Part Second.

REVIEWS.

Second Report on Lunacy Administration (Ireland), made by Sir Arthur Mitchell, K.C.B., R. W. A. Holmes, Esq., C.B., and Dr F. X. F. Maccabe, to the Lord Lieutenant of Ireland, 28th May 1891.

This Report differs in character from any similar document that has ever before been drawn up in regard to lunacy. It is not an ordinary "Lunacy Blue Book," nor is it on the lines of any of the reports of the Royal or Parliamentary Commissions. It is something more than these. Ireland was admittedly behindhand in some of its laws and in much of its administration in regard to the care and treatment of the insane. Not that it did not possess asylums and hospitals, and many of these very good ones; nor that it had no central administration or supervision of the insane and their institutions. It is not in the deplorable state that Scotland was in before the Act of 1857. There were no very crying abuses and scandals like those discovered by Miss Dix in Scotland in 1855, and elaborately exposed in detail by the Royal Commission of 1856. England had in 1845 been led to pass its great Lunacy Act entirely by the persuasions of Lord Shaftesbury on purely philanthropic motives. Scotland, in 1857, was led to pass her Act by the shame and contrition of a neglected duty, first pointed out to her by an alien peripatetic philanthropist. Miss Dix, after energetically showing many of the American legislatures their duty in regard to the insane, was on a tour in Scotland for her health, and came on some of our Scotch lunacy abuses. She rushed up to London, and by sheer force of feminine energy that would take no denial and no evasion and no postponement of inquiry from
Sheriff, Lord Advocate, or Home Secretary, she aroused such a force of opinion that the Royal Commission had to be appointed.

In Ireland things have taken a different course. It has passed twenty-seven Acts in regard to mental disease and its victims. It had built county asylums, appointed inspectors in lunacy, and had published its annual Lunacy Blue Books like England and Scotland. Yet its administration was so manifestly needing improvement, that a small Commission of a special kind was appointed by the Lord Lieutenant to report to him on certain specified points. Three highly skilled and most experienced officials were selected for this purpose. Sir Arthur Mitchell had already in Ireland reported on the subject of criminal lunacy, and had shown his great capacity, his wide views, and his unrivalled knowledge of the whole subject. It is no discourtesy to the other members of the Commission to say that his hand is evident in every page of the Report. His views are, we may say, everywhere dominant, and his special experience appears throughout the intricate details of administration that are elaborated. Dr Maccabe, of the Irish Local Government Board, brought a thorough and long acquaintance with Irish poor-law administration, along with a previous acquaintance with the working of Irish asylums. Every one who is acquainted with him or his official work knows his great ability and grasp. Mr Holmes supplied the legal and financial knowledge and ability necessary for the construction of a new Act. A better team to do such a work could not have been selected. Would that all our Acts of Parliament, and all our advances in administration of public affairs, were founded on such knowledge and such experience.

What the Commission has done is this,—It has gone fully into the whole question on the spot. It has drawn up an exhaustive Report that should be absolutely convincing to the Irish governing powers and to Parliament. It has, with full knowledge of their working, brought before the Lord Lieutenant the principles that underlie the English and the Scotch Acts, showing what they do and what they do not attempt to do, and has gone into detail in regard to how they have worked. It has drawn up the basis of an Act for Ireland, not in detail and clause by clause, but in such a way that it can be done by any capable parliamentary draughtsman. Ireland has thus got the benefit of England’s fifty-six years’ experience in taking care of the insane, and of Scotland’s thirty-four years’ experience, with a careful adaptation of these experiences to her own existing laws, conditions, and administrations. They say, “The existing Irish lunacy laws are in various respects behind those of England and Scotland,” and “they are not the outcome of, and do not represent the opinions which now prevail as to the care and treatment of lunatics, and which have given shape to the English and Scotch statutes.” The great merit of the Report is the way in which the “principles” of the English
and Scotch—but especially the Scotch—lunacy law and administra-
tion are brought out. It is in this respect that it is unique and most
interesting, apart from its actual value as a basis of future Irish
legislation. The Scotch Act is most carefully analysed, showing in
what respects, where, and how it has compulsory powers, and how
these have worked; where it has reporting powers, and how these
have worked; and where its power has been merely advisory and
educative of opinion, and how this has worked, or failed to
work, for the good of the insane. The principles of the Scotch law
and of the Scotch procedure had already avowedly been adopted
in many respects in the English Lunacy Amendment Act of 1890,
so that it is no wonder that these principles are also largely
recommended for Ireland. To the medical profession this is
specially satisfactory, for the Scotch Act and its mode of adminis-
tration are far more medical than even the new English Act and
its mode of administration. The visiting paid Commissioners are
in Scotland all medical men. In England the Commission is half
lawyers, half doctors. In Scotland six months' preliminary treat-
ment out of the asylum for cure before certification is allowed to
the relatives and family doctor. No such thing is allowed in
England. In the Report the Scotch practice on both these points
is recommended, only twelve months is recommended as the permis-
sible time before certification, which is quite right. At present
there are 66 per cent. of the Irish insane admitted to asylums on
orders as "dangerous lunatics," while in Scotland 0.4 per cent.
are so admitted. Such a preposterous and entirely unmedical
practice must, of course, be got rid of. The Report recommends
that the doctor should be the "supreme head" of every asylum.
The almost universal present Irish practice of having visiting
physicians to asylums, so dividing the authority and lessening the
responsibility of the medical superintendent, is recommended to be
gradually abolished. "A superintendent should be allowed, when
he is in difficulty, to obtain the advice which is likely to be useful
to his patient in view of the nature of the malady in connexion
with which the difficulty arises. He may be safely left to do this
judiciously." Everywhere we find such sensible medical indica-
tions recommended. It is very interesting to any one acquainted
with the English and Scotch laws and their practical working to
find in this Report the sort of implied criticism of them in lesser
details which experienced members of the Lunacy Commission must
feel inclined to make, and know well where to make, but from their
official position cannot make. The result of the Report should be
that a first-rate Irish Act should be on the Statute-book in a year
or two.

In regard to certain minor matters, it is possible to criticise the
recommendations of the Report. It is a most invidious and
tremendous power, which few boards would care to have, that "it
may safely be left to the General Board to determine what private
asylums should continue to exist or be brought into existence.” This implies direct responsibility for these institutions. Either admit private asylums into the full swim of the struggle for existence, or kill them outright. We highly approve of “provincial” asylums for chronic and easily managed patients, but we don’t think “succursal” is the word to denote them. We never met with any one who understood or liked the word. And when the provincial chronic asylums are established, better and more specific provision should be made for selecting patients from the district asylums to go into them. The General Board could not select them. This must be left to each district asylum doctor—under some pressure sometimes, we admit; but he alone can do it, for he alone knows the mental states and habits of the patients. The fad of the Scotch and English lawyers to compel the doctor solemnly to go through the names of his cases once a year, and certify those that he thinks ought still to be detained, is recommended. If he does not so certify, they must be discharged. This is a ridiculous and roundabout provision that he shall do his plain duty, and send those out of the asylum that are recovered, or safe, or can be or better elsewhere as well taken care of. In all the years of its existence, we never heard of a patient being so discharged under this clause in Scotland, and we lately heard that all the patients in an English county asylum had either to be discharged or detained illegally through the doctor’s forgetting to give the proper certificate at the proper time. This provision, lawyers to the contrary, is not the proper way to do what is intended and what should be done. We believe every Commissioner in Lunacy should have the power to discharge a patient, this being contrary to the opinion of the Report. This, if it did nothing else, would make Commissioners feel more directly the responsibility of the “liberty” and “getting home” question as a daily source of irritation in asylums. We have often thought that if we were a Commissioner, and had the power, we should be greatly tempted logically to apply the legal principles laid down, let us say, in the late Lord Cockburn’s decision about “dangerousness” only constituting a true legal reason for deprivation of liberty quoad insanity; or the principles of civil capacity acted on in the Wyndham or Cathcart cases to all the patients in asylums to whom they were applicable, and restore them all forthwith and instanter to personal liberty and civil life. At present there are naturally two laws and practices: one for the many, who have not the knack of fighting or the money to retain good fighting counsel, and the other for those who have. The discharge of a hundred rich delusional cases and mild dments would do more to stop future trouble than anything else.

There is an extremely interesting statistical inquiry into the increase of Irish lunacy, and especially of Irish lunacy expenditure, in the face of a greatly diminishing Irish population; and a com-
parison with English and Scotch experience on these points. The
general conclusion is that the insane poor are more numerous in
relation to the population in Ireland than in Great Britain. The
Report concludes with a strong opinion and demonstration, with
which all who have experience will agree, that it is a false statement
that "human power cannot multiply the lunatics of a country."
There is no fixed standard of lunacy, in fact, as yet, for the doctor,
the commissioner, or the layman.

Prichard and Symonds in Especial Relation to Mental Science; with
Chapters on Moral Insanity. By D. Hack Tuke, M.D., LL.D.
London: J. & A. Churchill: 1891.

At the meeting of the Medico-Psychological Association at
Bristol in the spring, Dr Hack Tuke read a paper on the lives of
two worthies whose names are connected with that city. The first
of them, Dr Prichard, was the author of the Physical History of Man,
and of a Treatise on Insanity, which was thought the best in its day
in the English language. Though Dr Symonds was scarcely so
well known, he was a man well worthy of being kept in memory;
and both these eminent physicians may be held to be fortunate in
having so genial and appreciative a historian. Dr Tuke takes
occasion to defend the definition of "moral insanity," which was
first laid down by Dr Prichard. This term got somewhat into dis-
credit from being employed by adroit advocates to cover crimes, the
perpetrators of which did not seem likely to escape punishment by
any other device. Some of the cases adduced by Prichard as illus-
trations of his definition have had to be abandoned as being better
classed under some other forms, such as delusional insanity, or folie
raisonnante.

It may be said that even those who maintain the term of moral
insanity do not insist that in the instances given there is no lesion
of the understanding, but they argue that such intellectual defi-
ciencies are comparatively trifling, and that the significance of the
cases consists in the moral callousness and proclivity to crime.
Those who take an opposite view are inclined to affix a higher
estimate to the intellectual deficiencies. Thus the dispute resolves
itself into a question whether the term moral insanity be a prudent
one, or likely to be misleading. In any case no one interested in the
controversy can pass over Dr Hack Tuke's book. Not only does
he himself state his views on the question with great skill and
knowledge, but, by reprinting reports of the discussions which
followed the reading of his papers, he gives us the diverse views of
some of the most eminent physicians who devote themselves to the
study of insanity.
Report to the Government of New South Wales, South Australia, and New Zealand, on the Koch method of treating Tuberculosis.

By T. P. Anderson Stuart, M.D., Professor of Physiology, and Dean of the Faculty of Medicine, University of Sydney. Sydney: George Stephen Chapman, Acting Government Printer: 1891.

This is one of the very best and ablest reports to Government we have ever read. Admirably arranged, lucidly written, and historically complete, it describes one of the strangest chapters in the history of human enthusiasm ever written. It describes the extraordinary enthusiasm with which Koch’s communications were received, the rush to Berlin, the honours conferred on him, and those proposed but not conferred. The period of doubt which was soon followed by that of disbelief are also given in historical detail. Professor Stuart acts as a historian, not a judge. He gives documentary evidence for everything he describes, and has arrayed it all with a precision and accuracy which leaves nothing to be desired. The actual report to the Government is contained in 13 pages, but the volume is completed by Appendices on Tuberculosis, on Koch’s Method of Cure, including Statistics and History. Under statistics, we find one extraordinary table which shows that 62 observers have detailed 1790 cases, which result in 11 cures and 54 deaths. Every library should have a copy of this most interesting brochure.

Les Microbes de la Bouche. Par le Dr Th. David. Paris: Félix Alcan, Éditeur : 1890.

"Out of the same mouth proceedeth blessing and cursing," and what is true of words seems also to be true of buccal microbes, which in countless numbers, according to our author, even in the healthy man, lie in wait, and have done so from prehistoric times, for opportunity to do evil, and ready to penetrate into bronchi, stomach, and intestines, and even into the cranial vault when opportunity offers. This is not surprising when one thinks that every breath of air, every draught of fluid, and every morsel of food swallowed must leave a portion of their microbial contents on the buccal mucous membrane. There the organisms find all that is needed for their acclimatization and multiplication: heat, humidity, and abundant food between the teeth, in the tartar, in mucous crypts, or in any place where dead epithelial matter may lodge and accumulate.

The treatise is dedicated to Pasteur, and in a prefatory notice written by that great man it is stated that this volume is the first which has made the knowledge of mouth-microbes common property. The book is illustrated with 113 figures, many of the best of which are in colours, and for them, as well as for much of the text, the author is indebted to the third edition of Les Bactéries, par MM. Cornil et Babes. On page 70 there is an extremely beau-
tiful drawing (d'après Biondi) of salivary micro-organisms analogous to Pasteur's microbes of pneumonia.

The work consists of five chapters.

Chapter I. is general, and explains the various modes of cultivating, staining, and preparing the microbes for microscopical demonstration.

Chapter II. describes the non-pathogenic microbes, of which sixteen are enumerated, beginning with bacillus subtilis, and ending with the bacteria causing fermentations.

Chapter III. is devoted to the pathogenic microbes of human saliva, and gives the histories of the Pasteur and Friedlaender pneumococcus, and of the staphylo- and strepto-cocci concerned in the suppurative processes of the mouth.

Chapter IV. describes the pathogenic bacteria of buccal and dental affections, and includes among many others the tubercle bacillus; micrococcus tetragenus (which we have seen in enormous numbers in the sputa of a very acute phthisis); the organisms of muguet and various stomatites; diphtheria and dental caries, which latter subject is fully considered and illustrated with many of Miller's drawings, showing how the dentinal tubules become infiltrated with micrococci.

Chapter V. concerns itself with practical deductions, and with the treatment of caries and alveolo-dental osteo-periostitis; the rôle which bacteria play in the accidents attending the evolution de la dent de sagesse; how to sterilize when grafting teeth; effects of tobacco on mouth-bacteria,—and smokers will be glad to know, on the authority of MM. Tassinari and Miller, that micro-organisms do not like the fumes; and, lastly, fœtor of the breath. Thirty-three formulae for antiseptic liquids and powders, adapted for the prophylaxis and cure of buccal and dental troubles, are here given. Some of the prescriptions are exquisite examples of polypharmacy, and one of them needs six months of maceration before its ingredients are ready for distillation.

A short appendix about the bacilli of influenza, for the elements of which the author is again indebted to the last edition of Cornil et Babes, and a résumé général, close a monograph, perhaps too dogmatic in its etiology, but nevertheless well deserving the laudatory words of M. Pasteur's prefatory letter.

Dust and its Dangers. By T. M. Prudden, M.D. New York and London: G. P. Putnam's Sons.

This booklet, as the author says in his preface, "has been written with the purpose of informing people in simple language what the real danger is of acquiring serious disease—especially consumption—by means of dust-laden air, and how the danger may be avoided." He has accomplished his purpose tolerably well; his language is simple, and also, on occasion, very homely; vide page 46, where it
is stated that inhaled dust particles may accumulate in the pulmonary lymphatic glands and make them “as black as your hat;” and the opposite page is enriched by a picture of a pulmonary lobe with its lymph-filters shaded to the proper degree of nigritude.

Being written for the general public, strong assertions are perhaps unavoidable; for instance, page 71 tells us that consumption is distinctly preventable, and that this most desirable end may be attained by destroying the sputa of diseased persons; again, page 73 declares that consumption is not inherited—a statement decidedly more comfortable than true.

Chapters IX. and X. are well worth reading for the suggestions they contain as to how dust dangers may be avoided out of doors and in public and private buildings, conveyances, etc. Chapter XI. administers a well-deserved and strongly-worded rebuke and censure of what is called “the especially American expectoratory prerogative.” That the author’s readers will lay his strictures to heart and improve their habits, or the average housewife adopt his recommendations as to sweeping and dusting, is perhaps to expect too much from routine human nature.

Études sur la Rage et la Méthode Pasteur. Par le Docteur Lutaud, Rédacteur en chef du Journal de Médecine de Paris. Second Edition. Paris, 35 Boulevard Hausmann: 1891.

There is a class of men who like to worship idols, and a smaller class who like to witness the breaking of them. We should recommend this little book to the notice of the latter class. Dr Lutaud falls upon the great and venerated figure of Pasteur with a force and liveliness which will probably excite indignation in some, and amusement in others. Not only, he contends, are Pasteur’s inoculations useless against the bite of mad dogs, but they are positively dangerous, as many people have already died from la rage expérimentale. M. Lutaud gives in detail eleven instances. The author argues that hydrophobia rarely follows even the bite of a dog undoubtedly rabid, and that scores of people go to get treated by M. Pasteur who have been bitten by dogs that never were mad at all. He pointedly asks, How the number of cases of hydrophobia have so much increased since M. Pasteur announced his infallible cure? The reputation of his method has been founded upon statistical details, and it is with statistics that Dr Lutaud attacks it. Not having any opportunity of comparing or verifying the figures either on one side or the other, we are unable to sit as judges on this controversy. Fortunately hydrophobia is a very rare disease in Scotland; few practitioners have seen a single case. Nevertheless it is not safe to be entirely ignorant on this subject. We read the other day in a newspaper that a nurse in an hospital in England, who had been bitten by a boy under treatment for hydrophobia, had been sent at once to Paris. Dr
Lutaud argues with apparent success that there is no evidence of hydrophobia being communicated from one human being to another. If this be correct, the medical men who sent the nurse to Paris needlessly exposed her to danger. After pouring a flood of argument and ridicule upon Pasteur’s method of treating hydrophobia, Dr Lutaud attacks his other claims to medical reputation. He declares his vaccination against Charbon to be already abandoned by most veterinary surgeons. He affirms that it has caused great destruction amongst cattle in France, and has already been forbidden in Hungary. He asserts that M. Pasteur’s claim of restoring fortune to the departments of the south by preventing disease amongst the silk-worms is wholly false, and that while he has enriched himself, the silk-worm eggs treated by his method are as liable to disease as any other sort. The company founded to make unalterable beer by the procédé Pasteur soon wound up its affairs, and his project of making wine keep by warming it was only adopted by the French army and navy. This made the wine so bad that the men preferred to drink water, and his anothermes to heat the wine à la système Pasteur, have already been sold for old iron. The author ironically concludes that it is only as a financier that M. Pasteur has shown aptitude of the most remarkable character.

On Stertor, Apoplexy, and the Management of the Apoplectic State.
By Robert L. Bowles, M.D., F.R.C.P. Lond., Consulting Physician to the Victoria Hospital, Folkestone; Fellow of the Royal Medical and Chirurgical Society; late President S.E. Branch of British Medical Association. London: Baillière, Tindall, & Cox: 1891.

This book is intended to show the effect which various positions of the tongue and soft palate have on breathing, and is also designed to prove that the Marshall Hall method of artificial respiration is superior to the one more commonly in use—the Sylvester. The author points out that wherever there is any difficulty of breathing, with or without stertor, when from any cause there is paralysis of the muscles of the tongue, as in apoplexy, for instance, this difficulty may be removed, the noise stopped, and the patient and his friends relieved, by the simple means of turning him on his side. At once the tongue falls forward, and allows of more easy breathing. The same thing applies to those apparently drowned, the recumbent position adopted in the Sylvester method of resuscitation causing the tongue to fall back. When, however, Dr Bowles goes on to state that this false position of the tongue is the chief cause of the difficulty of breathing in chloroform, he commits himself, for if the chloroform be rightly administered the tongue cannot fall back; and there are many cases on record in which, although the chloroform has been administered correctly, yet difficulty of breathing has
occurred. In the Edinburgh School this danger of the tongue falling back has been long recognised, and one of the chief rules in the administration of chloroform in that School is, by keeping the head well back and the angle of the jaw forward, to prevent that very accident. Notwithstanding this, cases do occur, apart in any way from interference of the tongue, in which the breathing becomes laboured. In the same way, if, as is usually directed, a bundle be placed under the patient’s shoulders, in using the Sylvester mode of artificial respiration, in such a manner that the head hangs sufficiently back, with the jaw placed well up and forward, no danger of the tongue falling back may be apprehended. Still, Dr Bowles’ useful monograph will have done considerable good if it draws the attention of those who were unaware of it before to the dangers of malposition of the tongue in those unconscious or paralyzed, and unable to rectify the position of that organ themselves.

Leçons Cliniques. Sur les Maladies de l’Appareil locomotor (Os, Articulations, Muscles). Par le Dr KIRMINSON, Professeur Agrégé de la Faculté de Médecine, etc. Paris: G. Masson: 1890.

These lectures, if typical of what is done in other departments, represent a very high standard of clinical teaching in the Hôtel-Dieu. The subjects treated of include the affections of bones, joints, and muscles, and in the thirty-six lectures before us considerable ground is covered. The cases used as texts are fully recorded, and all the points in connexion with each are carefully entered upon. In connexion with every feature of interest the discussion is systematic. Evidence is taken from similar cases known to the author or published by others, and the results of the most recent pathological research are brought forward to throw light on the clinical facts. What gives special value to these lectures is that the author, besides being widely read and familiar with the surgical work of other countries besides his own, sums up as to the relative merits of rival methods with evident fairness and with logical consistency.

We value these lectures as the careful work of an able man. They are no less interesting than profitable, and should be widely read in this country.

Illustrations of the Inductive Method in Medicine. By William Murray, M.D., F.R.C.P. Lond., Consulting Physician to the Children’s Hospital, etc., Newcastle. London: H. K. Lewis: 1891.

Under this grandiloquent title Dr Murray has published a few addresses and papers, read and delivered at different dates, prefacing them with an essay on Induction as applied to Medicine. The essay itself, originally an address to students beginning the study.
of Medicine, seems to us to be a very unoriginal rendering of John Stuart Mill's imperfect doctrines, and what good there can be in publishing it we fail to understand. Suited, perhaps, to boys fresh from school, to most practitioners it will seem to consist of truisms. Many of the papers which follow, however, are illustrations of the deductive method; for instance, the first, on the Physical Action of Calomel, begins by postulating osmosis as the great factor in its action, continues by applying this factor to the facts, and deducing that it increases osmotic flow. The same postulate does duty again in the second paper, "The Relation of Digestion and Dyspepsia to Osmosis," while "The Self-Elimination of Poisons" is argued from the law that cells tend to throw off any irritant. The remarks on "The Dangers of Regular Habits" are interesting and logical, and a note on "Emphysematous Dyspepsia" is worth reading.

Handbook of Diseases of the Ear, for the Use of Students and Practitioners. By Urban Pritchard, M.D. (Edin.), F.R.C.S. (Eng.), Professor of Aural Surgery at King's College, London; Aural Surgeon to King's College Hospital, etc. Second Edition, with Illustrations. London: H. K. Lewis: 1891.

We have already had occasion to notice the first edition of this book, and from the opinion we then formed of its worth, we are not surprised that a new edition has now been called for.

The book has been carefully revised, and in part rewritten, so as to bring it up to date, and its value has been much enhanced by a detailed account of the methods of operating for disease of the mastoid antrum. The present position of cerebral surgery in relation to ear disease demands more than the passing notice which is here accorded to it, and in any future edition we hope to see this omission rectified.

The book is a thoroughly practical one, and we can recommend it as a safe and useful guide to students and practitioners who wish to study the subjects which it treats of.

Subjective Noises in the Head and Ears: their Etiology, Diagnosis, and Treatment. By H. Macnaughton Jones, M.D., F.R.C.S.I. and E., etc., formerly Professor of Midwifery and Diseases of Women and Children in the Queen's University, etc. London: Ballière, Tindall, & Cox: 1891.

Chapter I. of this small brochure is a reprint of a paper read by the Author at the Birmingham meeting of the British Medical Association, and forms the groundwork of the present volume. To this have been added several chapters dealing with the diagnosis, prognosis, and treatment of tinnitus, and the methods of examining cases of ear diseases.

In our opinion no useful purpose has been served by thus ex-
panding the original paper, nor has any very new light been thrown upon this distressing and troublesome symptom. The numerous illustrations consist almost entirely of instruments, but we fail to see that many of them are called for in a work devoted to a special condition and not to a general study of ear disease. It might have been supposed, for instance, that the reader would be familiar with the appearances of an ear speculum, a tuning-fork, a brass ear syringe, etc.

We do not think that the expectations roused by the resounding title will be realized by the student on perusal of this work. The book bears evidence of hasty writing, and shows many inelegancies of expression and a want of careful revision.

Cookery for the Diabetic. By W. H. and Mrs Poole. With a Preface by Dr Pavy. London: Longmans, Green, & Co.: 1891.

This little book of recipes should prove serviceable to the friends, and especially to the cook of the diabetic. It is nicely got up, and all the recipes are vouched for by Dr Pavy, who has written the preface, as containing nothing that this class of patient should avoid.

Annales des Maladies des Organes Génito-Urinaires. Paris, July 1891.

Journal of Cutaneous and Genito-Urinary Diseases. New York, July 1891.

M. Janet contributes to the July number of the former of these journals a paper, "Rôle de l'endoscopie à lumière externe dans les maladies de l'urètre et de la vessie—Ses indications," which contains the result of his work in the Genito-Urinary Polyclinique of the Necker Hospital. In the first place he gives succinctly the history of the urethroscope, especially drawing attention to the work done by French surgeons (Désormeaux, Ségalas, Guyon), but points out that to Grünfeld of Vienna the credit is due of making the important change in the instrument of completely separating the source of light from the endoscopic tube, so that the urethra can be easily examined visually, and treated while the mucous membrane is seen by the surgeon just as the vagina can be by means of Fergusson's speculum. M. Janet then proceeds to enumerate the essentials for the efficient use of the instrument, and explains that his object is simply to show its advantages, diagnostic and curative, over other methods of examination, and to assign to it its true place in the therapeutic treatment of urinary diseases. With the premise that, in urethral maladies, the endoscope enables the whole mucous membrane to be examined, and its pathological appearances appreciated, he says that in acute gonorrhoea he believes it has no special value, but that in chronic urethritis associated
with fissures, granulations, etc., it is invaluable, and compares the
treatment of such cases without urethroscope to the treatment of
ulceration of the cervix uteri without the speculum. He does not
advocate its use in all cases, but believes that it is an excellent
addition to the old methods of treatment, and that a judicious com-
bination of the two is invaluable. So also in stricture of the
urethra the endoscope, more particularly the aéro-uréthroscope of
Antal, shows the position and character of the stricture, and permits
of suitable treatment being carried out under the eye of the surgeon.
In cases of eccentric stricture where internal urethrotomy is to be
practised, it is especially valuable, as the operator can see the part
to be divided, and thus avoid injury to normal mucous membrane.
He believes that in certain other urethral conditions, such as
fistulae, the presence of foreign bodies, and in diseases of the
prostate, the instrument is useful.

After thus eulogising the urethroscope, M. Janet passes to speak
of the place of the cystoscope in examination of the bladder. In
relation to vesical tumours he mentions various difficulties which
militate against its usefulness, e.g., small capacity of the bladder,
mucus and blood in the urine, and the large size of the tumour. He
compares the cystoscope of Grünfeld, which has the light external,
to the internal light cystoscope, and points out certain advantages
in the former, more especially drawing attention to the facility
which it affords for combined examination and treatment. In this
connexion he relates cases where small tumours have been
completely removed per urethram (Grünfeld 3, Antal 2). He
further refers to catheterization of the ureters as suggested by
Brenner, and describes the catheter used, and the method successfully
adopted by Grünfeld. He points out that in cases of blood or pus
passing from one kidney, the organ from which it comes can be
determined. M. Janet arrives at the conclusion that both cystoscopes
(light internal and light external) may advantageously be used
together for purposes of diagnosis, but that therapeutic treatment is
best attained with the external light.

This paper contains most interesting results gained by personal
experience, and is an excellent proof of the value of the cystoscope
in the diagnosis of many vesical or kidney diseases, but we believe
that undue prominence is given to the rôle of the urethroscope in
the diagnosis and treatment of urethral disease.

The article by Dr Tilden Brown, "Ocular and Tactile Demonstra-
tion of Urethral Lesions by the aid of New Instruments," in the
Journal of Cutaneous and Genito-Urinary Diseases, contains an account
of certain instruments, introduced by the author, which are most
ingenious. The urethral speculum is to replace the endoscopic tube.
The superiority of the former, in the opinion of Dr Brown, consists
in "a continuous expanse of urethral surface along the four walls,
from base to tip of the instrument" being seen, but this does not
coincide with what immediately follows in the description of the
instrument, as this expanse is not all seen at once, but must be brought into view by the mediation of a mirror similar to the laryngeal mirror. To verify and to elucidate the sense of sight, the sense of touch is added by means of the "urethral digit." There then follows a detailed description of various instruments which have been introduced by others for examination of the urethra. The author is impressed with the value of these instruments, and says that instead of their use being exceptional in his urethral practice it is the rule.

We regret that we are unable to reproduce the figure demonstrating "the author's method of urethral illumination by electric light condenser," as we believe it would perhaps best induce surgeons to adhere in the main to the present methods of diagnosis.

Description of the Johns Hopkins Hospital. By John S. Billings, M.D., Baltimore.

A beautifully got up volume as to paper, printing, plates, and plans (fifty-six in number), being a description of one of the finest and best-equipped hospitals that has yet been anywhere erected, and all due to the magnificent munificence of the late wealthy, enlightened, and modest American citizen, Johns Hopkins of Baltimore, who was also the founder of the well-known University of that same city. This benefactor of his race handed over during his lifetime by deed of gift, dated 10th March 1873, to twelve trustees, thirteen acres of land in the above-named city, "upon which," in his own words, "I desire you to erect an Hospital capable of receiving 400 patients, and which shall, in construction and arrangement, compare favourably with any like institution in America or Europe," and which he specially desired "shall ultimately form a part of the Medical School and University," the latter of which he, as just stated, also founded. In order to enable the trustees to carry out his wishes, "he each year during his life, until the buildings are completed, places at their disposal 100,000 dollars," and hands over property to the value of more than a capital sum of 3,000,000 dollars (or what had reached that before his death), yielding an annual income of 180,000 dollars, for the endowment and support of the Hospital, and of a Home for 400 rphans, which he also desires should be erected. Such is the regal gift of Johns Hopkins, who on one occasion stated to a friend "that his wealth he was sure was given him for a purpose," that "it is my stewardship,"—and as a good and faithful steward he has used it.

The trustees soon commenced with their great undertaking, and in 1875 appointed five physicians, with whom the Building Committee were to confer as to the plan upon which the Hospital should be built, whether on the "pavilion" or the "barrack" system, and as to all the multifarious arrangements necessary in its construc-
The work was most thoroughly done. The Committee visited the large hospitals in the eastern cities in America; "they employed five men supposed to be skilled in hospitals," each of whom wrote an essay on the same, giving his plans and suggestions. These were printed and widely circulated, and the criticisms they called forth were carefully studied. After this one of the five was selected, and sent to Europe to examine the recent model hospitals there built; and on his return he reviewed the whole matter, and with the Building Committee and the architect of the Board drew up an improved set of plans, which are now worked out in the splendid set of buildings erected in the city of Baltimore, and which were publicly opened on 7th May 1889.

The plan of construction is the pavilion system, with a very handsome building for administrative purposes to the front, and a pay ward on each side,—one for males, the other for females,—the founder having arranged in his deed of gift that some special accommodation should be provided for such cases. There are five blocks or pavilions at present finished, with a complete set of accessory buildings, viz., nurses' home—almost palatial, as judged by the drawings—kitchen, laundry, dispensary, amphitheatre, pathological department, and stables, all separate buildings surrounding the Hospital, and, excepting the laundry and pathological department, each connected therewith by means of a covered way.

The ventilation has been most carefully attended to, is after the most improved modern principles, giving excellent results; and the buildings are so arranged that no foul air can pass from one ward into another. Heating is accomplished by means of pipes with hot water or steam (175,000 gallons of water being contained in the pipes and boilers); and so perfect and so well under command is this plan of warming, that each pair of beds in a ward can, it is said, have their own temperature specially regulated, e.g., one being kept at 70° F. and the next 60° F., etc.

The ordinary wards, which contain twenty-four beds each, are 99 feet 6 inches long, 27 feet 6 inches wide, and 15 feet high at the side walls, 16 feet in the clear in the centre, each bed having 7 feet 6 inches of wall space, 106.9 square feet of floor area, and 1768 cubic feet of air space. Every department is apparently equipped in the most perfect manner, and with all the latest and most approved improvements. Judging from the plans and elevations as given from different points of view, the buildings appear to be very handsome and elegant, and are finished in the most complete manner, regardless of expense, the leading desire being to have everything of the best.

This Hospital does honour to the munificent donor, and stands as a monument to his memory in the fortunate city in which it has been erected.
Des Troubles Trophiques dans L'Hystérie. Par Alex. Athanassio.

THOUGH the anatomical lesion of hysteria has as yet escaped our means of investigation, certain alterations in the tissues have been observed which are treated in this volume under the name of troubles trophiques. M. Athanassio shows how both the fluids and solids of the body are sometimes profoundly altered in this disease. He describes a variety of skin affections and vaso-motor disorders, such as ecchymoses, subcutaneous haemorrhages, symmetrical gangrene of the extremities, blue oedema, and swelling of the neck and mamme, hyper-secretion of milk and bloody sweats, affections of the joints, and muscular atrophy.

In this work M. Athanassio shows much acquaintance with the subject, as well as diligence and learning in bringing out what has been contributed by others.

Transactions of the Association of American Physicians. Vol. V. Philadelphia: 1890.

WE regret that we cannot command space for a review of all the papers published in this volume. The first subject treated is the Natural History of Enteric or Typhoid Fever. The author, Dr Reeves, shows how this disease depends for its communication upon the presence of a bacillus which is capable of cultivation outside of the human body. There are papers on Inflammations of the Appendix and Cæcum, by Dr. N. Bridge; Shock and Sudden Coma, by Dr J. T. Dana; Some Disorders of Sleep, by Dr Weir Mitchell; Insomnia, by Dr C. Folsom, in which we have a useful estimate of the comparative value of the newer hypnotics. There is a study of the Anaesthesias of Hysteria by Dr C. Dana, and papers on the Etiology and Treatment of Migraine, the Nature of Tubercle, and the Diagnosis of Diseases of the Stomach. Altogether there are nineteen papers, which form a volume of varied interest, full of scientific and clinical observations of merit and originality.

The Thirteenth Year of the Boston City Hospital Training School for Nurses, Boston, Mass.; with Reports, etc., and Address to a Graduating Class. By Thomas M. Rotch, M.D.

THIS is a very interesting account of the Nurses’ Training School in Boston Hospital. It shows that a high idea of a nurse’s training and duties is successfully realized. A two years’ course, a month of preliminary trial, and a very thorough system of instruction seems faithfully carried out. The staff of the Hospital are most liberal in communicating instruction, and the instruction seems to be of the right kind to make skilled nurses, not unskilled
and conceited doctors. The address to the graduating class is interesting and sympathetic, though, perhaps, is too eloquent for our old world taste.

Transactions of the Twelfth Annual Meeting of the American Laryngological Association, held in the City of Baltimore in 1890. New York: D. Appleton & Co.: 1891.

A perusal of this volume will show that the American Laryngological Society is a thriving, energetic, and hard-working body, doing good work. It contains seventeen papers and discussions, all of which it is impossible here to mention in detail; but it is no disparagement to the remainder to mention an interesting paper by Delavan, "On the Early Diagnosis of Malignant Disease of the Larynx," and a timely warning conveyed by Solis-Cohen in a paper entitled, "Look Beyond the Nose." This might be read with advantage on both sides of the Atlantic.

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Part Third.

PERISCOPE.

MONTHLY REPORT ON THE PROGRESS OF THERAPEUTICS.

By William Craig, M.D., F.R.S.E., Lecturer on Materia Medica, Surgeons' Hall, etc., etc.

Bromoform in Whooping-cough.—Dr S. Schippers furnishes (Nederlandsch Tijdschrift voor Geneeskwede, 29th August 1891) further proof of the value of bromoform in cases of whooping-cough. Bromoform (CHBr₃) is a clear liquid, with a peculiar but not unpleasant ethereal odour; its specific gravity is 2.9, or more than twice that of chloroform; it is soluble in alcohol and ether, and but slightly so in water; its taste is sweet; it does not affect the mucous membrane of the mouth, and is not irritant in its action. It is rapidly decomposed by light, bromine fumes being slowly given off. When used internally, no deleterious effects have been observed when administered in the following doses:—In children from six months to one year old, 2 minims thrice daily; from one to two years of age, 3 minims; from two to three, 4 minims; from three to four, 5 minims; and from four to seven, 6 to 7 minims may be given in a teaspoonful of syrup; for adults the dose is 0.5 to 0.8 g. in capsules. Dr Schippers in the trial of the drug in his polyclinic and in private practice had treated 250 cases, and he summarizes the results of his observations thus:—1. Bromoform in the doses advocated is a completely harmless remedy. 2. The