs, appearing only in one out of fourteen. In the year 1783 it made its appearance, destroying above 20,000 victims; "but so confined was its influence that it did not reach the village of Jowapore, only seven miles distant, and ceased immediately on the concourse breaking up, on the last day of the festival."

The sanitary arrangements made to avert the cholera contagion were, if we may rely upon the medical despatches, of a highly energetic character. Everywhere the doctor was in attendance distributing "cholera pills" and detaining suspicious cases. Cordon of police were posted to divert the streams of pilgrims from the larger town. Quarantine camps were established, in which the pilgrims were detained in some places for forty-eight hours, in others as long as five days; and gratuitous food was to be distributed to those who were unable to pay. Pilgrims were not allowed to enter their homes without passing quarantine, and having their clothes
fumigated; and great praise is due to Dr Cunningham for the patient skill with which he has elaborated the history of this outbreak of cholera, as well as the philanthropic spirit and untiring humanity which led him to avail himself of the means which his important official position put at his disposal, in order to try to avert so fearful a visitation. If we do not in this paper enter upon the broad question of an inland quarantine for India, it is because we intend to take more space than at present available to consider the subject in all its bearings, with reference to the views of Dr Cunningham and those of his opponents. In the meantime we cordially recommend the Report under review to the study of all interested in the momentous questions raised. His report is a real and valuable contribution to medical science.

It is much to be hoped that European science will yet enable us to do something to prevent cholera, if not to cure it, and that the people of India, who are by no means devoid of intelligence, will soon learn to take these individual precautions against disease, and associate to promote those rules of sanitary police which an overworked central government cannot easily keep in force.

The cholera epidemic of 1867, though its area was wide, was much less fatal than that of the year before. But while the mortality from cholera in Europe has diminished with every visitation, the proportion of deaths to admissions has on the whole increased in India. "Between the years 1818 and 1853-54, the proportion of cases of cholera among European troops which proved fatal, had risen from 26.7 to 42 per cent. in the Bengal Presidency. In Bombay and Madras the increase of mortality had been even greater, for in the one the ratio of deaths to cases had increased from 18.5 to 45.5, and in the other 27.1 to 62.3." (Here comes a statistical table, which we omit.) "The increase in the fatality of the disease among European troops since 1861 has been even more marked than previously. The results of the past seven years show that, out of every 100 Europeans attacked with cholera, 66.94 on an average died, while the average of the previous six years was only 51.9. If women and children were included, the death-rate would be even higher. Such unsatisfactory results need no comment; when medicine is so powerless to cope with the disease, sanitary and preventive measures assume a paramount importance."—Report, p. 126.

The American Report contains a collection of facts illustrating the communicability of cholera and yellow fever, and some considerations on the use of quarantine. They will be found of value to those who wish to make inquiries into these important subjects. "It is well known," says the Report, "that cholera prevailed extensively in the army during the year 1866, causing over 1200 deaths among officers and men. Cholera spread over the country during the year 1866, extending as far westward as Forts Leavenworth, Riley, and Gibson; and in the south-west as far as Texas. In its progress the disease followed the lines of travel rather than
any general westward course, and, in the case of the army, it especially followed the movements of bodies of recruits, which were the most important movements from infected points during the year. The compiler of Circular No. 5 drew hence an argument in favour of quarantine, and the Surgeon-General, in Circular No. 3, instructed medical officers to endeavour, as far as possible, to protect any threatened command by a proper quarantine. The measures thus adopted, in conjunction with the hygienic precautions directed in the same circular, undoubtedly saved many lives in the army, for the total number of deaths from cholera during 1867 was but 230; and it cannot be claimed that the disease in itself was less virulent during 1867, for the proportion of deaths to the total number of cases was 1 death to 2.19 cases, while during 1866 it was 1 to 2.22.

In Part V, we have a few abstracts of meteorological observations which every lover of medical science should welcome, and every meteorologist should peruse, and every pretended meteorologist should profess to have perused. We have a Table showing the monthly and annual rainfall in 32 stations in the Punjab for the year 1867, the highest being Kangra in the Himalayas—71.5 inches; Sealkote is the highest in the plains, being 46 inches; after which comes Umballa, which is 38.3 inches, and not 44.3 inches, as is stated in the Table, through an error of addition or misprint. There is another error in the return of the relative humidity of Rawul Pindee, which is given as 69, the dry bulb being 79.45, and the wet bulb being 64.89. Hence it is evident that the relative humidity must be 42. But to return: the lowest rainfall noted is at Gogaira, or Montgomery, as we are now expected to call it, where the quantity of rain that falls is only 3.8 inches. In Mooltan, too, it is very low, being 6.4. The rainfall in Lower Bengal is very much greater. In Dacca it was 77.87 inches, and in Jessore 81 inches. At Nagpore, in Central India, 58 inches. In many places, as well as in different years, we fail to find the correspondence we might expect between the rainfall and the relative or absolute humidity of the air. Lahore, with a rainfall of 20 inches, has a relative humidity of 43 (saturation being 100), and the mean monthly temperature being 75.5; but Sealkote, with its rainfall of 47.81, has a relative humidity of 46, its mean monthly temperature being 74 degrees. The mean absolute amount of watery vapour suspended in a cubic foot of air ought to be for Lahore 5.1 grains, for Sealkote 5.2 grains. Such a yearly average is of very little value unless we know the extremes into which it is resolved. During the rainy months, the humidity of the atmosphere approaches saturation; and during the drier months, the air contains a small proportion of moisture; and hence we ought to have the monthly humidity as well as the monthly rainfall.

What is worse, on several of the tables given, for example, in the observations at Agra and Benares, we have the humidity of atmo-
sphere, not only without the mean temperature, but even without the temperature of the wet and dry bulbs. Such omissions make the observations of comparatively trifling value to the physiologist, because it is clear that the amount of moisture which the air can contain is determined by the temperature. A cubic foot of air saturated with water at 40 degrees contains 2.9 grains of vapour, but at 80 it contains 11 grains. Yet both would be returned as standing at 100 in the relative scale of humidity. We are glad to learn that instruments have been supplied to an additional number of stations, and we hope that the Government will show the value they set upon carefully-conducted meteorological observations. Our fellow-townsmen, Dr. Murray Thomson, has issued a Meteorological Report of the North-Western Provinces and Oude for 1867; and we hope that every year it will increase in regularity and exactness.

At the end of the Report are the annual returns of the European and Native armies, and of the jail population of the Bengal Presidency for 1867, compiled by Dr. Bryden. The mortality of the Bengal European army in 1866 was 20.11 per thousand, the lowest ratio ever obtained. In 1867 it was 30.93 per thousand. The number invalided was 47.28 per thousand. Of the 1636 men entered as invalided, 546 were discharged, and 1090 were sent for change of climate. The mortality in the infantry at home in 1866 was 7.16. Thus, in 1867 the mortality of our troops in the Bengal Presidency was greater than every station or colony for British troops, save at China, where it was 43.72 per thousand in 1866. In the Windward and Leeward command it was less than the Bengal mortality for 1866, being 29.29. In Bermuda it was 24.01; in Jamaica, 24.74; and in Ceylon it was 21.44. The admissions for venereal affections has been decreasing with the troops at home; in 1866 they amounted to 258; in 1860 they were 369. In India there is a like decrease. In 1859 the admissions were 359 per thousand; in 1867, they had fallen to 166 per thousand. This decrease was owing to Lock Hospitals, and other preventive measures. The deaths among the Bengal native regular army were 16.77 per thousand. Its present strength is about 45,000. The cholera was much less prevalent with the native troops.

(To be continued.)

The Principles of Organic Life. London: Hardwicke: 1868. Pp. 464.

The work of an elderly physician, who, for reasons best known to himself, declines to give it the sanction and authority of his name, this book is the production of a dogmatist of a very peculiar type. The brain, the liver, the stomach, and the blood, have all, at various times, been regarded as the seat of Van Helmont's Archaus, but
our author places him in the colon; he regards the faeces accumulated there, and the various gases to which their putrefaction gives rise, as the true, the only conservators of the health and wellbeing of mankind, the sole protection of the organism from the corrosive action of that sea of oxygen which wells within and seethes around every particle of our body. Empty the colon, and, the bulwark swept away, the waves within and the winds without speedily complete the ruin commenced by the too active practitioner. Evidently impressed early in life with the fallacy of those doctrines of the efficacy of purgation so forcibly inculcated by the late Dr James Hamilton, our author seems since that time to have lived mainly to accumulate evidence of their vanity, and to construct a physiological theory of his own, which ignores the advances of science and sets up the colon as his *idolum specus*.

Over-anxiety to ensure what is termed regularity of the bowels is no doubt a great folly, and has been the occasional cause of much evil; but to make conservancy of the faecal and gaseous contents of the colon the central point of a new system of physiology in the year of grace 1868, is too absurd an anachronism to require any serious refutation.

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*Marseille Médical (Ancienne Union Médicale de la Provence).*

Journal publié par MM. les Docteurs D'Astros, etc. Directeur, A. Fabre. 6me Année. Marseille, 20 Janvier 1869.

We have received this the first number of a new issue—or rather, as the editor calls it, a transformation—of the Medical Journal of Marseille. In size and shape it is almost exactly a counterpart of the Edinburgh Medical Journal, and, like it, is to appear monthly. Its contents seem sufficiently varied. Three original memoirs,—one on Scrotal Hæmatocele; another on two of the Trematode Parasites, *Distoma hepaticum*, and the very rare one *Distoma lanceolatum*; and a third on the use of Ether applied externally to aid in the reduction of Strangulated Hernia. This last paper shows very curiously how averse many, if not most, French surgeons are to use chloroform in any case except when they cannot help it.

It also contains a clinique of the town, or report of hospital cases; reviews of books and of home and foreign journals; with reports of societies, and a judicious sprinkling of medical gossip.

The greatest risk it will probably have to undergo will be found in the number of its editors; for, besides the editor M. Fabre, and two sub-editors, MM. C. Blanchard and Seux (fils), no less than twenty-five other names appear on the cover, all of whom, we are told in the preface, are expected to aid in the management.

We wish the new journal and its twenty-eight editors much peace and success in their undertaking.
Medical Anatomy, or Illustrations of the Relative Position and Movements of the Internal Organs. By Francis Sibson, M.D. Lond. and Dub., F.R.S.; Fellow of the Royal College of Physicians; Senior Physician to, and Lecturer on Clinical Medicine at, St Mary's Hospital; Member of the Senate and late Examiner in Medicine of the University of London. London: Churchill and Sons: 1869.

The seventh fasciculus, which has just appeared, completes the Atlas of Medical Topographical Anatomy, in the preparation of which Dr Sibson has been for so many years engaged. We congratulate the author on the successful achievement of a work which represents the results of so much earnest labour on his part, and which is calculated to be of so much real service to physicians and clinical students. We have frequently had occasion to consult the Atlas with advantage; and we regard it as a standard work of great excellence on the subject of which it treats. It has been followed by the similar works of Pirogoff and Lushka; but when we consider the much greater difficulty in obtaining a supply of material which English anatomists have usually to contend with, the credit due to Dr Sibson's original inquiries is greatly enhanced. In the following remarks, which we quote from the preface, these difficulties are alluded to in a different relation, at the same time that the importance of the subject clinically, and the best method of teaching it, are pointed out:

"Descriptive and surgical anatomy are well taught in our Medical schools, but the practical teaching of medical anatomy, or the knowledge of the relative position of the internal organs, is neglected. Indeed, on the present plan and with the existing means, it is impossible to teach that subject, which is as important for the physician as surgical anatomy is for the surgeon.

"When a body is prepared for the dissecting-room, the arteries are injected from the arch of the aorta to the injury of the great vessels. The superficial dissection of the body precedes that of the internal organs; and by the time those parts are reached, they have lost that freshness which is so necessary for their successful study. Generally, indeed, they are then in a state of decay, and their relative position has been altered.

"It is impossible therefore that the relative anatomy of the internal organs can be taught in the dissecting-room, but the dead-house affords all the materials for their study.

"It falls to the teacher of pathology to make the post-mortem examinations; and it would be easy for him to give practical demonstrations of the contents of the chest and abdomen in health as well as in disease. Afterwards he might take the pupils into the wards or the out-patient room, and indicate to them, on the living body, the varying position of the organs during the exercise of their functions. Under his tuition the student ought to be as familiar
with the position and movements of the organs as if he saw them stripped of their parietes and exposed to view.

"Until this be done, it is self-evident that the teaching of clinical medicine must be imperfect."

With these remarks we cordially agree. At the same time, it should be observed, that the anatomical teachers connected with our Scotch medical schools devote considerable attention to topographical anatomy in their instructions. And in our post-mortem examinations, the clinical physicians are careful to indicate the relations of parts displayed in the autopsy with the physical signs discovered during life. Still, no doubt, more should be done in these respects. Generally, medical topographical anatomy is not sufficiently recognised, although, undoubtedly, clinical medicine, in the departments of physical diagnosis, is impossible without accurate anatomical knowledge. Hence the value of such works as Dr Sibson's. It must not, however, be supposed that the topography of organs has been in all cases definitively ascertained. That something still remains to be done, even in normal topography, is shown, for example, by the curious fact, recently pointed out by Lushka, that current notions in regard to the position of the stomach, as given in our last anatomical text-books, are erroneous. On the other hand, the topography of abnormal displacements, and of tumours, has scarcely yet been attempted. Nevertheless, a certain vantage-ground has been gained; and from Dr Sibson's Atlas the physician and practitioner, as well as the student, can obtain the most important aid in the solution of problems in physical diagnosis. To most physicians its merits have long been known; but the completion of such a work deserves fresh recognition and recommendation.

Orthoproxy: the Mechanical Treatment of Deformities, Debilities, and Deficiencies of the Human Frame. A Manual. By Henry Heather Bigg, Assoc. Inst. C.E., Anatomical Mechanician to the Queen and the Prince of Wales, the Royal Hospitals of Chelsea and Greenwich, the Board of Ordnance, the Admiralty, the East India Department; St George's, St Thomas's, Guy's, Middlesex, King's College, University College, Royal Free Hospital, etc., etc. Second Edition, revised and enlarged, with 308 Illustrations. London: John Churchill & Sons: 1869. Pp. xxvi and 642.

Having fully noticed the first edition of this excellent Manual in this Journal (No. for February 1867), we have only further to state, that the second edition is an improvement on its predecessor in neatness and completeness. Without endeavouring in the least to take the place of the surgeon in the treatment of deformity, Mr Bigg shows of how much service a skilled mechanician may be in working out the ideas of the surgeon in the management of disease, and in inventing ingenious artificial limbs to remedy mutilation.