palatial structures are not proposed, but institutions on the cottage principle, with ground sufficient for gardening, and other industrial pursuits and amusements suited to the different classes of inmates. The medical officers in charge, by systematic investigation and record of the previous history of the inmates, would gradually accumulate facts, which would lead to a more certain knowledge of the etiology of the disease.

5. The districts, and towns, and villages in which leprosy chiefly prevails, should be visited by competent medical officers, with the object of studying the hygienic and social conditions of the affected, and of the locality generally, and of instituting statistical methods of record. Information thus acquired, and considered in connexion with the etiological data resulting from clinical study by officers in charge of leper asylums, would in time lead to a more positive knowledge of the causes of leprosy, and a consequent more certain application of the true means of prevention.

In conclusion, Dr Carter, believing that leprosy is chiefly maintained by hereditary descent, would aim at stamping it out by a well-organized system of segregation.

Whereas I, believing that there are other more powerful factors than family predisposition, would aim at the immediate alleviation of much present individual suffering, and the removal of public offence, as well as at the future prevention of the disease by a perfect knowledge of its causes acquired by scientific methods and a qualified agency.

I cannot close these hurried and imperfect remarks without desiring to express the great pleasure I have experienced in having thus been led to a just appreciation of Dr Carter’s labours and high qualities for scientific research, and of their harmony with that early promise which it was my privilege to have personally known.

C. Morehead.

Tropical Debility. By James G. Dickinson, late of H.M.’s Bengal Medical Staff, etc. London: Baillière, Tindall, and Cox: 1874.

We learn from various foot-notes, and from the advertising sheet annexed to the pamphlet of thirty-eight pages now before us, that Mr James G. Dickinson is, in addition to this “Treatise on the Causes and Treatment of Debility produced by long residence in the Tropics,” also the author of several other small works of kindred tenor, either published, “in the press,” “preparing for publication,” or “nearly ready.”

Though the present treatise is professedly written “at the request of many professional friends practising in many parts of England,” it seems to us to be chiefly intended for the general public, for it is strongly flavoured with that peculiar style of thought and of diction
which tends to alarm the reader and to magnify the writer, and which hardly comes within the sphere of pure medical criticism.

The best original observers of disease in India are satisfied with the simple principle that tropical etiology differs from that of temperate countries, in that, superadded to the causes of disease present in both, there is the influence of elevated temperature and of malaria, and that these are factors of an anaemic state of constitution additional to the other various factors of this state common to all countries. Further, that the malarious influence gives a character of periodicity to Indian disease generally, which it is important to remember in diagnosis and treatment.

The existence of these additional factors of anaemia leads to this practical conclusion, that the immature in constitution of both sexes, and the aged, are not well suited for warm and malarious climates, and that the European who has been long resident in India, in journeying to Europe, should select the season of arrival, and afterwards regulate his clothing and general management, so as to avoid the risks of chill, with their consequent congestion of organs predisposed by diathesis or previous disease. He should further remember that his constitution, debilitated by long residence in the tropics, is not in good training for constant travelling from place to place and restless sight-seeking, and, unless there be some good special reason, is unsuited for courses of eliminating mineral waters and summer residence in the sultry valleys in which Continental spas are chiefly located.

It may be added, that neither writers on Indian disease or Indian sanitation, nor the English community, professional and general, sufficiently bear in mind the geographical extent of India, the variety of its climates and its seasons in their relation to health, and that now it is sufficiently common for the long resident to have passed much of his time in healthy localities, and that it is an anachronism which serves no useful purpose incessantly to reiterate the traditional dramatic description of the retired Indian officer—with a sallow face, an enlarged spleen, and the liver of a Strasbourg goose.

We do not share the apprehension which forms the staple of the pamphlet under our notice—that an experienced and competent physician in this country can have any difficulty in treating tropical invalids. He has simply to note the degree of the anaemia, and by inquiry into the previous history of health and of residence of his patient, to form a judgment of its cause, then to examine into the condition, structural and functional, of all the organs, more especially of those likely to have suffered; and then to apply the ordinary principles of regimen and therapeutics. This, no doubt, presupposes some knowledge of the general physical geography and climatology of India, but not more than every competent physician should, and we believe does, possess.
Five Years' Surgical Work in the Manchester Royal Infirmary. By Edward Lund, F.R.C.S., one of the Surgeons of the Hospital, etc. Manchester: J. E. Cornish.

We welcome Mr Lund's hospital experience. He has carefully tabulated 1309 cases treated in his wards from 1867 to 1871. This is the first record of any importance, and extending over a considerable period, of cases treated in a large hospital on strict antiseptic principles.—Will none of the other surgeons in the same infirmary, who do not use antiseptics, give us an account of their stewardship, for the sake of comparison? These statistics may be compared with those of other hospitals, but such comparison cannot have such weight as a comparison with cases treated in the same hospital during the same period. The time has now come when surgeons desire a statement of the practical results of antiseptic management. "Laboratory antiseptics"—flasks and infusions—have done their work. "Bedside antiseptics" must now furnish their share, and show the surgical world the practical value of the careful use of means to prevent putrefaction in wounds.

The great trouble Mr Lund has had, in carefully compiling these statistics from notes taken at the bedside in his own hand, will, we feel sure, be appreciated by every reader of the work. We have not space to refer seriatim to the tables, but they are, in our opinion, worthy of perusal on account of their accuracy, and because every case is given, with the result, good or bad. Our only wish is, that his explanation of the tables at page 3 had been clearer. The book is full of many good practical hints. While a firm believer in the value of carbolic acid as an antiseptic, he points out its dangers as an irritant on some tender skins, and the dangers from absorption of carbolic acid into the system when injected into cavities—rare cases, which in no way interfere with the general usefulness of the remedy. Finally, we must congratulate Mr Lund on treating 45 cases of compound fracture with only 5 deaths, and on 2 successful cases of amputation at the hip-joint.

Hereditary Syphilis. By Thomas Ballard, M.D.

Rare Cases of Congenital Syphilis. By L. Duncan Bulkley, A.M., M.D., New York.

The first pamphlet is an attempt to disprove the existence of congenital syphilis. The author considers the so-called syphilitic eruptions of infants to be the result, not of an inherited taint, but of the external irritation of urine, faeces, and dirty napkins. Dr Ballard seems to think it unnecessary to touch on the import-
ant subject of visceral syphilis in infants, probably because these latter symptoms are beyond the range of his "dirty napkin" theory.

Nothing of the least weight is brought forward to refute the almost universal belief in the highly contagious properties of congenital syphilis. If such opinions took the least root in the medical mind, a large increase of acquired syphilis would certainly result, through want of care in the nursing of syphilitic infants.

The second pamphlet contains some interesting and well-authenticated cases of the rarer forms of congenital syphilis. Amongst them are two cases of dactylitis syphilitica, and a non-syphilitic case of the same disease.

**Part Third.**

**MEETINGS OF SOCIETIES.**

**MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.**

SESSION LIII.—MEETING X.

*Wednesday, 15th July.—Dr Matthews Duncan, and afterwards Dr Watson, in the Chair.*

1. Exhibition of pathologicaL specimens, etc.

Dr P. H. Watson showed—(1.) *Fibroma of the abdominal parietes* lying between the muscular structures and peritoneum. (2.) *Bones of carpus* excised by single linear incision over the radial aspect of the carpus to the outer side of the extensor tendons. The entire carpus and base of the metacarpal bones were removed *en masse* (with the exception of the pisiform bone), and thereafter the ends of the radius and ulna.

(3.) *A large fatty tumour*, removed from the region of the malleoli of the right limb, which extended behind the whole of the flexor tendons of the ankle, bulging thence in three different directions in the form of separate swellings.

(4.) *Tumour from the first interspace of the foot, with isolated nodules of a like kind*. The characters of the tumour were those of delicate fibrous structure with rounded masses, to the naked eye resembling corpora lutea, scattered throughout it, which under the microscope was found to consist of granular fatty matter.

(5.) *A foot*, from which Dr Watson had removed the astragalus, ends of the tibia and fibula, and afterwards the scaphoid, cuboid, and three cuneiform bones. A fibro-osseous structure occupied the hiatus resulting from this operation.

(6.) *A large ovarian cyst*, removed three weeks ago through