Part Second.

REVIEWS.

Cancerous and other Intra-Thoracic Growths, their Natural History and Diagnosis: Being the Substance of the Lumleian Lectures delivered before the Royal College of Physicians of London. By James Risdon Bennett, M.D.; Fellow, Senior Censor, and Representative of the College in the General Medical Council; Consulting Physician to St Thomas's Hospital, etc., etc. With five Plates. London: Churchill: 1872. Pp. 189.

This is a very valuable contribution, by a well-known and highly respected physician, to the clinical history of the diseases of which it treats. The diagnosis of pulmonary and mediastinal cancer has only been carefully studied and satisfactorily illustrated during a comparatively recent time, while opportunity for enriching our stores of knowledge on several important points, in relation to these diseases, still exists. Dr Bennett thinks that, for clinical purposes, the various forms of intra-thoracic cancer may be conveniently arranged in three classes. 1. Those in which cancerous deposits, usually in masses varying in size, are disseminated through the lungs, having more or less analogy with disseminated tubercle, but without inducing any change in the intervening lung. 2. Those in which the cancerous growth is more localized; attains, for the most part, to a greater size; and tends to important ulterior changes, such as ulceration and gangrene. 3. Mediastinal or other tumours, inducing pressure on the tubes, vessels, and nerves, with all its important and very various consequences. To a consideration of each of these, a section of the present work is devoted, and a fourth section is occupied with the discussion of non-cancerous intra-thoracic growths.

In a brief introductory chapter, Dr Bennett offers some interesting observations of a general character. He says, for example, "Cancerous disease occurring primarily within the chest, is not so rare as was at one time supposed, although there are probably many physicians who have never seen a case." That it was supposed to be rare cannot be doubted, when we find another distinguished writer, of the same name as our author, thus expressing himself:—"This is the only case of cancer of the lung which I have ever met with; so that, I presume, the disease rarely attacks this organ in Scotland." 1 Equally true, however, is the statement that the disease is not of the rarity which it was formerly believed to be. We venture to

1 On Cancerous and Cancroid Growths, by John Hughes Bennett, M.D. Edinburgh, 1849. See page 45.
affirm that there are few hospital physicians, whatever their sphere of duty may be, who have not frequently encountered it, although their experience may have fallen far short of Dr Bennett's. A reference, however, to the literature of the subject, and particularly to the interesting essay of Dr Cockle, is decisive on this point.

The following is another important introductory observation:—

"There is reason to believe that cancerous disease is steadily on the increase in this country." Reference is made by Dr Bennett to the observations of Mr Moore, founded on the Registrar-General's returns, that the increase in deaths from cancer in London, coincident with the increase of wealth and the wellbeing of the population, amounts to two hundred per annum.

Hitherto it has been generally supposed that the right lung is far more frequently affected with cancer than the left; but of the nine cases tabulated by Dr Bennett, the left was the principal seat in fourteen, the right in nine only, whilst of the remainder, either both lungs were affected, or the disease was confined almost entirely to the mediastinum. Neither is the supposed preponderance of males over females affected by pulmonary cancer borne out by Dr Bennett's cases, nineteen having been females, and twenty males. In reference to this point, we find Dr Walshe writing:—"The general law, which assigns a vastly greater share of cancerous disease to the female than to the male sex, is infringed in the special instance of the lung. Of one hundred and two cases (forty-four collected by myself, forty by Aviolat, and eighteen by Wunderlich), the proportion supplied by males was fifty-eight; by females, forty-four." The tendency on the part of pulmonary cancer to affect members of the same family has not fallen under the observation of our author, but is noted by Dr Walshe. "Two brothers," the latter states, "of closely similar form and general appearance, began to suffer from symptoms and signs, readily traced to pulmonary cancer, when they had almost reached their fortieth year. In both, the disease began at the root of the right lung; and in both, the peculiar red jelly-like expectoration occurred." In our own experience, an example of the same nature, but even more striking, has occurred. A youth of about eighteen years manifested the unequivocal symptoms and physical signs of pulmonary cancer, and the disease in time ran its invariably fatal course. Eighteen months after his death, an elder brother, living under the same roof, became similarly affected. He died in his twenty-eighth year; and within a year was followed to the grave by the father of both brothers, aged about sixty, a sufferer from the same disease. In respect to age, the oldest of Dr Bennett's patients was seventy-two; the youngest, eleven. Four were between thirty and forty; three, between forty and fifty; and seven, between fifty and sixty. We find the following very sensible remarks on diagnosis in Dr

1 A Practical Treatise on the Diseases of the Lungs, 4th edition, page 518.
2 Loco cit., page 519.
Bennett's introductory chapters:—"But the aid to diagnosis which the previous history of the case affords us in these secondary forms of the disease (following surgical operations for the removal of cancerous growths in other parts of the body—chiefly the breast) is no less important in the primary. Indeed, in every case of obscure thoracic disease, a careful investigation and study of the anamnesis is of the utmost importance. This, by way of exclusion, if not directly, will often lead us to a correct diagnosis, when it would be impossible from a consideration of the existing physical signs and symptoms alone. The diagnosis must, therefore, be studied in connexion with the natural history."—P. 7.

Encephaloid cancer is the form of disease by far the most frequently met with in the lung. So much so is this the case, as to justify Dr Beigel, in his interesting account of pulmonary cancer furnished to Dr Reynolds's System of Medicine, in almost limiting his observations to pulmonary encephaloid. Scirrhus and colloid cancer of the lung are very rare.

Under the head of Cancerous Deposits disseminated through the Lungs, Dr Bennett gives some interesting cases, with carefully recorded post-mortem appearances. The first of these, in a young girl of fifteen years of age, is intended to illustrate the remark, that, although miliary cancer is rare as a strictly primary affection of the lungs or pleura, it does sometimes occur as the only form of cancerous disease within the chest. The remaining instances of a similar nature recorded in section 1 are accompanied by some excellent suggestions in regard to diagnosis. Section 2 is occupied with the consideration of cancerous disease limited to certain parts of the lungs. Under this head, an instance of death resulting from hæmorrhage—a rare termination of pulmonary cancer—is given. The subject of mediastinal cancerous tumours is handled in section 3; and from a perusal of that chapter more particularly, as well as of the concluding section devoted to a consideration of the non-cancerous intra-thoracic growths, we have been led to form a very favourable opinion of Dr Bennett's work.

A System of Midwifery, including the Diseases of Pregnancy and the Puerperal State. By William Leishman, M.D., Professor of Midwifery, Glasgow. James Maclehose: 1873.

A Manual of Midwifery, including the Pathology of Pregnancy and the Puerperal State. By Dr Karl Schroeder, Professor of Midwifery in Erlangan. Translated into English from the third German edition, by Charles H. Carter, M.D., etc. London: J. and A. Churchill: 1873.

The profession is to be congratulated on the simultaneous appearance of two great and excellent works on midwifery. Our readers
will have gathered from several of our notices on the obstetric literature of recent years, that while we admire the zeal and diligence of British authors, we recognise in them generally a lamentable meagreness, much ill-considered spasmodic working, much foolish printing, evidently for mere publication's sake. Illustrations of all this we have in manuals of midwifery which have received from eminent metropolitan journals such praise as makes us blush for the silly reviewers, evidently young lads either grossly incapable, or paid directly or indirectly for their contemptible attempts to mislead the brethren. The two works now under our notice will raise the character of British authorship at home and abroad. No doubt they have faults. Who is equal to the production of a vast systematic work, carefully elaborated in all its parts, up to the day? For ourselves, we cannot too much admire the patience, and zeal, and intelligence that are expended by gentlemen who, after hard days' work in actual practice, fill up their *hora subseciva* by still harder work for behalf of students and practitioners. Such men will have their reward. Leishman and Schroeder deserve it well for subjective as well as for objective reasons (to speak like a German).

A leading London journal has recently been unconsciously proving its own charming innocent Cockneyism by pointing out for the benefit only of its weaker readers the mere provinciality of the Edinburgh school—indeed, of all schools but that of London. This sort of nonsense, inconsistent as it is with history or with the present state of the case, is believed by no one except a few writers and readers of such London journals; but the disease of which it is evidence affects the minds of many classes of literary gentry. We read not long ago the speeches of a gang of famous writers who after dinner were bidding adieu to one of their number who was about to be exiled to a provincial city, and we found them most heterodox, declaring that London fogs and smoke were the best modern source of literary inspiration, not mountain and flood, nor dell and prattling brook. The two works now before us will not lend support to this way of thinking. Leishman, as a mere writer of English, and as an obstetrical author too, at least takes place with the best systematic authors of the century. His predecessor, Burns, produced a standard work, which is far superior to anything in the language published at the time or for long afterwards: it went through ten or more editions, and is still extensively used. We shall not speak so decidedly of our contemporary Leishman, but we may boldly say that Burns has a worthy follower. Bred in Glasgow, Leishman has now produced two books which give him a leading place in British obstetric authorship. When Schroeder's book first appeared, we directed our readers to it, and we did not mislead them. It has already run through three editions, and been translated—and it well deserves to be—into English, and we believe also into Russian. Schroeder does not belong to Berlin or Vienna, or any great school, but to the minor University of Erlangen.
We regret to say that we cannot speak favourably of the rendering of Schroeder. We did not desiderate a fine flowing translation, and we cannot be content with one which is often erroneous and misleading. Of errors we might give many examples, but in order to illustration we shall describe only one. Presentation and position are carefully defined; and in an adjoining page, the one term is used erroneously instead of the other; and this confusion is not in the original. But this is not the only kind of fault of the translation. We find the greatest liberty taken with the text. At one place references are inserted, at another they are omitted. At one place the valuable notes of the author are entirely omitted, at another they are given in part, at another, again, given in full: and such notes or parts of notes are inserted in the midst of the text, according to the caprice of the translator. All this ought not so to be. We hope this edition will soon be sold out, and that we shall have an improved one—full and faithful, if not elegant. The book is so admirable a compendium, and so fitted to be useful to British readers, that we trust our wishes will be realized. Schroeder has a good many additions and few corrections to make for his next edition, which will form the opportunity for our excellent, enterprising, Messrs Churchill. Carter’s work, good as it is in some respects, will be useful as the basis for future corrections and additions.

The work of Leishman gives an excellent view of modern midwifery, and evinces its author’s extensive acquaintance with British and foreign literature; and not only acquaintance with it, but wholesome digestion and sound judgment of it. He has, withheld, a manly, free style, and can state a difficult and complicated matter with remarkable clearness and brevity. We would not imply that Leishman has nothing to correct; and here again we give one little sample, not of an error, but of a confusing and unauthorized use of a very convenient word. The “conjugate” is appropriately and universally used to designate one diameter of the somewhat elliptical brim, and its value and appropriateness are lost if the application is extended. This Leishman does, we think unfortunately, using the word to designate all the diameters which many Germans conveniently call sagittal,—a shorter and more euphonical term than antero-posterior. The description of the changes undergone by the cervix in pregnancy, parturition, and the puerperal state, is not satisfactory. The treatment of the great subject of hæmorrhage is a fine example of what our author can do. Of course the mechanism is well done, distinctly given so far as it goes, but we desiderate many modern developments. The great subject of puerperal fever is at present unsuscceptible of any deinite treatment,—it is in a chaotic state; yet our author does not shine in this part.

Were we to go on with these two works, we would have to write a book, so diversified are their contents, and so attractive. We conclude by congratulating Glasgow and Erlangen on giving good text-books to the metropolitan schools of the world.
On the Scientific Value of the Legal Tests of Insanity. By J. Russell Reynolds, M.D., F.R.S., Professor of the Principles and Practice of Medicine in University College, etc., etc. London: 1872.

Responsibility and Disease: An Essay. By J. H. Balfour Browne, Esq., of the Middle Temple and Midland Circuit, Barrister-at-Law. London: 1873.

It occasionally happens that a reviewer who collects a few books or pamphlets on a disputed subject, finds that his labour is much lightened by some of the authors reviewed doing his work upon one or other, and here is a good example. Dr Russell Reynolds reads a paper on the "Scientific Value of the Legal Tests of Insanity" before a Medical Society, which he afterwards publishes in the form of a pamphlet. Mr J. H. Balfour Browne republishes an essay upon "Responsibility and Disease," which had appeared in the Law Magazine and Review, adding some remarks upon the paper of Dr Reynolds. Any one anxious to know what can be said on the subject, both from a common medical and legal point of view, ought to get these two pamphlets and study the arguments on either side. The one essay cannot be fairly studied without the other; and in this way Mr Browne may be said to have done a service to Dr Reynolds, for we do not think that viewed alone the pamphlet of the latter gentleman merits much attention. We do not deny that it is graphically written and full of finely-drawn distinctions and thoughtful remarks; but we can scarcely imagine that Dr Russell Reynolds himself, if he had to write the paper over again, would have put the thing in the same form. Even if some of Mr Browne's thrusts might be parried, yet he has hit the learned Professor in so many vital places that it is no use carrying on the conflict.

It may be true in one sense that "in a legal inquiry the end to be obtained by the lawyer is identical with that which the physician sets before himself, viz., the diagnosis, discrimination, or distinction, in a particular case, of insanity from sanity, and from feigned disease;" but then they make this inquiry for very different objects. The doctor's inquiry ranges over the etiology of the disease, its whole course, its probable termination, and the effects it may have on the bodily as well as the mental health of the patient; the lawyer merely wishes to make out whether a certain person can be proved to be civilly capable and criminally responsible. To him a man is either mad or not mad; either able to manage his affairs and make his will, liable to be punished as a responsible being, or to be deprived of his liberty as a lunatic. "We cannot draw the line," writes Dr Reynolds, "between health and disease in such chronic maladies, and yet, according to the legal theory, it must be drawn, and men must be ranged, all of them, on one or the other side."
Dr Reynolds shows how difficult—how impossible it is to draw any line without doing injustice to somebody; a consideration which he uses as a valid argument against the state of the law. This we imagine is one of the most common fallacies of our time. Everywhere we hear proposals to do away with laws which, while they regulate great difficulties, and protect society from great evils, yet do injustice to exceptional cases. The pursuit of absolute, poetical justice, however pleasing in theory, is a refinement which our courts never can reach. Nor is this, we imagine, a difficulty confined to the lawyers. Medical men, too, are often called to act upon rough rules, leading them to probabilities, which they know in speculation to be only probabilities, but upon which they are compelled to act, if they are to remain in the practice of their profession. The physician is often compelled to act upon a diagnosis which he knows to be uncertain, and which, when his patient has passed beyond the reach of his art, he may find to have been a mistake. We have heard the most experienced surgeons confess at the operating-table that they had operated under a false diagnosis.

Mr Browne makes use of a familiar consideration, which, if properly held in view, is quite enough to enable us to refute a good deal of the nonsense of the day. "The growth of intelligence is as gradual as the growth of the body; and as the management of property and affairs presupposes the possession of intelligence, the law, to protect men from themselves, found it expedient to say, that unless a man had intelligence he should not have complete power over his property, and it consequently became necessary to draw a line between childhood and manhood, and the law did so, saying a man shall come of age when he is twenty-one years old. The scientific value of this test of intelligence is evidently very small. It cannot be said that a man is really able to enter into an intelligent bargain to-day which he would have been unable to enter into yesterday. Besides, some men have more intelligence at seventeen than others have at forty-five. The absolute necessity for some such rule, however, and the impossibility of devising one more in harmony with the facts of human development, are sufficient reasons for the existence of this rough test of mental power." Apply this argument, for example, to the following remark of Dr Russell Reynolds:—"It is not my purpose to enter upon the ethical question of the difference between capacity for civil and responsibility for criminal acts, although I think it would not be wrong in me to state my own conviction that any form of disease which should be allowed to deprive a man of liberty and disposing power in regard to property, should be admitted to excuse him from the responsibility for a criminal act. It seems to me illogical that a man should, for example, by reason of disease, be prevented from excluding from the benefits of his will a relative who has been unkind to him, and whom he may sincerely hate; and that he should yet be liable for penalties if he knocked down that obnoxious relative when he
planned to come into his presence for the purpose of cajoling or intimidating him into doing this or that.”

If Dr Reynolds had remembered that a child is not held criminally responsible for actions whose bearing he cannot properly understand, but that a young man of twenty can be punished for a crime in a court of law, though he cannot dispose of his property nor execute a will, he would scarcely have treated it as unreasonable that capacity for civil and responsibility for criminal acts should be separated. In the passage quoted the case is not happily put, for it is not the object of the law to prevent a man disinheriting one who has used him ill, but to prevent a man of unsound mind making a disposition of his property which might exclude those who to a sane mind would appear most deserving. We can perfectly conceive of a man whose mind was so much disordered as to be unable to make a proper will, but who had sense enough to know that he would be punished if he knocked down any one without a sufficient justification, and who would be deterred from so doing by the fear of punishment. Dr Russell Reynolds shows, in a very clear manner, the fallacy of making delusion a test of insanity. There are many cases of insanity without delusion, but then Mr Browne shows that the law has already recognised the justice of what Dr Reynolds has argued.

Dr Reynolds does not propose any better plan of getting over the difficulties of this extremely difficult subject of the legal bearings of insanity, but wishes a conference of medical men and lawyers to meet to consider the matter; and we believe a committee so composed has been actually appointed. It is likely, then, that new tests will be made, or the old ones modified; and we hope that they will be an improvement on the old ones. Nevertheless we are sure that they will be exposed to innumerable speculative objections; and we are disposed to believe that it is better that our civil capacity and criminal responsibility should be in the hands of judges and juries than of medical experts, who are continually disagreeing from one another on important points of pathology as well as morals and law.

Medical men, we imagine, require to be summoned as witnesses in such matters; but, taking it all in all, it is better that they are not made judges. We are far from holding that anomalies in the law of lunacy do not exist, and are much tempted to treat the reader to some we consider especially flagrant; but it is likely he has had enough of the subject at present.

On Ovariotomy. By J. Marion Sims, M.D., etc. D. Appleton and Co., New York: 1873.

The author of “Silver Sutures in Surgery” jumped suddenly into deserved fame when he showed the curability of vesico-vaginal fistula. This pamphlet was a wild, extravagant, and not very correct production; very bad in taste; but all its faults were soon
condoned when the professional world found that the fistulae were now brought into the rank of diseases ordinarily curable, and this for the first time. Our great surgeon laughed at Sims, good-naturedly saying he had known many modes of cure, but had never seen one effected. Before he died he recognised Sims's achievement with warmth, and cures were numerous in his immediate neighbourhood.

Subsequently, after coming to Europe, Sims published his "Clinical Notes on Uterine Surgery." This work extended greatly his fame, demonstrated his ingenuity, illustrated his boldness and ability in operating, but, as a final result, it has not increased his good substantial reputation. It is not a scientific work, but a work of rashness and of much injudicious boldness. Besides, our author has become well known in European medical circles by papers, speeches, and otherwise, and there has not been much reason for satisfaction with the later career of one whose name will always be honoured among us as the great improver (along with his excellent colleague, Emmett) of the operation for vesico-vaginal fistula.

Ovariotomy occupies now, and justly so, the greatest place in the eyes of the surgical world; and apparently in consequence of this, Dr. Sims has taken to dabbling in it, literally to a great extent, practically to a moderate amount. Unfortunately for him (and we believe not altogether fortunately for the operators and for patients), ovariotomy has always been treated statistically, and Sims gives us no glimpse of his statistics. We assure him that, in ovariotomy, he need not expect great consideration unless he shows his hand.

He devotes much attention to two points, both well worthy of study. Both, indeed, have been carefully studied, and Sims contributes a little to their advancement. The two points are, that septicemia is the great cause of death after ovariotomy, and that drainage of the peritoneal cavity through the vagina (long ago suggested by Dr. George Keith of Edinburgh) is the best, if not sure, means to prevent it, letting off, as it does, the reddish serum from the peritoneal cavity, which Sims believes is the sign and cause of the septicemia. Sims is very far from proving either of his points, and has not resorted to the only means of verification of his views. It is not sufficient to whip up a lot of cases with "reddish serum," and say they are cases of septicemia. That can only be done by careful history, dissection, and other investigation of each case. Sims's way of getting his cases reminds us of a boy dabbling for apples in a bucket of water. Similar remarks may be made as to the efficiency of drainage. In the following paragraph Sims states his theory:

"I do not pretend to deny that death may occur from shock, or from haemorrhage, or from clot, or from exhaustion, or even from peritonitis; but I feel sure that those, independently of blood-

1 Every gynaecologist should study Scanzoni's admirable critique on a part of this book, published in his own Beiträge for 1870.
poisoning and its legitimate causes, are of comparatively rare occurrence. If, then, we have such an almost universal evil to deal with as septicæmia, and if that septicæmia is, in 37 cases out of 39, clearly traceable to the poisonous fluids effused in the peritoneal cavity, is it not self-evident that the indication, both of prevention and cure, is to draw off these poisonous fluids in the speediest and most direct way possible? My facts and premises granted, the conclusion is inevitable, and we must all say yes. But many will reply that this is nothing new, that it has often been done before, and many lives have already been saved by it.”—P. 28.

Clinical and Pathological Observations in India. By J. Fayrer, C.S.I., M.D., F.R.S.E., etc. Pp. 648, 8vo. London: J. and A. Churchill: 1873.

Dr Fayrer’s name is already well known to all who follow the progress of surgery in India, as the author not only of a valuable work on Clinical Surgery in India, but also of the magnificent folio describing and illustrating the poisonous snakes of India. In the volume we have now to review, he has collected a large number of miscellaneous papers on subjects of medical and surgical interest, chiefly the latter; the points which he thinks of most interest “having reference to those open questions, septicæmia, blood dyscrasia, and disturbance of the nervous system, as illustrated in the remarks on pyæmia, osteomyelitis, embolism, the formation of cardiac coagula, and urethral fever.”

The book begins with the address delivered by the author as President of the Bengal Branch of the British Medical Association. The health of hospitals, ward space, antiseptics, vibriones, a very long list, chiefly of trifling cases treated by antiseptics (then in the oil and putty stage of development), two cases of death from urethral fever, and a note of the author's operation for reducible hernia, make up an address of extreme length, utterly devoid of point or precision, and one which we fear must have tried to the utmost the patience of the auditors, unless it was listened to in relays, or held as read.

Next we have an answer to Dr Braidwood’s criticisms of Dr Fayrer's views on pyæmia. Certainly Dr Fayrer, like Dr Braidwood, seems to have been unfortunate enough in having plenty of opportunities of studying this malady.

The chief point regarding which these excellent observers are at issue is as to whether osteomyelitis when it occurs should be considered (as Fayrer does consider it) “as a distinct original and dangerous form of disease, liable to occur under peculiar circumstances,” and productive of the most deadly form of surgical fever; or whether we are (with Braidwood) to regard osteomyelitis as merely a secondary manifestation of pyæmia, just as metastatic abscesses of liver
and lungs are. On the whole, we think Dr Fayrer has the best of it, some of his cases showing that, by early amputation at the joint above, it is possible to prevent the constitutional results of an osteomyelitis already begun. The cases which illustrate and confirm these statements are very numerous and interesting, though told with considerable prolixity of detail.

We next have a series of cases of death after operations in which fibrinous coagula were found in the right side of the heart. Dr Fayrer seems to consider these as the cause rather than the consequence of the act of dying, and would associate their formation with a previously altered condition of the blood, which he connects with malarious poisoning. The paper is a very suggestive one, will stimulate investigation, and repay perusal.

Connected with the preceding are the cases of gangrene from arterial embolism, of which a considerable number are recorded, nearly all in cachectic natives who had been exposed to malaria. One, in a European, recovered without actual death of the limb.

Some trifling little notices of rock-oil as a dressing of wounds, opium as an internal remedy in ulcers, and horsehair for sutures, come in rather oddly after the solemn pathological subjects we have been discussing.

Three cases of aneurism follow: one of true aneurism in a negro, for which the external iliac was tied with success; one of traumatic aneurism of the anterior tibial, treated successfully by plugging the wound with lint; and another of the popliteal, in which the old operation was performed, and the patient died after secondary haemorrhage, with a fibrinous clot in his heart.

Four cases of tetanus are recorded; in one, a mild chronic one, section of the median nerve seemed to do good. In two more, tolerably mild and chronic ones, amputation of a toe and finger respectively were recovered from; while in a fourth, very smart one, excision of a cicatrix seemed not to produce the slightest benefit.

Some cases of gunshot wound are well recorded.

A careful synopsis of the cases of fracture treated by the author between 1859 and 1871 is given. The chief point that strikes the reader is the fearfully high mortality in compound fractures. In five cases of primary amputation for fracture of humerus, one recovered; of four secondary ones, all died. Of fourteen cases of compound fracture of forearm, nine died, four of them after amputation had been performed; and out of fifty-four cases of compound fracture of the leg, twenty-eight died. These results are notwithstanding the use of carbolic acid dressing during the later years.

A series of shark-bites are described. Eleven cases of tracheotomy give three recoveries, all (as is usual) in young adults, where the operation had been performed for some syphilitic ulceration. One case, in an elderly man, died, evidently from intralobular pneumonia and plugging of bronchi, the result of a small haemorrhage into the trachea during the operation.

Paracentesis of the knee-joint is now so common as hardly to
deserve such a detailed account of two cases in which it has been done by Dr Fayrer, who does not venture on the subsequent injection of iodine.

The necessity for early operation in strangulated hernia in Calcutta is insisted upon, and twenty-seven cases detailed, of which sixteen recovered and eleven died.

Dr Fayrer then gives cases of Holt’s operation, with a favourable opinion as to its merits.

Lithotomy is illustrated by fifty cases, which include several of the median operation, and three of removal of calculus from the urethra, which rather complicates the statistics. The results are rather disheartening, twenty-eight per cent. having died. This is to be ascribed to bad hygienic condition of the Calcutta hospitals, and the weak broken-down constitution of the patients.

A large and valuable series of scrotal tumours are next recorded —115, with 17 deaths. In one, the patient weighed 218 lbs. before the operation, and only 108 lbs. after it. He died of shock.

The results of operative interference in injuries of the head are very unfortunate; of seven cases trephined, all died.

Amputations also fare no better. Of eight amputations at hip-joint, only one recovered, and he was one of secondary amputation, after an amputation of the thigh. And the results of amputation of the thigh are still worse—three recoveries out of thirty-seven cases. Even in the leg, including amputation at ankle of sixty-one cases, only twenty-four recovered; and in the amputation of toes, arm, and forearm, the results are nearly as bad in proportion.

Dr Fayrer deserves much credit for the frankness with which he puts on record these most depressing results, and the hopeful spirit with which he informs us that these results, bad as they are, are not so bad as they used to be.

A great deal might have been done in the way of concentration, pruning, and arrangement, to make this book more valuable and more readable than it is. There is far too much repetition, too many utterly insignificant and useless details, and too little generalization.

With added leisure, Dr Fayrer will do well to extract the cream of what in his busy life he has only had time to record.

Annali di Chimica applicata alla Medicina. Compilati dal Dottor Giovanni Polli. Milano: 1873.

This is a monthly periodical devoted to Medical Chemistry and Pharmacy. We have before us the number for last January, which should have been acknowledged sooner.
There is a good deal of information, judiciously collected from various sources, French, German, and English, as well as Italian, about the uses and preparations of different medicines. There is an article by Guiseppe Romei on the nature of the colouring matter of wine. The author claims to have separated two distinct colouring substances from red wine; but tells us little about their nature.

The longest article in the number, by Giovanni Battista Ayr, advocates a renewal of the ancient Greek and Roman practice of burning the dead. Naturally it is full of learned quotations, and the arguments of the author are seconded by the editor, who quotes from several letters of most excellent signores and most distinguished signoras recommending cremation as "a generous act towards the living in a profoundly poetical form."

On the Results of Thyrotomy for the Removal of Growths from the Larynx: Being a Reply to Mr Durham's paper in the Fifty-fifth volume of the Transactions of the Royal Medical and Chirurgical Society. By Morell Mackenzie, M.D. Lond., Physician to the Hospital for Diseases of the Throat, etc. Reprinted from the British Medical Journal, 26th April and 3d May 1873. London: J. and A. Churchill. Pp. 22; with Table of Cases.

Statistics, it is said, can, with proper management, be made to prove anything, and certainly no more amusing example of the truth of this axiom could be found than the one discussed in this paper. A limited number of cases are selected and examined by Mr Durham; from these he deduces the information that the operation is such a good one that an "earlier, bolder, and more ready resort to this method" is to be encouraged. From the same cases, with a few more of the same general character, Dr Morell Mackenzie deduces a quite different conclusion, and opposes the operation with much vigour and cleverness. Mr Durham, an active surgeon, approves of cutting into the thyroid from the outside, and removing the morbid growths with the knife. Dr Morell Mackenzie, a most dexterous laryngoscopist, prefers to remove the morbid growths per vias naturales, with the aid of the laryngoscope. It is quite natural that they should differ in opinion, but it is a great pity that they should get so hot on the subject. It is also unfortunate that Dr Mackenzie, not being a member of the Medico-Chirurgical Society, could not meet Mr Durham in discussion in the Society, instead of having to wait and have it out in a more solemn way in the columns of a weekly journal. As to the merits of the case, we agree with Durham that thyrotomy is lawful and advisable in cases where the growths from the larynx cannot be got rid of without it; but we agree with Mackenzie that removal per vias naturales is more scientific and less dangerous, and that thyrotomy has so many risks that
it should not be undertaken unless urgent symptoms are present. Let Durham open the larynx after MacKenzie has had a fair trial with the laryngoscope and forceps, and failed to cure the patient.

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On Strictures of the Urethra: Results of Operations with the Dilating Urethrotome, with Cases. By F. N. Otis, M.D., Clinical Professor of Genito-Urinary Diseases, College of Physicians and Surgeons, New York. Pp. 20. Reprinted from New York Medical Journal for March 1873.

In this pamphlet the author draws attention to cases in which a chronic gleety discharge continues as the result of the slightest abnormal encroachment upon the calibre of the urethra, the urethra perhaps admitting with ease a No. 10 or 12 (English), and yet when tried by the bulbous sound, giving evidence of the existence of one or more contractions of its calibre. For the detection and complete relief of these, the author has invented an instrument which, constructed on the principle of a parallel ruler, puts these tight parts on the stretch, and the surgeon is thus enabled to divide them with accuracy and ease from within by a concealed blade. Three rather good cases are given in illustration of the good effects of this treatment; and the author makes the comforting and satisfactory announcement, that careful examinations of these with sound and endoscope, at an interval of from three to six months, show that no return of the disease had occurred.

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A Treatise on the Pneumatic Aspiration of Morbid Fluids; a Medico-Chirurgical Method of Diagnosis and Treatment of Cysts and Abscesses of the Liver, Strangulated Hernia, Retention of Urine, Pericarditis, Pleurisy, Hydrarthrosis, etc. By Dr. Georges Dieulafoy, Gold-Medallist of the Hospital of Paris. 8vo. Pp. 394. London: Smith, Elder, and Co.: 1873.

Few inventors have made such a rapid success in teaching the profession both how to use and how to appreciate their inventions, as Dr. Dieulafoy has in bringing his aspirator into use. Not only is the name well known and the principle of its action approved, but a very considerable literature has already grown up around the subject. Many cases have been recorded, and even articles written in praise of the method, and no fewer than seventeen modifications or adaptations of the original instrument have been devised.

In this work the principle of the invention, its various forms and uses, are described, and numerous cases are given, in greater or less detail, illustrating its use and proving its value. Though the work
is evidently got up in a hurry, and is ill arranged, and contains many redundancies and repetitions, it conveys a great deal of interesting information, and thoroughly describes an instrument which is, we believe, a very great acquisition, both for purposes of diagnosis and treatment.

The writer of this has had one of Dr Dieulafoy’s instruments in his possession for nearly a year, and is so convinced of its value as to put it to nearly daily use, so that he can, from his own experience, corroborate much of the author’s praise of his instrument.

By aspiration is meant the union of the air-pump to make a previous vacuum, with a very fine capillary needle, which is connected to the air-pump by a tube provided with a stopcock. In the author’s words: “The aspirator is prepared, or, in other words, the vacuum is made as a preliminary, and the needle is put in communication with the body of the pump, the stopcocks remaining closed. This hollow needle is then introduced into the region to be explored, and when it has passed the distance of a centimetre through the tissues (that is to say, when the opening at the point is no longer in contact with the external air), the corresponding stopcock of the aspirator is opened. What occurs? The air contained in the needle is at this point rarified by the previous vacuum in the body of the pump, and the needle possesses in its turn aspiratory power; it becomes an aspiratory needle, and carries the vacuum with it. Then, if pushed through the tissues, it is with the vacuum in our hands that we proceed to the discovery of the effusion. At the moment the aspiratory needle reaches the fluid, the latter rapidly traverses the glass index, gets into the aspirator, and the diagnosis is inscribed in the apparatus, without the interference of the operator. . . . In one word, we have in our hands an intelligent force, which has the advantage of being perfectly innocent.” —Pp. 13, 14.

This one point about the “previous vacuum” really contains the gist of M. Dieulafoy’s discovery, and distinguishes his plan from all previous methods of evacuating matter or exploring cavities. A good aspirator ought in itself to combine the advantages of a previous vacuum, of any amount of subsequent vacuum, such as is given by an ordinary syringe, and also act as a syphon. M. Dieulafoy’s is useful in all these capacities.

Its value as an aid to diagnosis is very great, and on this point M. Dieulafoy enlarges with pardonable pride. He is also convinced of its harmlessness. “Punctures made by a needle which measures but half a millimetre in diameter are quite inoffensive. I have thrust these needles into almost every part of the body—into the joints, the liver, the spleen, the bladder, the intestines, the lungs, the meninges, and I can affirm, and a great number of persons affirm with me, that we have never seen consecutive accidents.—P. 21. Indeed, he ventures the following axiom: It is always possible,
owing to aspiration, to search for a fluid collection, without any danger, whatever may be its seat or its nature.—P. 24.

We have not time to follow our author in detail through his argument; but, under the head of aspiration as a means of treatment, he gives the encouraging opinion that the frequent use of aspiration without any irritating injections often succeeds in drying up a fluid effusion at its source. The writer of this has had one or two cases which encourage him also in this belief. To be successful, the aspirations should be frequently repeated, and no attempt should be made to withdraw the whole of a large collection of fluid at one sitting, but rather by successive operations to allow the tissues gradually to contract and regain their normal relations. In cases where injections of cleansing or stimulating character are required, the aspirator is an exceedingly suitable instrument, as by simply opening and shutting the respective stopcocks it can at once be changed from an aspirator into an injecting syringe, and vice versa, so that the amount of the fluid injected can be exactly measured, and also the pathological fluid can be gradually changed into a curative one. The plan by which this may be done is described at some length at pp. 36 and 90, with considerable repetition.

That the author is sanguine and really believes in his instrument is seen in the following sentence, with which chapter iv. ends:—"In this summary I have only spoken of accomplished facts, but much yet remains to be done. Many other applications of the aspiratory method may be already foreseen. Why should the needle not be insinuated into pulmonary cavities of phthisical patients, to modify, by means of aspiration and injections, the walls of the cavity and the adjoining tissue? Why should we not perform direct bloodletting of the lungs and heart in desperate cases of congestion?"—P. 39.

The second part is on Aspiration in the Organs. 1. Of the liver. Hydatid cysts have been diagnosed and treated with success and without danger by this method. The exact procedure is described and contrasted with the older plan of the exploring needle. Several cases are given. One very curious symptom followed two of his cases, immediately after the operation—extensive urticaria appeared. In two other cases the same result has been found in the practice of other surgeons. Another, as yet unnoted symptom in such cases, M. Dieulafoy has seen twice, viz., the regurgitation (rather than vomiting) fatty matters after each meal. Abscess of the liver is also suitably treated by aspiration.

Retention of Urine treated by Aspiration.—From experiments on animals, and from now a large number of cases in man, it is now proved that in bad cases of retention, the urine can be easily, safely, and frequently removed by aspiration above the pubes. This chapter is eloquent and amusing, and the arguments perfectly incontrovertible. The method of operating to ensure safety is described shortly and simply. Aspiration may prove useful as a
means of injecting and washing out the bladder, and even the stomach. It is not available for ovarian cysts, except in the case of small unilocular ones. In hydrocephalus the results have been disappointing, but in spina bifida there has been some encouragement to persevere. Hernia has been a battle-ground, some saying that aspiration is harmless, and, by removing gas and serum, often saves the necessity for operation; others again say that bad effects have followed its use. Our own opinion is that, considering the safety and success of the operation for hernia when properly and in good time, aspiration should be used only in those cases who refuse the operation, or in whom the operation might present special elements of danger. In bad cases, where the hernia has been long down, aspiration might do much harm by allowing the reduction of bowel not in a state fit for reduction. By a large series of cases M. Dieulafoy contends for the harmlessness of the aspiratory puncture even in cases where it did no good. Many cases are given in which it seems to have aided reduction.

Affections of the chest, pleurisy, empyema, and pericardial effusions are all very suitable for treatment by the aspirator, and many illustrative cases are given. In dropsy of joints, and even in suppurating joints, the same method is applicable. We have not space to do more than recommend to our readers this book as a record of work of very great value. Haste in its publication, in these days of struggle for priority, may explain any repetitions and redundancies.

Observations on the Surgical Treatment of Ingrowing Toe-Nail. By George Stilwell, Surgeon, Epsom. With a Pamphlet by Dr Cotting, Boston. London: Churchill: 1873. Pp. 8.

The eight pages of this unpretending little pamphlet contain: 1. Observations by author. 2. Description of operation by author. 3. Letter from Mr Maunder. 4. Infleshed toe-nail, a new operation for radical relief, by B. E. Cotting, M.D., Harvard. All these are on the same text, i.e., to treat ingrowing or infleshed toe-nail; treat not the nail, as has hitherto been the custom, but the flesh around the nail. Find the edge of the nail with the probe, and then remove the whole of the granulations and hypertrophied cellular tissue on both sides if requisite. All the authors have a little tendency to exaggerate the pains and penalties of the ordinary operation, and have evidently been unfortunate in their experience of it, as we have not seen the recurrences and lamed feet they mention after evulsion of a portion of the nail, if properly done. However, the method proposed seems well worth a trial.
The Preventive Treatment of Calculous Disease, and the Use of Solvent Remedies. By Sir Henry Thompson, F.R.C.S., etc. Pp. 72. London: J. and A. Churchill: 1873.

This little brochure consists of two lectures; one, on the Preventive Treatment of Calculous Disease, is simply extracted verbatim from a work lately reviewed in these pages by the same author, called Diseases of the Urinary Organs. The other, on the Treatment of Stone in the Bladder by Solvents, was also delivered as a lecture at University College Hospital, and is a very succinct and readable account of the various nostrums and devices which have been used for the cure of stone in the bladder without operative procedure. The discouraging result of all is, that only very small stones can be improved by solvents, and that only by a very prolonged process, while these are the very cases for which we have a rapid and certain means of cure in lithotripsy.

Part Third.

MEETINGS OF SOCIETIES.

OBSTETRICAL SOCIETY OF EDINBURGH.

SESSION XXXII.—MEETING XIV.

11th June 1873.—Dr Simpson, Vice-President, in the Chair.

I. Dr Matthews Duncan showed two microscopic preparations taken from a Polypus which he had lately removed from a patient, the account of which appears at page 97 of the August number of this Journal.

II. Dr Young exhibited a Portable Galvanic Battery.

III. Dr Jamieson exhibited Two Incisor Teeth, which were present at the child’s birth. He removed them on the tenth day, as they were loose.

IV. Dr Simpson showed Two Mucous Canalicular Polypi, which he had removed by torsion.

V. THE USE OF THE ELECTRO-MAGNETIC CURRENT IN THE SECOND STAGE OF LABOUR. BY DR M‘RAE, PENICUIK.

[This article appears at page 243 of the present number of the Journal.]

Dr Simpson had only seen galvanism employed once in obstetrics. It was in a case where premature labour was being induced, and...