Part Second.

REVIEWS.

Contagion du Cholera démontrée par l’Épidémie de la Guadeloupe: Conditions Hygiéniques de l’Émigration dans les Pays Chauds et de la Colonisation dans ces Pays, etc. Par A. PELLARIN, Docteur en Médecine; Médecin Principal de la Marine, en retraite; Officier de la Légion d’Honneur. Paris: 1872.

Eighth Annual Report of the Sanitary Commissioner with the Government of India, 1871. Calcutta: 1872.

Report of the Sanitary Administration of the Punjab for the Year 1870. Lahore: 1871.

Remarks on the Influence of a Pure Supply of Water as affecting the Mortality of the Inhabitants of Calcutta from Cholera. By C. MACNAMARA, Medical Officer in charge of the Calcutta Native Hospital, etc.

A Report of Microscopical and Physiological Researches into the Nature of the Agent or Agents producing Cholera. By T. R. LEWIS, M.B.; and D. D. CUNNINGHAM, M.D., etc. Calcutta: 1872.

On a Hæmatozoon inhabiting Human Blood: Its relation to Chyluria and other Diseases. By T. R. LEWIS, M.B. Calcutta: 1872.

Brevi Considerazioni sulle Fermentazioni e sulle Putrefazioni. Dell Dott. NARCISO MENCARELLI, Professore di Chimica Generale nella Provinciale Università di Urbino.

The visitation of cholera at Guadeloupe has already attracted some notice. The Constantinople conference rejected the idea that the disease was imported by the Sainte Marie, and was “driven to the alternative that the ship Virginie may have originated the outbreak.”¹ This was a ship which left Marseilles on the 3d September 1865. Mr Macnamara, in his work on Asiatic Cholera,² affirms that a boy had died of cholera on board the Virginie; but it appears that he was deceived by the despatch which he quotes, and that Dr D. B. Smith was correct in saying that the Virginie had no cases of cholera on board. To come now to Dr Pellarin’s account. The Sainte Marie left Bordeaux on the 14th September 1865, and arrived at Pointe-à-Pitre on the 20th of October. On coming to anchor she showed the yellow flag as a sign of quarantine.

¹ Quoted by Dr D. B. Smith in his Remarks on Quarantine, appended to his Report on Pilgrimage to Juggernath, p. 9. Calcutta: 1868.
² London, 1870, p. 221.
tine. The medical officer of the port came alongside and interrogated the captain. It appeared a man had died on board on the 9th of October, who had turned ill two days after leaving Bordeaux. He had therefore been ill twenty-two days. The symptoms were indistinctly described by the captain, but the medical officer was inclined to think that the man had died of typhoid fever. He had been treated with ipecacuanha in emetic doses, purgatives of sulphate of magnesia, sinapisms, and fly-blisters. It may be noticed that when a merchant ship does not carry a surgeon, the captain has a medicine-chest with which he drugs the men who are ill to the best of his ability.

It does not seem very probable that the captain could have thought of treating cholera with emetics and purgatives; nevertheless, it is necessary for Dr Pellarin’s argument that this man should have died of cholera. There was also another man ill at the time, whom the quarantine officer saw, and whom he declared to be labouring under intermittent fever complicated with gastralgia and diarrhoea. On the report of the medical officer, the maire allowed the ship free entry without calling a meeting of the Sanitary Commission—a proceeding against the regulations, but in conformity with precedent. Unquiet rumours about the death of the sailor had gone about the port; some said he had died of inflammation of the lungs (fluxion de poitrine), and that his bedding had been thrown into the sea, which Dr Pellarin remarks was a strange thing to do after fluxion de poitrine, and even after typhoid fever. On this last point, perhaps, some may disagree with the doctor. The ship, as we have said, arrived on the 20th of October; and, on the 23d, a young negro, named Charles Tudor, came on board to perform as an acrobat. After leaving the ship he was taken ill with a disease which appears to have been cholera, and died the day after. It is said that he brought from the Sainte Marie a bundle of linen which popular rumour declared to have belonged to the seaman who died on the passage. He is said to have given this linen to a washerwoman called Scolastique, who went on washing the whole night, at the washing-place Robinson. We presume this was at the side of a running water or a pond, where washing is generally done in hot countries. This woman was taken ill in the morning of cholera, and died after twelve hours’ illness. Neither of the two appears to have been visited by a medical man, and many of Dr Pellarin’s assertions seem to rest upon public rumours, which, he says, were never refuted, though many of them had been publicly denied. Dr Pellarin evidently believes that the municipal authorities wished to discredit the account adopted by him, lest the maire should be blamed for not keeping the ship under quarantine. The matter was hotly discussed in the rival local papers; and it seems to us that the statements that the seaman had died of cholera, and that his clothes were sent on shore to be washed, are not established by any trustworthy evidence either direct or circumstantial. The most
that can be said is that he may have died of cholera, and that it is possible that it was his clothes which were sent to be washed. But, to go on with our author's narrative, the next victim was a boy who had several times visited Tudor during his illness. After him came four washerwomen, one of whom is said to have gone on washing the linen which Scelastique could not finish on account of her illness. As the disease was spreading, and the public had got alarmed, eight of the doctors of Pointe-a-Pitre met on the 28th of October, and declared it to be a low form of fever (une fièvre pernicieuse algide); but for all that it was cholera—as the people of Guadeloupe soon knew to their cost. The Sainte Marie, which had only put in to take ballast, sailed to Matamoros, in Mexico, with no sick on board.

The disease spread over five of the six islands of the group which make up the colony of Guadeloupe. The epidemic lasted for seven months, and proved fatal to 11,957, out of a population of 149,407. The only one that escaped was St Martin, which was saved, as Dr Pellarin tells us, by a rigid isolation from the affected islands. None other of the Antilles was visited by cholera. The neighbouring island of Dominica was put under quarantine by the governor, and all communication with Guadeloupe was suspended; and no cases of cholera were seen there.

Although the author is strongly in favour of the view that cholera spreads by contagion beyond its endemic seat, and claims for his brother, Dr Charles Pellarin of Givet, the merit of being one of the first to point this out, we have no suspicion that he suppresses anything that could be said on the other side of the question. The book is a long one—358 pages in octavo—and of this 260 are devoted to the history of cholera at Guadeloupe, and the republication of official documents connected with the epidemic.

The first 98 pages of the book are occupied with the author's remarks on the hygiene of hot countries and the results of French colonization. They are well written, though somewhat diffuse. The author has visited many countries, and observed with an intelligent eye. He seems principally to have confined his reading to French sources of information—or, at least, he appears to know very little of what has been done towards the study of the propagation of cholera in India. After stating that the coolies from India did not suffer any more than the whites from the epidemic of cholera, he adds: “We know that in India, on the contrary, cholera scarcely attacks any but the Indians, who were so remarkably spared here—and that the Europeans and even the Eurasians are only rarely attacked.” The very contrary is the case, as any one may see by looking over the Annual Reports of the Sanitary Commissioners to the Government of India. It is the European soldiers and the Ghoorkas who give the largest number of seizures and the largest number of deaths from cholera.

On comparing the statements which come from India about
cholera, with those brought from Guadeloupe by Dr Pellarin, it would seem as if we were dealing with a different disease. Cholera in India, if contagious at all, must be very feebly so. As we pointed out in a review on Surgeon Fitzgerald's pamphlet on cholera in the April of 1872, no special precautions are taken to isolate cholera patients; and 1100 had been treated during the thirteen years ending July 1868, out of 24,000 European patients—yet, out of this large number, eight only had been seized with the disease in the hospital; and of these eight, seven had been admitted with diarrhoea. This statement has been repeated in several authoritative works, and there can be no doubt of its substantial correctness. It may be here noticed that the newly-arrived assistant surgeons of the Indian army reside at the General Hospital, and the communication of cholera from bed to bed, or to the European or native attendants, sweepers, or washerwomen, could not be concealed from them.

Compare this with what Dr Pellarin tells us took place in Guadeloupe. "The hospitals of Pointe-à-Pitre soon became an active centre of contagion. The attendants on the sick, and the patients themselves, were affected in such a large proportion that no one could be found to take care of those ill of cholera, and to wash the linen or bury the dead; for the prisoners, who were first charged with this work, ran away after having been decimated on the epidemic field of battle." He adds, that their place was taken by a detachment of soldiers, and though continually in contact with the sick and dead in the hospitals, in the cemetery, and in the town, not one was attacked by cholera. The spread of the disease, apparently by contagion, to the first attendants upon the choleraic patients, and the total immunity of the soldiers, seems somewhat incongruous. Still more perplexing is the total disagreement amongst some observers in India and other countries as to the contagious powers of cholera. We might even be tempted to believe that while cholera is at most but feebly contagious in its endemic home, yet, under some unknown conditions, this property of contagiousness becomes much increased, especially when it invades other countries. The mere love of reducing the phenomena to unity will render this view an unwelcome compromise; but in pathology we must submit to observed facts.

Dr D. B. Smith, in his Essay on Quarantine, prefers believing that cholera originated de novo in Guadeloupe, to the theory that it was imported from France. We do not know how he would be affected on reading the very full details in Dr Pellarin's work; and, as our article threatens to be a long one, we hope the reader will excuse us appearing as a pleader on either side.

Dr Pellarin remarks in his résumé that cholera had raged with much greater intensity upon Guadeloupe proper, which is of igneous origin, than in the neighbouring islands of the group, which are made up of sedimentary rocks. This fact, he observes, is com-
pletely opposed to what has been observed up to this time in Europe. He is evidently unaware of the epidemic of cholera which appeared in the summer of 1856 at Madeira, and which was even more deadly than that of Guadeloupe; carrying off, in three months, 10,000 people. From an official report cited in a German work on Madeira, the cholera is believed to have been brought by some companies of soldiers who were sent to Funchal. The soldiers were said to have been seized at sea, and the boatmen who rowed them ashore were the first victims. Now Madeira is almost entirely composed of igneous rocks, lava, basalt, and pumice-stone.

The greatest improvement in the Eighth Annual Report of the Sanitary Commissioner with the Government of India for 1871 is, that the annual tables now embrace the statistics of the whole European army in India. The mortality of the European army in Bengal in 1871 was 17.83; in Madras, 20.10; in Bombay, 14.02. Bombay, which gives the largest number of cases of sickness, gives the fewest number of deaths. Nearly 7000 people are returned as having died during the year from snake-bites or assaults from wild beasts, in British India and Burmah. The Report gives its usual quota of useful statistics, and shows that the work of sanitary reform has been carried on with vigour throughout the Presidency. Special attention has been given to the water-supply.

There are some valuable appendices. In a report on the bladder-worms found in beef and pork, Mr G. R. Lewis, M.B., states, as the result of his experiments, that a temperature of 130°, maintained for five minutes, destroys without fail the cysts of the bladder-worm, so that properly-cooked food may always be eaten with impunity.

Dr Bryden continues his observations on age and length of service as affecting the mortality and invaliding of the Bengal army.

There is also an elaborate report of the inquiries of Drs Cunningham and Lewis into the pathology of cholera. These officers have made a number of interesting experiments upon animals, which, to use their own words, "have not afforded any evidence in favour of the existence of a specific poison contained in choleraic excreta peculiar to them alone, and giving rise to special phenomena when introduced into the system."

"We ask only the favour," says Dr Golaub Sing, in his Hindu View of Cholera, "that your officers in India do not meddle with our tanks!" Alas for the vanity of human wishes! The sanitary officers are everywhere analyzing and cleansing. We hope this is always done with discrimination. At Riwari, we are told by Dr Fairweather, in his Sanitary Report on the Punjab, the drinking-water is chiefly derived from wells sunk near a fine tank erected by Rao Tej Singh. The water in all the wells is condemned, as they show, "by the presence of nitric acid, that it is much contaminated with animal organic matter." But in the analysis given,
there is said only to be "a trace," or a "faint trace" of ammonia. In this case it is unsafe to argue the presence of nitrogenous organic matter from the nitrates and nitrites which may have a mineral origin; indeed some chemists have proposed to make the quantity of ammonia detectable by Nessler's solution the test for the whole nitrogenous organic matter present. Dr Fairweather's report gives evidence of good work in the Punjab; and if we have begun by starting an objection, he ought to remember that finding fault is the common duty of critics and Government Commissioners.

Dr Macnamara, in a small pamphlet republished from the Indian Medical Gazette, calls attention to the diminished death-rates from cholera after the introduction of the new water-supply. In 1869 there were 3592 deaths; in 1870, 1560 deaths; and in 1872, 790 deaths. This diminution continued up to May 1872, when the pamphlet was published. There are some considerations, however, which induce us to wait a little longer, in case we should draw premature conclusions from the figures furnished by Mr Macnamara, which do not materially differ from those given in Dr Cunningham's Report at page 28. In the first place, the mortality had suddenly sunk in July 1869, that is, six months before the introduction of the water, and ten months before it came into general use. From July to end of December 1869 the mortality was 365; from July to December 1870, when the new water was used, the mortality was 209; but from July to December 1871, the mortality was 450. Secondly, there were remarkably few cases all over the Presidency, that is, in districts where the water-supply remained as before.

This shows us the great value of comparative statistics; for though Mr Macnamara admits cholera was by no means prevalent in Bengal in 1870, he does not tell us—what, probably, he did not certainly know—that it was also by no means prevalent in 1871. "This remarkable diminution in the disease," says Dr Cunningham, in the Eighth Annual Report quoted at the head of this article, "is attributed by the health officer to three principal causes—general sanitary improvements; the Pultah water, which is now used by all classes of the population without distinction of class or creed; and to the excessive rains of the year, which cleansed the native villages. It is well worthy of notice that, while cholera was in such abeyance in the town of Calcutta, its monthly rise and fall yet accorded in a singular manner with its rise and fall in the group of districts which more immediately surround it, as shown by the mortuary statistics of the general population in the second division of the table in the preceding paragraph."

As the alchemists, in their search for the philosopher's stone, made some important discoveries in chemistry, Mr Lewis, in his (we hope not quite fruitless) researches on cholera, has been led to
make an interesting observation in pathology. He claims to have been the first to demonstrate the existence of a parasite in the human blood, which he proposes to call *filaria sanguinis hominis*. It is of the shape of an eel, with an oesophagus and some obscure traces of an intestinal cavity. It is about the diameter of a blood-corpuscle, and about forty-six times as long. The whole body seems enveloped in a delicate tube like the sarcolemma of muscular fibre. It makes its way among the blood-corpuscles by an active snake-like motion. This creature has been found in great abundance in the blood of patients suffering from chyluria—a disease observed in most hot countries, though never of frequent occurrence. Chyluria is more common with women than men. Mr Lewis has managed to see about twenty cases. The haematozoon may also be found in the urine, into which it finds its way through ruptures in the renal vessels. In the kidneys and suprarenal capsules of a patient who died whilst suffering under this disease, numerous filaria were detected. Mr Lewis, however, thinks the home of this parasite is in the blood. He observes: "It has no visible means of perforating the tissues; moreover, although constantly observed to be in a state of great activity, it does not seem to manifest any special tendency to migration, and is apparently dependent on the current of the blood for its transference from place to place; its movements, therefore, within this enveloping tube, appear to be as limited as those of any other animal enclosed within a sac."

How far the presence of this creature may account for the symptoms of the disease, and whether this important discovery may guide us to a cure of it, are questions which no doubt Mr Lewis will keep in view. The method of origin and ultimate fate of these parasites has not yet been cleared up. We give the following conclusions in Mr Lewis's own words:

"1. The blood of persons who have lived in a tropical country is occasionally invaded by living microscopic filariae, hitherto not identified with any known species, which may continue in the system for months or years without any marked evil consequences being observed; but which may, on the contrary, give rise to serious disease, and ultimately be the cause of death.

"2. The phenomena which may be induced by the blood being thus affected are probably due to the mechanical interruption offered (by the accidental aggregation, perhaps, of the haematozoa) to the flow of the nutritive fluids of the body in various channels, giving rise to the obstruction of the current within them; or to rupture of their extremely delicate walls, and thus causing the contents of the lacteals, lymphatics, or capillaries to escape into the most convenient excretory channel. Such escaped fluid, as has been demonstrated in the case of the urinary and lachrymal or Meibomian secretion, may be the means of carrying some of the filariae with it out of the circulation. These occurrences are liable
to return after long intervals—so long, in fact, as the filariae continue to dwell in the blood.

“3. As a rule, a chylous condition of the urine is only one of the symptoms of this state of the circulation, although it appears to be the most characteristic symptom which we are at present aware of.”

As this is an observation likely to call attention, Mr Lewis would not find much difficulty in getting an English publisher for his pamphlet, which does not appear to be yet printed for the use of purchasers. We had almost forgotten to note, that the pamphlet is illustrated by some good woodcuts.

Dr Mencarelli, in a quarto pamphlet of 18 pages, lays down his views as to the establishment of a scientific system of medicine, which, to his mind, is a very simple matter. Almost all diseases are owing to floating germs of animal and vegetable life, and the object of therapeutics should be to introduce substances into the blood which will destroy these germs. In this way he thinks we shall be able to cure such diseases as hydrophobia and cholera. The learned Professor does not, we imagine, practise medicine as an art, but calls on those who have opportunities to put his ideas into operation.

Twelfth Annual Report of the Scottish National Institution for the Education of Imbecile Children, Larbert, Stirlingshire.

There are at present 88 pupils in this establishment—54 males and 34 females—of all degrees of intelligence, from the idiot of low type, who neither speaks nor understands speech, to the merely weak-minded individual whose imbecility might pass undetected by a careless observer. An idea of their various capacities is given by carefully-prepared tables, which show the stages of progress reached by the pupils in their educational and industrial training. A number of the cases have attained considerable skill in working with their hands, and a few have made very fair progress in reading and writing. Notwithstanding the feeble or diseased constitutions of many of the children, the health of the establishment has been good, and no more than three deaths have occurred during the year.

Although comparatively little has been done in this country on behalf of the idiotic and imbecile, training-schools and asylums for these helpless beings are numerous on the Continent and in America. On this point Dr Ireland, the Medical Superintendent of the Institution, says:

“During last autumn I visited Switzerland and Savoy—countries in which idiocy, in its especial form of cretinism, is so common. There is not so much wealth in Switzerland as in this country, but the people are energetic, intelligent, and kind-hearted; and though in some places the prevalence of cretinism is so great that charity
might almost despair, I found, wherever I went, that efforts were being made to do something for the education of the imbecile. Most cantons have one or more *Heil-Anstalten* for imbecile or weak-minded children. As these institutions are more numerous, they are not so large as those in Great Britain, and want some advantages which can only be had in a large establishment. . . . .

There are three classes which need a special education—the blind, the deaf, and the idiotic; but while the first two classes are probably as well provided for in Scotland as in any country in the world, the idiotic are not so well cared for as in England or in the United States. It is true that the education of the blind and deaf yields more encouraging results than that of the idiotic, but the condition of the latter is more deplorable; and if less instruction is imparted, more misery is relieved. In America, most of the training-schools are supported in whole or in part by grants from the different States of the Union, and the right of the imbecile to education is as fully recognised as that of the more gifted children. I have been informed that it has been contemplated to erect an asylum for idiots at Toronto, in Canada. In Ireland, we read that a new establishment has been endowed by the generosity of Dr Stewart."

In an appendix to the Report are given a number of extracts from parents' letters, testifying to the improvement made by their children in health and intelligence during their stay in the Institution.

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The Obstetrical Journal of Great Britain and Ireland; including Midwifery and the Diseases of Women and Children. No 1, April 1873. London: J. and A. Churchill.

For a few years there have been appearing in Germany, and with considerable regularity, the numbers of two obstetrical journals,—the "Archiv für Gynäkologie," and the "Beiträge zur Geburtslehre und Gynäkologie." Both of these are published in the capital of the victorious German empire; both are handsome, even portly, serials; and, what is best, both are in every respect admirable works, every number either replete with or containing a fair amount of papers which evince the best kinds of mental activity,—observation, experiment, argument, criticism, history. Every gynaecological student should read German, and should regularly read these journals. We cannot say as much for any other.

In America there have appeared for several years two respectable journals,—the "Journal of the Gynaecological Society of Boston, devoted to the advancement of the knowledge of the diseases of women," and the "American Journal of Obstetrics and Diseases of Women and Children." The former of these is published in Boston, the latter in New York. These are of the kind that many would call "practical," meaning to praise them, and we willingly accord
with such. Yet we must, in candour, say that their scientific tone is much lower than that of the German journals, while their "practical" qualities are not higher. Of the two we prefer that published in New York. Both are long-winded, and the type is too elephantine; but the Boston journal excels in the former respect, giving us the vain and endless spoutings of a few local celebrities, who should think and work more and speak less—or at least speak only to one another, not to the inattentive world.

We now come back to Europe, and we find that during last year two obstetrical journals were started in Paris,—the "Gazette de Joulin," and the "Gazette Obstétricale de Paris." The sight of these periodicals makes us blush for our neighbours, once the cynosure of admiring eyes everywhere, now so fallen. Their whole appearance is that of sickly untimely productions, and their appearance does not belie their contents. Whether they still survive or not we do not know, and, we may add, do not care. The sooner they are extinct the better.

Now we come to our own dear native land, and have before us the quiet, comely, first number of the "Obstetrical Journal." We hail it with pleasure, and heartily wish it every kind of success. Just because we do so we must not hesitate to say the truth about it, and express a feeling akin to disappointment. A starting journal should be weighty with good things. If they were not already in abundance, a little delay in bringing out the first number would have been the best course. For our own part, we believe that in the British Isles there is plenty of good work and thought to keep up an obstetrical journal, and, at the risk of losing matter for our own pages, we call upon the profession, notorious for its zeal in this department, to support the young journal. Surely some better original communications might have been got than the few which have been produced. Of these, the best is one by Dr Gustavus C. P. Murray, on what he calls (though we do not quite see the reason), varicose haemorrhage from the cervical zone of the uterus complicating labour. All are respectable and well fitted for a second-rate position in a well-arranged magazine.

A journal depends greatly on its editor; he is the responsible head—the captain of the advancing host. Now, we cannot divine what the two editors of this journal have been about. Where have they been? They cannot be expected to call up at pleasure good original communications, but they can be expected, and are expected, to select books for review. They have ample materials to select from,—original works in all departments, works deserving both kinds of reviewing, criticism proper and evisceration. We come to this first number expecting editorial bread, and if we have not got a stone, we have only a dry crust of a flimsy notice of a respectable but very imperfect small compendium of the diseases of women. This kind of fault we shall, meantime, ascribe to deficient initial arrangements, and look with hope and expectation to the future.
The Transactions of the Edinburgh Obstetrical Society—Sessions 1869-70, 1870-71. Edinburgh: Maclachlan and Stewart.

This volume, the various constituent parts of which are necessarily of very unequal merits, affords evidence of considerable activity in this Society. Several excellent papers are contained in the volume, and the book is filled with not a few contributions and discussions replete with interest and information, exceedingly useful for the gynaecologist and obstetrician, as well as calculated to promote in no small degree the advancement of obstetrical science and art. A melancholy interest attaches itself to this volume, inasmuch as it contains the record of a fatal "Case of Administration of Chloroform by Sir James Y. Simpson," which was among the last literary contributions of that distinguished man. We can only refer, and that briefly, to a few of the more important papers.

Foremost in interest come the contributions of Dr J. M. Duncan. His paper upon the Production of Presentations of the Face is exceedingly ingenious. Not satisfied with Hecker's explanation of the causation of face-presentation being due to the preponderating extension effect of the long occipital end of the lever formed by the fetal skull in dolicho-cephalic children, and for the very obvious reason, that even in dolicho-cephalic children the posterior arm of the fetal lever is still shorter than the anterior arm, Dr Duncan seeks for some other cause, and believes he finds it in the lateral obliquity of the uterus. This obliquity of necessity occasions a bend at the lower segment of the uterus; and in case the occiput of the fetus is so placed as to impinge against the convexity of this bend, whilst the forehead moves upon the concavity, the relatively greater obstruction to the advance of the occiput, especially if, in addition, we have also coincidently dolicho-cephalus to aid by its increased leverage the extension of the head, could not but favour the production of presentation of the face. In this manner our author considers that face cases commonly arise. Dr Duncan thinks also that he has a confirmation of his view in the fact that in this country face cases are not half so frequent as on the Continent; an occurrence which he refers to the left lateral position, which is the most common position in which women are confined in this country, undoing mechanically right lateral uterine obliquity, which is by far the more frequent form of lateral obliquity.

Dr Duncan lays himself open here to the objection, however, that face cases are usually determined, or at least initiated, during the first stage of labour, before it is common to send the woman to bed, and when of course the position of the female can neither aid nor retard the mechanism of face cases.

Dr Duncan's paper on the "Syclytic Movement of the Foetal Head," is a good example of that waste of brain force which is fitly paralleled in the mechanical world by employing a steam-
engine to crack a nut. The wild manderings of Künkele in obscure nomenclature, and in imaginary observations which no soul on earth ever did or could observe, ought, we think, to have been looked upon by Dr Duncan as quite beneath his observation. His paper on the Prediction of the Day of Confinement is interesting chiefly from the closeness with which the results of his observations coincide with the law of probable error, as shown by Professor Tait. Dr Duncan proceeds on the assumption that the most probable date of occurrence of labour is the two hundred and seventy-eighth day after the end of the last catamenial period, and that this day should only be taken as the middle of the fortnight within which the labour may be expected. Besides these, Dr Duncan contributes interesting papers on the Function of the Perineum, on the Mechanism of the Delivery of the Placenta (for the accuracy of which view we can vouch), and one on the Removal of a Fibrous Polypus.

Two exceedingly good papers are contributed by Dr Lauchlan Aitken, one "On Pelvic Peritonitis and Pelvic Cellulitis," and another on "Some of the Dangers attending the Use of Tangle Tents." Both are exceedingly instructive and practical, more especially the former, and evince a complete acquaintance with the subjects treated. In regard to his preference for the retention of the terms pelvic peritonitis and pelvic cellulitis, instead of the later and more definite expressions, perimetritis and parametritis, we cannot agree with Dr Aitken; and we even think, from the evidence of a footnote at page 195, that Dr Aitken of last year does not agree with his former self on this point. The argument from the Greek in favour of the old nomenclature is a fine example of mistaken and misplaced energy. How would Dr Aitken translate παρὰ βασιλεῖ;?

An exceedingly rare and interesting accident in connexion with the puerperal condition is ably illustrated in the record of a case of Tetanus, by Dr William Craig.

Dr Angus Macdonald contributes two papers of some interest, one on the Advantage of Bloodletting in the Treatment of Puerperal Convulsions, and another on the Treatment of Placenta Prævia.

The contributions of Dr Alexander Milne are scarcely up to his usual standard. His papers on the Use of Chloral Hydrate in Puerperal Convulsions, and on the Connexion between Laceration of the Perineum and Prolapsus Uteri, are his best contributions. In the latter, he controverts the views of Dr M. Duncan on that subject, and we think does so with some ingenuity, but rather feebly. Dr Lambert's paper on Dorsal Displacement of the Arm, is the best account of the nature and consequences of this accident which has yet appeared. He also contributes an exhaustive paper on the Effects of Chloral on the Pain of Parturition, which is a striking example of what we so often find in medicine, that a drug which is of interest to-day is expelled from practice to-morrow. We should imagine that few ever think of using chloral in midwifery now.

Dr Peel Ritchie makes a valuable contribution to the literature
of the diseases of children in his papers upon Cancrura Oris, and upon Vaccination, on which latter subject Dr Bruce gives also a careful analysis of 1000 cases of successful vaccination.

Dr William Stephenson insists strongly upon the advantage of the continuous voltaic current in the treatment of pains of pelvic origin, and gives illustrative cases of its beneficial employment.

It argues, we think, a healthy state of opinion, that Marion Sims's operation of hysterotomy finds during these two years only a solitary paper in its support, entitled "Incision of the Cervix Uteri, with Description of a New Hysterotome, by J. G. Sinclair Coghill, M.D."

A manifest improvement in the present volume is a curtailment of the discussions, which, as formerly reported, were very frequently rather discursive, and often little, if at all, connected with the subjects of the papers.

Altogether the volume will well repay perusal, and is, we think, creditable to the Society.

_Fistula, Haemorrhoids, Painful Ulcer, Stricture, Prolapsus, and other Diseases of the Rectum: their Diagnosis and Treatment._ By William Allingham, F.R.C.S. Eng., Surgeon to St Mark's Hospital for Fistula, etc. Second Edition, revised and enlarged. Pp. 264. London: J. and A. Churchill: 1873.

Diseases of the rectum, which once were almost exclusively in the hands of quacks, and consequently were little understood, are now carefully studied, and pretty thoroughly known. So we cannot agree with either of the premises in the first sentence of the preface to the first edition of this work: "Thoroughly well informed as the majority of general practitioners are in most professional subjects, rectal disease is one on which much uncertainty prevails."

Still, this work is one which is a real contribution, in its own practical and unobtrusive way, to the sum of knowledge. It is a book which is the legitimate outcome of a very considerable experience in a special branch of surgery—not one of that too numerous class which, evolved in great measure either from the depths of the author's own consciousness or compiled from the labours of others, owe their existence to the desire for notoriety, and the necessity for an advertisement. Hence there is nothing very astounding to record, few very remarkable cases; but there are many good practical hints and illustrative cases recorded.

We have doubts as to the propriety, but still we do not question the possibility, of dilating a stricture situated "about the sigmoid flexure" by the hand introduced into the rectum (p. 6); but we see the practical utility of the directions as to opening abscesses near the anus. We quote _verbatim_:

"Lay the patient on the side on which the swelling exists; pass the forefinger of the left hand, well anointed, gently into the bowel; then place the
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and pressure with your thumb of the bowel, and you render the swelling quite tense and defined; it being, in fact, taken between your finger and thumb. A curved bistoury can then be thrust well into the abscess, and made to cut its way out towards the anus, in the axis of the bowel; the incision should not be made from coccyx to perineum, or the matter will not all escape; it is well to make a thoroughly free incision, commencing at the outermost part of the swelling."—Pp. 10, 11.

The account of fistula is very practical and sensible; and a list of a few cases which got well after injections of iodine and without cutting, will please timid patients, but not go far to encourage surgeons to adopt the treatment. This does not prove that Mr Allingham has any fear of the knife, or that he spares the use of it; on the contrary, his doctrine is that, in the great majority of cases of fistula, it is better to err on the side of doing too much than too little (p. 28). This is true enough and safe enough for thoroughly educated surgeons, but it is rather an unsafe dogma to put into the memories of rash young practitioners.

On the important and much discussed question of the relations of fistula to phthisis, Mr Allingham gives very good advice. We may quote some of the characters he gives of the fistula in phthisis:—

"1. A disposition to undermine the skin and mucous membrane with remarkable rapidity, but not to burrow deeply.

"2. The internal aperture is almost always large and open—on passing your finger into the bowel, you can feel it most distinctly; often as large as a threepenny piece.

"3. The external opening is also frequently large and ragged, not round; it is irregular in form; the skin surrounding it is livid and flapping; when you pass your probe into this aperture, you can sweep it round over an area of more than an inch, and not unfrequently the skin is so thin that you can see the probe beneath. . . . . The discharge is thin, watery, and curdy, very rarely really purulent.

"4. The sphincter muscles are almost invariably very weak; this is an indication of constitutional weakness, and from it I derive this practical lesson. When operating upon a patient with phthisical proclivity, interfere as little as possible with the sphincter muscles, especially the internal."—Pp. 59, 60.

The operation for internal piles at St Mark's differs in some respects from that usually performed. The pile being pulled down by a vulsellum, the operator, with a pair of sharp spring scissors, separates the pile from its connexion with the muscular and sub-mucous tissues upon which it rests—the cut to be carried up the bowel and parallel with it, so that the pile is left connected by an isthmus of vessels and mucous membrane only. It should be tied as high up as possible, and as tightly as possible, the silk being inserted in the groove made by the scissors. The results at St Mark's seem to be very good. In 1763 operations up to 1865, five cases of tetanus had occurred; in 1450 since, no cases of tetanus; and, in the whole 3210 cases, no case of pyæmia has occurred. Mr Allingham has operated on more than 500 cases, without a death from any cause.
The clamp and cautery are contrasted with the ligature, but rather to the disadvantage of the former. A very careful description is given at pages 129–130 of a thorough method of plugging the bowel in cases of obstinate haemorrhage into the rectum. It is too long to quote; but is done by inserting a large bell-shaped sponge well up the bowel, which, by means of threads brought down from its apex, can be expanded like an umbrella in the bowel, which is to be filled up from below by cotton-wool, well powdered with persulphate of iron or alum. This can be left for three or four or more days, and is always successful in arresting haemorrhage.

Non-malignant ulceration of rectum is well described, and its treatment by milk diet, rest to the part, and sedative injections, seems to afford good results if sufficiently persevered in. For malignant disease, colotomy is recommended as a palliative and a means of prolonging life. A good description of the operation is given, and more precise directions than usual as to where to look for the bowel. Mr Allingham has had the experience of more than fifty dissections and over thirty operations.

On the whole, this work will be found to contain much practical instruction on its own limited subject.

Traité Pratique des Maladies du Larynx et du Pharynx. Par le Docteur L. Mandl.

The subject of disease of the larynx having now fairly taken up a position in practical medicine, consequently obtains more notice than it did but a few years ago. The latest work upon this subject we have had the pleasure of perusing is that by Dr Mandl, a French physician, already the author of several important works, and who has, in particular, devoted considerable attention to the subject of pulmonary disease. This work is a large one of 816 pages, copiously illustrated by woodcuts; and in addition, at the end, are appended a series of most beautifully coloured lithograph drawings representing the larynx as affected by various forms of disease.

The work is divided into five parts:—viz., 1. Anatomy of Larynx and Pharynx; 2. Laryngoscopy proper; 3. Physiology; 4. General Pathology and Therapeutics; and, 5. Special Pathology and Therapeutics.

The first part, comprising the anatomy of the larynx and its surroundings, is full and exhaustive, meriting, however, no particular notice.

Under the second heading we have a description of the optical principles involved in the use of the instrument; and then an account of the various forms of laryngoscopes and methods of illu-
mination; describing, among others, a plan he tried by applying phosphorescent substances directly to the laryngoscope mirror, but which, as might be supposed, had failed.

Dr Mandl has endeavoured to increase the artificial illumination by means of lenses through which the rays of light from the gas or lamp must pass before being reflected from the laryngeal mirror; but they do not materially differ from others already in use, nor do they, in our opinion, improve upon the plan devised by Dr Johold of Berlin.

Of the third division, he devotes a considerable portion to the physiology of the larynx, and goes fully into the acoustics of sound as produced by the vocal cords. He gives some of Helmholtz's views on the subject, and has a chapter on respiration and phonation, describing how the sounds of the voice may be decomposed by means of the manometric flames—a very interesting and instructive chapter.

Under pathology and therapeutics, both general and special, the author goes very fully into the subject of the various diseases of the larynx, giving full descriptions of their symptoms and appearances as seen by aid of the mirror, and the treatment proposed for each.

Under Etiology we have a chapter on Climate, where the various degrees of climate are described, mean temperatures given, and descriptions of prevailing winds, moisture, etc. He seems to incline strongly to Mentone and Ville Franche, and has also a good word for Greece; of which he says the climate is splendid; the air is life itself—dry, warm, and salubrious, etc.

Under the head of Hygiene, among other things, is an interesting account of the various Continental mineral waters recommended for chronic catarrhal affections of the larynx, and indications for the use of each. The remainder of the work is occupied by descriptions of instruments and how to use them in laryngeal disease, with the various medicinal agents employed in treating affections of the part.

On the whole, we lay down the book with the feeling of having learned a good deal from its perusal; but, at the same time, to an English reader at least, it appears somewhat prolix and redundant—the foliage sometimes obscuring one's view of the trees.