resulted, which, with his cork leg, served all the purposes of locomotion.

(To be continued.)

DESCRIPTION OF THE PLATES.

PLATE IV.
1 and 2 show the conditions found anteriorly and posteriorly in the shaft of the humerus in the case of Corporal H., of the 3rd 60th Rifles, shot at the Ingogo.
3 represents the portion of the shaft of the humerus taken out in the case of Private B., 94th Regiment.
4 illustrates the condition of the bones of the leg found in seaman H.’s case.

PLATE VII.
Case of Private Brett, 3rd 60th Regiment, wounded at the Ingogo. Amputation at lower third of thigh. Recovery.

PLATE VIII.
1 and 2 present the anterior and posterior aspects of the bones forming the joint removed from the arm of Lieut. H., 58th Regiment, wounded on the Majuba Hill.

PLATE IX.
1, 2, and 3 show portions of ulna and radius removed, along with the rest of the carpus and joint, in the case of Captain H., 92nd Highlanders. The whole of the bones were not preserved.
4 and 5 represent the fragments of the head of the humerus found in the glenoid cavity at the time of operation in the case of Private S., 94th Regiment.
6 shows the bones of the foot of Private W., 58th Regiment, removed by amputation.

Part Second.

REVIEWS.

Lehrbuch der Geschichte der Medicin und der epidemicischen Krankheiten. Von H. Haeser, Professor in Breslau. Dritte Auflage. Jena: 1875–81.

The former editions of this well-known work have met with such universal approbation, that it is hardly necessary to enter into any detailed criticism of this third edition. It consists of three bulky volumes, in the first of which the author devotes himself to the consideration of the history of medicine in ancient times and in the Middle Ages. He considers in turn the views held by the Brahmans, the Egyptians, the Greeks, and the Romans; and then,
passing to the Middle Ages, he describes all the branches of medical science as they were known to the Greeks of the Byzantine period, to the Arabians, in the ancient universities of Salerno, Padua, Bologna, Montpellier, and at the various seats of learning in Spain, England, and Germany. The first volume finishes with an interesting chapter on the general status of those practising medicine in the Middle Ages.

In the second volume Professor Haeser deals with the history of medicine from the end of the Middle Ages down to modern times. Each century, as it is described to us in these elaborate chapters, reveals its own eminent men, their history and their works, as well as the general onward march of medical knowledge which each can show. The mastery of detail evinced in these pages is very striking, and they form a most valuable mine of collected information for future workers. What appears to us the most important part of the whole work is that contained in the third volume. In it the author deals in a most masterly manner with the various great epidemics which have at different times swept over the world. The plagues of the Middle Ages are fully described, such as leprosy, black death, ignis beate virginis, etc., and their origin and course detailed at considerable length. Then follow the psychic disorders of that period—the dancing sickness and the children's crusade. The remaining portion of the volume is devoted to the epidemics of more modern times—syphilis, typhus, and in particular cholera. As is natural, the last named of these receives most attention. Its various great epidemics are most minutely and interestingly described.

Although only a very imperfect description has here been given of the contents of this most valuable work, yet probably enough has been said to show its great range and its remarkable minuteness. So far as we can judge, its accuracy of detail appears to be equally praiseworthy, and it is undoubtedly a work of very great value as a historical research.

Études de Thérapeutique, générale et spéciale, avec applications aux maladies les plus usuelles. Par le Docteur A. LUTON, Professeur de clinique médicale, Directeur de l'école de médecine de Reims, etc. Paris: Baillière et Fils: 1882.

In the preface to this work the author states that it is the fruit of twenty-five years of practice. It certainly bears the stamp of original thought and of careful observation of fact. The book consists of a series of essays on different points in therapeutics. The first portion contains chapters upon purgative, derivative, and tonic medication, on regimen, and other kindred subjects; and while the views expressed are often somewhat heterodox, there runs through them all a vein of originality which makes the treatment
of the subject interesting. In the second division of the book we have an essay on hypodermic medication, which, although not equal to the special monographs on the subject, is yet very readable; another on the treatment of alcoholism with strychnia; and a third on the action of the cyanides on rheumatism. There follow numerous shorter chapters on other special points in therapeutics. On the whole, the volume gives us the impression of conscientious and painstaking observation, united to a very special knowledge of the science of therapeutics.

Tables of Materia Medica: a Companion to the Materia Medica Museum. By T. LAUNDER BRUNTON, M.D., F.R.S., etc., Examiner in Materia Medica in the University of London. New Edition. London: Macmillan & Co. : 1883.

We are glad to see that this excellent work has reached another edition. These “tables” will be found very useful to the student to “recall to his mind what he has learned from larger text-books, and also to help him to arrange the material he has acquired in a convenient form.” The least satisfactory part of the tables is that which assigns their relative values to the various medicines. The author tells us he has followed chiefly, in this respect, Professors Harvey and Davidson, and, of course, has fallen into their errors. It is curious to find such high authorities marking amongst important medicines cherry-laurel water, a preparation only useful for the hydrocyanic acid contained in it, which is never much, and, what is worse, always very uncertain.

The student will find in the introduction much valuable information, succinctly stated. On the other hand, there are statements and descriptions which must be received with great caution by the student. Under the author’s classification “Roots,” he gives sassafras as an example of a branching root. Now, though it be correct that this root sometimes branches, yet it is equally true that its branching character is seldom, if ever, seen by students. Most botanists would be inclined to class liquorice amongst the rhizomes. It is difficult to understand on what principle he speaks of the two rhizomes podophyllum and valerian, the former as about the size of a quill, and the latter as much smaller than a quill. A very important part of the introduction is that which treats of the “substances liable to be mistaken for one another.” Here also, however, it is not easy to explain how any one could possibly confound some of the substances here quoted, as kamala for cantharidis pulvis, kino for cocceus, assafoetida for myrrha, and many others which might be quoted. There is no occasion for mentioning aconite root as likely to be confounded with the root of the horse-radish—a mistake which no medical student ever committed. No two roots are more dissimilar than these two, and the instances on record of their being con-

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founded occurred only with ignorant cooks or butlers who knew nothing of the appearances of either root.

We have pointed out some of the defects in this very excellent work by a very able author, and we hope to find that another edition will soon be called for, and that these deficiencies will be corrected. We have much pleasure in highly recommending the book to students and practitioners.

The Contagiousness of Pulmonary Consumption, and its Antiseptic Treatment. By J. Burney Yeo, M.D. London: J. & A. Churchill: 1882.

This little work is one of the many fruits of Koch's recent discovery of the *Bacillus Tuberculosus*, and it gives in an easy, colloquial form the main points relating to that subject. The contagiousness of phthisis has, of course, long been believed in, but Dr Yeo adduces some very interesting clinical proof on the point. The second half of the book is concerned with the antiseptic treatment of phthisis. Dr Yeo recommends the use of an inhalation-respirator, which has the great advantage of cheapness, being readily made by cutting perforated zinc into a particular shape, and so folding it as to make a mask to cover nose and mouth. In this he places a sponge saturated with antiseptic vaporizable fluid. Of all such substances the author prefers creasote, but he gives in an appendix a number of formulae for other antiseptics. In a series of notes at the end of the little work Dr Yeo describes the instruments for continuous inhalation which have been recommended by others, such as the respirators of Williams, Coghill, and Roberts. On the whole, the book appears well fitted to give practical information in regard to the antiseptic treatment of lung disease.

Lithotomy, Lithotrity, etc.; also, The Prevention of Stricture and Prostatic Obstruction. By R. Harrison, F.R.C.S. London: J. & A. Churchill: 1883.

These papers by Mr Harrison, which are published as two booklets, are valuable contributions to surgical experience. On lithotomy there is little said that is new. In speaking of the suprapubic operation, the author states as his opinion that a perineal opening, by draining the bladder, would make the operation safer; and, by enabling the surgeon to aid the extraction of the calculus with one finger in the bladder through the perineum, make the operation easier of performance. Writing on lithotrity, Mr Harrison is highly eulogistic of Prof. Bigelow's rapid operation. He
makes an interesting quotation from the *British Medical Journal*, in which the operation and operator were unreservedly condemned. It is not the first time our cotemporary has stepped in to condemn a proceeding before knowing thoroughly about it. We are glad to see that Mr Harrison considers the ordinary and more simple instruments and apparatus quite sufficient for the treatment of stone by litholapaxy. With the patient under chloroform, with an easily worked, light lithotrite, with a large evacuating catheter, with a good washing apparatus, and with a proper knowledge of the parts to be operated on, any surgeon should be able to remove a moderate-sized calculus in the course of an hour without doing his patient any harm.

Mr Harrison's remarks on gleet and commencing stricture are good and practical, but, most unfortunately, they end in the recommendation of a special apparatus and method of application. We agree with the author in believing that the multitude of remedies and their failure to cure all cases points to a deficiency in our knowledge of the pathology of the affection. Mr Harrison's long injecting catheter is just an addition to the numerous methods destined to endure only for a while. We agree with him in this, that the centre of the trouble is generally situated at or near the bulbous portion of the urethra, and that the real difficulty is to get at that point and to treat it directly. We do not think that a perfect method of accomplishing this has yet been devised. But Mr Harrison certainly deserves credit for pointing out once more the proper direction in which investigation should be made for the discovery of a simple and generally applicable method of treatment.

We are considerably interested in the last paper, on the prevention of prostatic obstruction. Mr Harrison refers to the power of pressure in causing absorption, and argues that consequently the pressure of a catheter passed daily through the prostate into the bladder will prevent enlargement of the gland. While we do not doubt that the regular use of a catheter will keep a passage to the bladder open, we cannot see how any such procedure could prevent hypertrophy. Pressure, to cause absorption, must be constant. Intermittent pressure produces hypertrophy. Mr Harrison mentions ergot of rye with favour as having done good in cases of enlarged prostate. He considers that it helps to restore tone to the bladder.

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Difficult Lithotomy with Complications ending Fattally. (From the *Proceedings of the Medical Society of the County of Kings, June 1883.*) By Dr J. S. Wight.

Dr J. S. Wight deserves great credit for publishing an account of an unsuccessful but most interesting case of lithotomy. His reason for doing so is in his own words:— "I can do more good, and bring more benefit to surgery, by reporting this case,
which eventuated in disaster, than by reporting all my successful cases, in which I would only repeat anatomical and surgical facts familiar to all." When an unfortunate case is thus honestly and straightforwardly recorded, without any attempt at varnishing or extenuation, criticism is disarmed. We shall therefore merely give our readers a short account of the case.

The patient, 56 years of age, was brought to Dr Wight to be operated on for stone in the bladder. He was sounded by several surgeons, who all declared that he had a calculus, which could be felt by the finger in the rectum as well as by means of the sound in the bladder. The ordinary symptoms of calculus were present, and the man was considered to be otherwise in good health. It was determined, therefore, to operate. On the table the stone was again felt. In making the first incision the point of the staff slipped out of the bladder and could not be again introduced. Dr Wight had therefore to cut his way to the bladder as best he could. No stone was found. Patient had suppression of urine, and died in two days. At the post-mortem examination the following condition of parts was found. 1. There was a false passage below the urethra at the membranous and prostatic portions, in which most probably the staff had been, and along which Dr Wight's knife had passed into the bladder. 2. The prostate was enlarged, and the third lobe enlarged, pedunculated, and movable, hanging down into the bladder, and coated with phosphates. This had been mistaken for a calculus by all the surgeons. 3. There was extensive fatty degeneration of both kidneys, especially the left.

Comment on this very interesting case is unnecessary, as the facts sufficiently explain themselves. Were Dr Wight's example more frequently followed, the profession and also the public would doubtless be greatly benefited, and statistics made more reliable.

Clinical Lectures on Diseases of the Urinary Organs. By Sir Henry Thompson. Seventh Edition. London: J. & A. Churchill: 1883.

The publication of a new edition only one year after the last is sufficient evidence of the estimation in which this standard work is held by the profession. Doubtless the cheap form in which the lectures were published tended to their speedy sale.

This new edition contains two new lectures, on "Tumours of the Bladder" and "Digital Exploration of the Bladder." There is also a more extended notice of litholapaxy, which the author regards as superseding the old operation of lithotrity, and to a great extent also lithotomy.

This new "Students' Edition" is well worth having for the sake even of the two new lectures.
After dealing with the question of specialism in medicine, the author proceeds to the subject proper of his brochure, namely, the diseases of the pharynx, naso-pharynx, and nose. These are considered under the following heads:—(1.) The etiology; (2.) The symptoms and course; and (4.) The treatment. Under examination, the author advocates the pencilling of the pharynx with a solution of iod.-glycerine in cases where the irritability or sensitiveness is great. In regard to the etiology of these diseases, he gives credit to both local and constitutional causes, the former being represented by frequent attacks of the acute form of the disease, and the latter by scrofula. In children more especially chronic nasal catarrh has always a scrofulous basis. The description of the symptoms and course of the disease embraces little that is new. The treatment recommended is that usually adopted, constitutional and local. The constitutional is mainly dietetic and hygienic, whilst the local consists of the application of remedies such as the galvano-cautery, powdered nitrate of silver diluted with starch or chalk, and other mild caustics and astringents. The author strongly insists upon abstention from tobacco, spirits, wine, beer, and highly-spiced foods. The use of the nasal douche and nasal syringe, anteriorly and posteriorly, is also recommended, and the author states that he has never seen any injurious effects produced upon the Eustachian orifice or tube by their use. In severe cases they ought to be used at least eight times daily, and gradually diminished as the patient improves. Upon the whole, this small work, whilst not marked by originality, gives a careful summary of the diseases with which it professes to deal, and is therefore well worthy of perusal by those interested in the subject.

Speech and its Defects, considered Physiologically, Pathologically, Historically, and Remedially. By Samuel O. L. Potter, M.A., M.D. Lea Prize Thesis of Jefferson Medical College. Published by permission of the Faculty. Philadelphia: P. Blakiston, Son, & Co.: 1882.

It cannot be said that Dr Potter adds anything new to the subject of stammering or stuttering; but he gives an interesting and valuable critical résumé of the different views that have been propounded regarding the ætiology, pathology, and treatment of this malady. Perhaps it is not altogether correct to say that he adds nothing new, for he claims originality for his classification of the defects of speech, which he divides into Alalia, entire absence of
speech; Paralalia, vicious pronunciation, as substituting $w$ for $r$, lisping, burring, etc.; and Dyslalia or stuttering. These are subdivided into minor forms. Dyslalia, being the most important, is discussed at length. Its pathology Dr Potter holds, with Bristowe, to be spasm of the vocal and articulating organs; its chief proximate causes, irritation and mental expectancy; and its treatment, disciplinary exercise of the respiratory, vocal, and articulating organs. This must be "conducted unremittingly and patiently, until a correct habit of speech is established," and must be "aided by the use of the utmost degree of will-power of which the patient is capable." Tricks devised by patients and "stutter-doctors" may be of some slight temporary benefit, and some indirect good may be got from internal medication and electricity, but these can only be considered as adjuncts to the regular treatment. The essay is written in an instructive and agreeable style, but it is to a certain extent marred by the nomenclature, which is almost as bad in some of the works on stuttering as it is in those on dermatology. In justice it must be said that the author has the good taste to condemn some of the pedantic terms—e.g., "pneumo-laryngo-gnatho-cheilomania," "pneumo-laryngo-gnatho-glosso-cheilomania,"—found in a few of the older works. For those who may wish to pursue the study of this subject further, Dr Potter adds to his essay a very valuable and extensive bibliography.

Notes on Dislocations of the Thumb. By J. E. Kelly, F.R.C.S.I.
Reprinted from the Dublin Journal of Medical Science, May 1883.

Mr Kelly has specially devoted himself to the study of dislocations, and we have recently noticed his papers on dislocation of the humerus and of the femur. In the present pamphlet a large number of writers and authorities on dislocation of the thumb are quoted. We would recommend to Mr Kelly a paper which he does not seem to have noticed, by Dr Farabeuf, in the Archives Générales de Médecine for March 1876, where the whole subject is most ably demonstrated with the aid of several first-rate woodcuts. Mr Kelly quotes authorities for ten different causes for the difficulty in reducing dislocation of the phalanx of the thumb on the metacarpal bone. We then have a minute and particular account of the form of the head of the metacarpal bone, its attachment to the phalanx, and the position of the various tendons, extensor as well as flexor. One thing is not mentioned in regard to the metacarpal bone, namely, its flattened form, which makes its transverse diameter greater than that from the dorsal to the palmar surface. This peculiar form has something to do, we believe, with the difficulty in reduction of a dislocation and with the rotation of the phalanx that occurs. The principal cause of the difficulty is, no doubt, as
pointed out by Mr Kelly, the slipping of the metacarpal head into the fork between the tendons of the flexor brevis. As to reduction, Mr Kelly gives us the best method:—1. Bending the phalanges backwards. 2. Flexing them towards the palm while pressing them firmly against the metacarpal. Several simple means are mentioned for aiding manipulation. Mr Kelly does not, however, refer to the handle of a door-key, which is very effectual and always handy.

The Student's Guide to Surgical Diagnosis. By CHRISTOPHER HEATH, F.R.C.S., Holme Professor of Clinical Surgery in University College, etc. Second Edition. London: J. & A. Churchill: 1883.

We are glad to welcome a second edition of Mr Heath's little work, which is as near an approach as the student can have to the rudiments of clinical surgery. Every one commencing clinical studies or the examination of surgical cases ought to possess himself of a copy. It should prove a valuable adjunct to the teaching that has been given of late years in several of the out-patient rooms of the Edinburgh Royal Infirmary.

Mechanical Exercise as a Means of Cure, being a Description of the Zander Institute, London (7 Soho Square), its History, Appliances, Scope, and Object. Edited by the Medical Officer to the Institution. London: J. & A. Churchill: 1883.

This work may be described as an elegant advertisement of the Zander Institute, and a guide to mechanico-therapeutics as practised there. It contains a description of the various machines invented by Dr Zander. These, we are told, are curative or beneficial in rheumatic affections, stiffness of joints, paralysis, constipation, sciatica, lumbago, spinal curvatures (lateral), feeble circulation, and obesity. Mechanico-therapeutics à la Dr Zander have, like electro-therapeutics, a future before them; but it is unfortunate that, from the number and nature of the machines requisite, they are not at all likely to come into general use. Two things strike us in reading over the descriptions of these machines. The first is, the question whether good can be done by attempting to give a joint a movement which it does not possess, e.g., rotation of the ankle, which hitherto we believed to be a hinge-joint, incapable of a rotatory movement. The second is, that it must be rather uncomfortable for patients on the vibrating machine, when taking a shaking on the os sacrum, to feel that "the walls of the rectum and bladder vigorously contract, especially if they are full."
Descriptive Catalogue of the Pathological Museum of University College, Liverpool (Royal Infirmary School of Medicine). Liverpool: Printed for the Medical Faculty of the College: 1883.

This catalogue must prove a valuable aid to the Liverpool student in his study of naked-eye pathology. The specimens are arranged anatomically according to the regions from which they have been taken, and each section is preceded by a series of general pathological notes. It thus "forms a short and condensed text-book, describing the various morbid conditions, and referring by way of practical illustration to the specimens on the shelves, a brief reference to the history of the cases being often appended."

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**Part Third.**

**MEETINGS OF SOCIETIES.**

**MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.**

**SESSION LXII.—MEETING IX.**

*Wednesday, 4th July 1883.—Dr G. W. Balfour, President, in the Chair.*

I. **EXHIBITION OF PATHOLOGICAL SPECIMENS.**

1, 2, and 3. Mr Symington showed (1) a specimen of congenital absence of the radius in a seven months' fetus, in which, before dissection was made, there was a well-marked appearance of club-hand. On making the dissection an entire absence of the radius was found, and, in addition, atrophy of the muscles connected with that bone. (2) A shoulder-joint in a condition of chronic rheumatic arthritis. Before dissection it had all the appearances of, and had been diagnosed by a well-known surgeon as an unreduced sub-coracoid dislocation of the humerus. There was a well-marked squareness of the shoulder, and a hollow beneath the acromion process. The head of the bone was felt below the coracoid. Dissection showed that the condition was one of chronic rheumatic arthritis, and that the head of the bone had extended forwards so as to be felt beneath the coracoid process, to a certain extent justifying the diagnosis. The specimen was from the body of an old man. (3) A Colles' fracture. Before dissection the specimen showed the typical appearances of, and was diagnosed as, a united Colles' fracture. On the bone being cleared of the soft parts, a slight irregularity, not unlike the cicatrix occurring after fracture, was found a quarter of an inch above the lower end. Two inches further up the shaft there was distinct evidence of fracture. A longitudinal section showed that this was the only fracture that