channels, it will, I think, go far towards doing so, for in this disease their passage towards the brain will be more or less blocked. The argument that the fibres of the lateral columns have a centrifugal and not centripetal function, and hence that their being sclerosed will not prevent the access to the brain of the effects of any peripheral stimulation, is to my mind hardly valid, inasmuch as a consideration of the evidence will, I think, show that the conduction of centrifugal impulses is not the only function of motor nerve fibres. The consideration of the muscular sense leads us to believe that they will in addition conduct centripetally; at any rate it will, I presume, be admitted that this theory is not more hypothetical than one which supposes them to conduct inhibitory impulses from a centre in the brain above to nerve cells in the cord below.

(To be continued.)

Part Second.

REVIEWS.

Rest and Pain: a Course of Lectures on the Influence of Mechanical and Physiological Rest in the Treatment of Accidents and Surgical Diseases, and the Diagnostic Value of Pain. By the late John Hilton, F.R.S., F.R.C.S., Surgeon Extraordinary to Her Majesty the Queen, Consulting Surgeon to Guy's Hospital, etc., etc. Edited by W. H. A. Jacobson, F.R.C.S., Assistant-Surgeon to Guy's Hospital, and Demonstrator of Morbid Histology in the Medical School. Third Edition. George Bell & Sons, London, 1880.

The first edition of these lectures was published soon after their delivery, at the Royal College of Surgeons of England, in 1860, 1861, and 1862. A second edition, edited by Mr Jacobson, but supervised by the author, appeared in 1876; and now, since his lamented death two years ago, this third edition has been prepared by the same friendly editor. We may say, once for all, that Mr Jacobson has done his part remarkably well, and added many valuable annotations.

On looking back through former volumes of this Journal, we have failed to discover any review of this very important work. This was an oversight, and we hasten to acknowledge it.

We remember the late Mr Henry Earle, of St Bartholomew's Hospital, saying to his clinical students, on more than one occasion, that he believed a very good book might be written on "Rest" in the practice of surgery. He was a thoughtful man and quite an enthusiast in his profession, but, being taken away at a comparatively early age, had no time for realizing his idea. That was left
for Mr Hilton, who has elaborated the subject with great success, and produced a work which is already a surgical classic, and promises, if we mistake not, to be regarded as a landmark, a milestone, in the history of our profession; for the doctrine announced and amply illustrated applies to medicine as well as surgery.

The heading of every two pages throughout the volume, "The Therapeutic Influence of Rest, and the Diagnostic Value of Pain," expresses with force and terseness the substance of its contents. Our limits prevent us from entering into many details, but two or three points may be referred to which may serve to convey some conception of what the author aims at.

By careful examination into the precise seat of pain, with an accurate recognition of the origin and distribution of the nerves implicated in the disease or injury, a well-informed and observant practitioner will generally be enabled to secure rest to the part which really needs it, and thereby enable Nature to effect a cure. Mr Hilton has done valuable service, we think, by directing attention to the fact, too often overlooked, "that the same trunks of nerves, the branches of which supply the groups of muscles moving any joint, furnish also a distribution of nerves to the skin over the same muscles and their insertions, and that the interior of the joint receives its nerves from the same source." We can see the important bearing of this fact on injuries and diseases of joints, how it explains their bent and fixed position, and suggests the way in which they are to be best treated and relieved. Many of the cases narrated—and in this he is a master—illustrate the extreme importance of a precise and accurate knowledge of the distribution of the nerves in all regions of the body to the practical surgeon. And this feature in the book renders it a valuable one for young students of anatomy, by showing them that details, which might be carelessly slurred over, are really of practical moment in the future practice of their profession.

Another point which Mr Hilton dwells upon and presses on the reader's attention may be mentioned. It is this, that most diseased joints, usually credited to a strumous diathesis, and therefore deemed hopelessly incurable, originate in slight injuries which have been overlooked or neglected, and admit of being cured even at an advanced stage, by being kept at perfect rest for a prolonged period. He shows by numerous examples that so-called strumous joints readily anchylose, and that chronic abscesses and sinuses heal and close up under the same treatment. He makes a valuable suggestion, as we think, in regard to the best mode of opening deep-seated abscesses. Having often seen lives placed in great jeopardy by the incautious use of the lancet, he devised a new method, which he employed for many years without seeing a single inconvenience arise from it. It is this: if you have to open a deep-seated abscess in the orbit, for example, in the axilla, in the neck under the cervical fascia, upon or under the

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periosteum in the thigh, proceed in this manner:—Make an opening through the skin and superficial fascia; introduce a grooved probe or director through the intervening tissues; a little stream of opaque serum or pus will show itself; take a pair of dressing forceps and run the closed blades along the groove of the director into the swelling; now opening the handles, you at the same time open the blades situated within the abscess, and so tear open the abscess. By keeping the blades of the forceps open during the withdrawal of the instrument you leave a lacerated track or canal communicating with the collection of pus which will not readily unite, and will permit the easy exit of the matter.

The whole book, containing eighteen lectures and consisting of 498 pages, with a useful index, will repay perusal. It throws a fresh light on many perplexing forms of disease, and is the outcome of a very extensive experience and much wise consideration. The style is that of an educated, scholarly man, and, as already indicated, his narration of cases is characterized by an attractive human interest and a certain amount of dramatic power.

These remarks lead us to say, that a work so certain to live ought to be preceded by a short memoir and a portrait of the author, who was doubtless a man worth knowing. We have searched in vain for anything beyond a very meagre notice of Mr Hilton in the weekly journals at the time of his death. If there is to be no reliable memoir in the Guy's Hospital Reports, might not the New Sydenham Society reprint the volume, with a graceful obituary tribute analogous to that which Sir Thomas Watson wrote in honour of his old friend and contemporary, Dr P. M. Latham.

Alcohol: its Function and Place. By Thomas R. Fraser, M.D., F.R.S., Professor of Materia Medica, Edinburgh University. Edinburgh: David Douglas: 1880.

This is a lecture which was delivered by Professor Fraser before the Edinburgh University Temperance Society, and is printed by request. At the commencement Professor Fraser states that he is not a total abstainer—at the same time he is fully alive to the evils of intemperance. He claims for himself that because he is a partaker of alcohol, therefore he is a more impartial and trustworthy exponent of its "function and place" than if he were an abstainer. It seems to us that one who makes "personal acquaintance almost daily" with stimulants is as likely to be prejudiced in their favour as any rabid teetotaler could be against them. Let us examine first what is said in favour of alcohol.

1. A small quantity well diluted, when introduced into the stomach, "causes the gastric juice to be poured out abundantly, and stimulates the muscular fibres to contract." "The effect of all this
is that the digestion of food is made more rapid and complete.”
In connexion with this statement various questions arise. Ought
this not to be unnecessary where digestion is healthy; and will
such a stimulation of a healthy stomach not be liable rather to
derange than benefit digestion? Is it not probable that it is only
in those who are to a certain extent habituated to the use of alcohol
that an apparent beneficial action occurs? Again, is it not the
fact that the “small dilute” dose will have to be increased and
strengthened as the stomach becomes accustomed to the stimulant
or irritant?

2. By the action of alcohol “the minute arteries are dilated, and
at the same time the force of the heart’s contractions is increased;”
this brings more blood to the organs and structures, and conse-
quently they do more work. Now, Professor Fraser very properly
limits the use of alcohol for this special effect to exceptional cir-
cumstances. It would hardly do for any person artificially to extort
more work out of himself and his unfortunate organs than they
were intended to produce habitually—otherwise he would certainly,
and as a necessary consequence, come to an untimely break up of
all his faculties. The example which Professor Fraser gives is that
of a person suffering from loss of appetite after over-fatigue. He
gives only two alternatives—rest, and excitation of the circulation
—and the latter he considers is best effected by a small quantity
of alcohol. We take exception to this. There are other modes of
restoring appetite and digestion. The introduction into the stomach
of a rapidly absorbable and easily digested nutrient fluid at once
restores the appetite by invigorating the body and dilating the
bloodvessels—not by paralyzing them, as alcohol does, but by fill-
ing them with more fluid. In fact, a draught of water is quite
equal to the fulfilment of the latter indication, and will often
restore the appetite if there be not too great prostration from
fatigue. We would take exception especially to the statement that
alcohol is the best means of restoring the appetite when it is absent
from over-fatigue. In the first place, we consider that we have
mentioned better means; and in the second place, we know—indeed,
it is a well-known fact—that it is dangerous to take stimulants
when one is over-fatigued and starving, as the alcohol is so rapidly
absorbed that intoxication may be readily produced by a quantity
which, under ordinary circumstances, might be taken without pro-
ducing any such unfortunate result.

3. In another place Professor Fraser says “that in the existence
of fatigue the intellectual faculties may be strengthened and
refreshed by a small quantity of alcohol.” But as the author adds
that the effect is “only temporary” and “of short duration,” we
shall refrain from criticising the statement farther.

4. We have next pointed out “that alcohol has the property of
lessening the destruction of the tissues”—this being founded on
the statement that it diminishes the excretion of carbonic acid and
urea. This is also brought forward as a proof (and, as far as we can see, the only one) that alcohol is a food. Now, that alcohol diminishes the excretion of urea and carbonic acid we do not deny; but that this action is beneficial, or to be resorted to regularly, so that this substance may be considered and used as a food and a regular article of diet, we object to entirely. We consider that the diminution of the excretion of urea and carbonic acid is more likely to be detrimental to the body than beneficial, and that it in all probability is the explanation of the appearance of gout and unwholesome fat in those who indulge in stimulants, even in so-called moderation. We cannot see how the fact (if it be a fact) that the waste of the tissues is diminished can make alcohol a food. This, however, is apparently the best thing that can be said in favour of alcohol; but, on the other hand, the laurel is torn from its brow by tea, which is a drug or food (if it must be so) which effects this action in a much better and safer manner, when taken in moderation and properly prepared.

5. The power that alcohol has in dilating the smaller blood-vessels is brought forward as an argument for its use in the case of persons benumbed with exposure to cold. Again we take exception to this statement, and consider that a warm drink of some nourishing fluid will be both safer and more efficacious.

6. Dr Fraser returns to the action of alcohol in preventing waste, and ascribes to it the power of sustaining life on an insufficient diet. This we consider an unsettled question, and one which will be very difficult to decide, on account of the many fallacies which are apt to crop up in the course of observations and experiments. But even granting that alcohol had this power—which is ascribed to it, that could be no argument for the daily or habitual employment of it for this special purpose of limiting waste, for, as Professor Fraser says himself, this action "impedes the transformations and combustions in the body which are necessary for the production of force."

7. The last argument brought forward in favour of alcohol is one we are astonished to see in a scientific lecture. "The shy man acquires some self-confidence, the taciturn becomes loquacious, and society thereby gains some advantage." Now, we fail to see how this is any reason for the employment of stimulants.

Having thus tried to convey an idea of the faint and doubtful praise which Professor Fraser has bestowed on alcohol, we shall now give a short note of what he says on the other side. For our author most honestly says what he thinks on both sides. Taking the sentences as they come, we read—

"Dyspepsia is apt to be produced in those who habitually or frequently partake of alcohol in a concentrated form, as nips, for example, in the intervals between meals."

"With larger quantities these effects (the dilatation of blood-vessels, etc.) are more marked, and with repeated quantities, not
necessarily excessive in amount" (the italics are our own), "the dilatation of some of the vessels becomes permanent, . . . and the result is the tell-tale ruddy complexion or ruddy nose which one occasionally sees." (Be it remembered that this same "permanent dilatation" may occur, and doubtless does occur, not only in the nose, but in the internal organs and other parts, where disease and premature decay are thus generated.)

"I am inclined to think that the mental phenomena caused by even moderate quantities result from the combination of a stimulant with a paralyzing action, and that the higher faculties of the brain are usually enfeebled or paralyzed, while the emotions and other faculties of a lower order are stimulated."

"In moderate quantities it slightly, and in large quantities more distinctly, lowers the temperature." "The dilated vessels permit of a rapid cooling of the blood when the surface is exposed to a low temperature." "The dilated vessels also permit of a sudden cooling of the blood to take place, and internal congestions and inflations are thereby caused; and so it is that the diseases of the kidneys, of the liver, of the brain, which are of frequent occurrence in those exposed to vicissitudes of climate, are not altogether to be explained by climatic influences."

Referring to the power of alcohol to check the elimination of urea and carbonic acid, Dr Fraser says, "Those who take alcohol even moderately . . . are apt to become stout from a deposit of fat under the skin; and those who take alcohol immoderately are, in addition, very likely to have fat deposited in some of the organs of the body, where its presence constitutes the disease fatty degeneration." But what are moderation and immoderation, even in connexion with this one point?

Professor Fraser admits that men work as well without alcohol as any one can do with, and that, especially in mental labour, the work done is of superior quality. At the conclusion of the lecture, after stating that the evils of intemperance are too numerous and palpable to necessitate detailed description, and after drawing attention to tables which show how intemperance produces disease and shortens life, while total abstinence prolongs life beyond the ordinary calculated average, Professor Fraser says:

"Now, I believe that mistaken ideas with regard to the action of alcohol have much to do with its abuse. Even among intelligent and educated persons it is looked upon as an agent which greatly increases the capacity for work, decidedly elevates the temperature of the body, and gives strength to the feeble. Erroneous conceptions of this description have led to its habitual use in conditions where that use can result only in evil; and habits of drinking have thereby been most gratuitously originated."

We hope that none of the author's statements to which we have first alluded will give rise to "mistaken ideas" when read by the
"moderate" public, who are only too glad to get any excuse, or shadow of excuse, for continuing their favourite indulgence.

The concluding words of Professor Fraser we can most heartily endorse:

"The drunkard of even the best type is morally and mentally a child, in so far as his ability to resist alcoholic temptation is concerned." . . . Yet, "In those very districts of our towns where the greatest number of the immoderate in the use of alcohol are to be found we permit the greatest number of temptations to immoderation to exist. With all due regard for the liberty of the subject, I think there is room for prevention, in the form of restriction of the facilities for immoderation, to be brought into operation; and while prevention will not in itself eradicate the evils which we all deplore, it may confidently be expected to have a more immediate effect in diminishing these evils than any of the other means to which I have made reference, and to whose more tardy influence we are to look for the radical cure of intemperance."

From what we have been able to give our readers of Professor Fraser's lecture it will be evident that it is a most valuable addition to the literature on the subject of alcohol and its actions. And though we do not agree with all in the pamphlet, still we do not hesitate to recommend its perusal to all interested in the subject.

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Tracheotomy in Laryngeal Diphtheria. By Robert William Parker. Published by David Bogue, London.

This is a book of 79 pages, devoted to the consideration of the subject of tracheotomy in diphtheria and croup.

The primary objects of the work are to advocate the utility and importance of local treatment in cases of laryngeal diphtheria (membranous croup—the author considering diphtheria and croup to be identical etiologically), and to give a short but detailed account as to how this should be accomplished.

The author divides his material into five chapters, of which, perhaps, the fourth is the most important to those to whom the book is more particularly addressed, it dealing with the details of the treatment of the patient after the operation. The remarks upon the use of alkaline spray applied through the tube for the purpose of softening and disorganizing the membrane in the trachea; on the removal and cleaning of the tube; and on diet, are good.

The author recommends, instead of the usual quarter circle tube, an angular one, which he thinks corresponds better with the natural direction of the trachea, and is so less apt to cause irritation by pressure on the interior of the air passage.

Although there is nothing particularly new or striking in the book, it may be useful to the young surgeon desirous to look up any of the different points in connexion with the subject, which are here put shortly and distinctly.
On Preservation of Health in India: a Lecture addressed to the Royal Indian Engineering College at Cooper's Hill. By Sir Joseph Fayrer, K.C.S.I., LL.D., M.D., F.R.S. May 17, 1880. London: Kirby & Endean, 190 Oxford Street.

It is obvious that this monograph, written by one so exceptionally qualified by his professional attainments, prolonged experience, and sound judgment as Sir Joseph Fayrer, must be very valuable to all young men entering upon a career in India. To engineers, who are often necessarily placed in isolated positions of peculiar exposure as regards sanitary dangers, it must be specially important, because they cannot derive from the experience of associates those timely warnings and suggestions which most other branches of Indian service are sure to obtain. It was a good idea, therefore, to ask the distinguished surgeon to deliver a lecture fitted to meet their wants; and in acceding to their request, Sir Joseph has conferred a signal benefit on an important body of men. We cordially recommend the lecture, which is indeed a multum in parvo, to the attention of all who look forward to India as a residence.

Food and Feeding. By Sir Henry Thompson, F.R.C.S., etc. Reprinted from the Nineteenth Century, with considerable additions and an Appendix. Pp. 147. London: F. Warne & Co., Bedford Street, Strand.

This is a book for the million. It is not strictly scientific, but it is in accordance with accurate scientific knowledge, and thoroughly to be relied on. The subject is one of primary importance in a sanitary and economic, and, we may add, a moral point of view. The laws which regulate health of body and mind are lucidly explained in an interesting manner; lessons in economizing and cooking food to the best advantage are delivered by one who evidently understands the whole subject; and if it be considered how much our temper and our intellect are influenced by a comfortable and satisfied condition of the stomach, no one will say that we went too far in ascribing a moral aspect to the discussion.

The book will be a favourite, we foretell, with every sensible mater familias who has long sighed in vain for variety, coupled with economy, in her culinary arrangements; and the most expert professional cook, already fertile in resources, will acknowledge that he or she has found an able adviser in this eminent London surgeon. It is refreshing to find Sir Henry Thompson following the example of Sir Joseph Fayrer, whose excellent little work on the climate of India we recently reviewed, in thus contributing of his medical knowledge and keen observation of modern life to a
subject too much abandoned hitherto to empiricism and mere traditional experience.

The appendix contains much important information, fitted greatly to help in ushering in desirable improvements in the whole style of social entertainments.

Carlsbad, and its Natural Healing Agents, from the Physiological and Therapeutical Point of View. By J. Kraus, M.D., Consulting Physician at Carlsbad. London: Trübner & Co.: 1880. Pp. 103.

There is much point in the saying that “Carlsbad was made for the English.” Though laudatory of Carlsbad, it is not complimentary to our nation, implying as it does that our mode of living is such as to favour the occurrence of those diseases which are known to be most readily induced by over-feeding, i.e., the excessive use of animal food two or three times a day, with the usual addition of pastry, sweets, and fatty puddings, and the free use of the stronger wines and beers, such as few Continental people care for or will tolerate. If to these active causes we add town life with its confinement and want of muscular exercise in the open air, and the strain on the mental powers caused by the incessant care and hurry which enslave the most active men in our large cities, we have more than enough of factors of perverted nutrition, and for the production of many of the diseases of the abdominal organs. That these causes are more pronounced and general in England than in any other nation in Europe is certain, and even “that remarkable country America” is left behind, although the increasing number of Americans annually sent to the European spas would indicate that the pace they live at is almost as fertile in its results as in the mother country.

For the many ailments induced by such modes of life the use of the various alkaline saline natural waters is most beneficial, and eminently so if the invalid goes to the waters instead of temporizing by having the waters brought to him. In England the alkaline spas are few, and the waters weak or indifferent; and the climate is such that the invalid cannot utilize even those waters we have by being much in the open air after drinking or bathing without the risk of chills, catarrh, and rheumatism. Last year—1879—for instance, we do not believe there were at any of our spas ten days in which an invalid could sit out in the open air with comfort and safety; while at most of the Continental resorts he could do so, with a few breaks, for three or four months. Having at home neither the climate nor the suitable waters, the invalid who can afford it is obliged to make a long journey, fatiguing enough to one in health, and which, from the way it is often undertaken, is fre-
quently injurious to him. Breaking off abruptly from business, at which he works up to the last hour, he calculates how he can save time by taking the most direct route and express trains, gets only half a night's disturbed sleep at the busy hotels he stops at by the way, and arrives a jaded and often a feverish man, bent on rushing to the springs and making the most of them while his time lasts. This type of visitor is well known at most Continental spas, and recurs annually, notwithstanding the strong protests of the local physicians, who, instead of being able at once to apply the cure, have often to waste weeks in treating explosions of latent disorders, or acute febrile attacks induced by fatigue and the folly of the patient. From its distance from this country, these remarks apply more forcibly to Carlsbad than to most of the Continental spas; and if their introduction here requires an apology, it will be found in the daily experience of the Carlsbad physicians.

On visiting Carlsbad, and going the round of the springs at the time they are most frequented, one is struck with the large proportion of real invalids: the pale, wearied diabetic, the jaundiced of every hue and intensity, and the victims of adiposis waddling along in the queue. Leukerbad, Pfäffers, and Davos have all their crowds of characteristic invalids, but at none—Pfäffers with its weary roll of rheumatics alone excepted—does a first visit produce such a saddened feeling in the visitor. Invalids abound at Aix-la-Chapelle, Wiesbaden, Homburg, and Kissingen, but their number and appearance do not painfully strike the observer; while at Baden-Baden and St Moritz—the former the largest and finest bathing establishment in Europe, the latter, while one of the newest, being, as regards bath appliances, both shabby and uncomfortable—the real invalid is comparatively rare. Carlsbad has been long and justly famed for the cure of two classes of diseases—first, those of the liver, with the relative derangements of the stomach and bowels; and second, diabetes. Like most alkaline saline spas, it has also a good repute in the treatment of gout; while it is a competitor with Kreutznach in the cure of pelvic deposits in women. By many German physicians it is also in special favour in strumous enlargement of the glands, and for the absorption of gouty, rheumatic, and inflammatory joint exudations of recent origin. Though situated in rather a narrow valley, yet, owing to its being 1200 feet above sea-level, Carlsbad, even at midsummer, is not relaxing. But, from the same cause, its climate in spring and early summer and in autumn is liable to sudden change. The mornings and evenings are cool, sometimes cold, requiring care and prudence on the part of the invalid, who, if he follows the custom, turns out to the springs at six in the morning. Our author has given most sensible and necessary directions on these points, and no invalid can disregard them with impunity. Next to Vichy, Carlsbad is the spa most generally resorted to by diabetics. Besides some potash, the water of Vichy contains more
than twice the amount of soda that Carlsbad does. Both are acidulated with carbonic acid, while Vichy wants the sulphate of soda which plays an important part in the action of the Carlsbad water, rendering it, according to the best German authorities, as efficacious in diabetes as the more strongly alkali water of Vichy. The number of cases of diabetes annually treated at Carlsbad is from 600 to 700. Unless far advanced, or lung disease impending or already declared, almost all cases are relieved. The author states that the more distressing symptoms—thirst, restlessness, and polyuria—are diminished within a few days of commencing the treatment; while in other diseases the flow of urine is increased. A permanent cure of either the grave or mild form of the disease is rare; of the former Dr. Kraus mentions only one case of undoubted cure, and that after repeated visits to the spa. The cures in the milder form of the disease are also disappointingly rare; but in many the periodic use of the waters (spring and autumn) secures comfort and fair health for many years (twenty to twenty-five). We observe that our author generally allows some farinaceous food,—a wheaten roll thrice a day, which must be a great treat to those who have been kept on a rigidly anti-diabetic diet,—and he states that he has seen no bad effects from the practice. In Germany, indeed, it is now much more than in this country a general practice to allow farinaceous food freely in the mild form of this disease, regulating the diet so as to suit the general condition and comfort of the patient.

It is in congestive affections of the liver and the cognate or consequent disorders of the alimentary canal that Carlsbad is justly celebrated. Should these, however, depend on or be accompanied by cardiac or pulmonary lesions, no cure is to be expected; and such cases are warned off by the author, as neither the climate nor the water is suitable, and the same remark applies to amyloid and advanced cirrhotic affections.

Cases of enlargement of the liver and spleen resulting from malaria are much benefited by a six weeks' course of the water. The author states that in such cases he has frequently observed a fresh outbreak of the febrile symptoms within a week of commencing the treatment. This is no contraindication to its continuance, however, and the patients frequently remain for long periods free from relapses. Sufferers from gall-stones are often singularly relieved by a course of Carlsbad water. The author speaks most confidently on this subject, and is corroborated by various Continental writers. He states that the water per se, even of the hottest spring, has no solvent action on the concretions, he having kept these in jars of the water for long periods without the slightest diminution in weight, or any tendency to break up. Yet the fact remains that patients who for years have suffered from frequent attacks of gall-stones (the diagnosis being established by their appearance in the stools) have passed them while using the water, and have remained
free from subsequent attacks for years. The explanation offered of this is that the laxative effect of the soda sulphate on the bowels and gall-ducts, and the action of the water and soda carbonate on the bile, increase the flow and dilute the consistency of the latter, and so promote nature's cure—the passage of the concretion from the gall-bladder into the bowel—while the restored condition of the liver remains more or less permanent. Such results are very satisfactory; so also are those recorded of the treatment of strumous enlargement of the glands, and of inflammatory pelvic deposits in females. The result in these last Dr Kraus describes concisely as "splendid."

We have too little space left for an extended notice of the effects of the Carlsbad water in cases of gout and lithiasis. In these the combination of the soda sulphate with the alkaline carbonate seems to be as efficient, and the result more permanent, than is the case with the purely alkaline waters of Vichy or Ems—the saline apparently producing a more lasting effect on the processes of digestion.

Carlsbad possesses a great variety of baths; but the one that attracts an Englishman's notice most is the moor bath, to which a large new establishment is entirely devoted. "Moor" baths have come much into vogue of late years. The term mud bath does not express their composition or character. The substance "moor" is essentially a form of peat, and is found only in certain districts. It differs from the peat found in Great Britain in being more homogeneous, and containing little of the fibrous matter derived from the roots and stems of plants, resembling somewhat the "vegetable mould" used by gardeners, but more decomposed and consolidated.

In crossing the extensive moors (anglicé) of Bohemia and Bavaria, the traveller is struck with the difference between them and those in our islands. The vegetation consists principally of coarse grasses, and there is an almost total absence of our heather and dwarf bushes. Hence the resulting peat or moor is of more uniform character and consistence, and admits of being more readily and thoroughly mixed with water. The moor is prepared by saturating it, sometimes for years, with mineral or simple water. Thus prepared, it is conveyed, often for long distances, to the spa, where it is mixed with the water; the process of mixing being not unlike that followed by plasterers in incorporating bullocks' hair with their lime. The quantity of moor used for one bath is from 4 to 6 cubic feet, and the temperature of the bath varies from 90° to 100° F. A bath so prepared is suggestive of a peat-hag, and looks repulsive and dirty—if, indeed, the latter term can be applied to "matter in the right place." It is said not to be so generally stimulating as the ordinary spa bath; it is used in neuralgia, especially if associated with rheumatism, and in some of the slighter forms of paralysis associated with contraction of the muscles. We have an impression that there is a great deal of
passing fashion in the use of these baths; and while admiring the large and costly buildings devoted to them at Franzenbad, Kissingen, and Carlsbad, we could not help wondering that among the many hydropathic establishments in Scotland there had never arisen among the managers a genius who could "strike" moor, and, taking it at its flow, lead on to fortune. The fundamental principles to be taken into consideration when prescribing Carlsbad waters for internal use are stated thus by our author:—1st, The cooler springs are only slowly absorbed by the system, while the hotter waters are taken up in a rapid manner. 2d, Patients whose action of the heart has to be watched with care, and whose vital energy will not submit to much stimulation, must partake of the cooler springs. 3d, For acting more energetically we use the hotter springs, if the constitution of the patient will admit of doing so; the particular spring selected is not to be changed without sufficient reason. 4th, The waters, as a rule, are to be taken in the morning before breakfast, as the empty stomach will require less time to absorb the waters. 5th, The quantity for daily use is not to exceed six tumblerfuls (30 ounces), and it is advisable to begin with two or three, and in many cases even less; only after several days the quantity is to be increased, this depending partly on the individual constitution of the patient and on the respective disease, partly on the effect already obtained or still wished for. 6th, The tumblerful of the water is to be consumed slowly (in 1 to 3 minutes), a pause of twenty minutes or more being made between each tumbler, according to the state of the patient's digestion, and moderate walking should be resorted to during this time. 7th, After finishing the last tumblerful, the patients ought to walk about till they feel hungry for breakfast, which generally will be the case in about one hour's time.

We have to thank the author, who knows our language and our ways well, for having given us his excellent work in an English dress, a compliment seldom paid us by our Gallic neighbours. The work is free from egotism; and while the claims of Carlsbad are fairly stated, Dr Kraus neither magnifies them nor his office by depreciating those of other spas. His descriptions of the various diseases for which the waters are suitable are concise and clear, and will enable the English physician to weigh the pros and cons before deciding where to send his patient, and also furnish him with the cautions necessary for the patient's guidance and safety.

Should any of our readers be induced to visit Carlsbad during their holiday, so as to convert their literary into actual knowledge, they will find in Dr Kraus a most intelligent confrère and an agreeable guide and counsellor.
The Art of Washing. By A. A. Strange Butson. London: Griffith and Farran: 1880.

We have read this little book with much satisfaction, and we strongly recommend it to all, both in the profession and out of it. The book is well got up and handy; the references to hygienic and sanitary points are good and most important; at the same time, the authoress's style is very entertaining, while conveying much useful information.

Part Third.

Meetings of Societies.

Medico-Chirurgical Society of Edinburgh.

Session LIX.—Meeting VIII.

Wednesday, 2d June 1880.—Dr P. Heron Watson, President, in the Chair.

I. Dr Cotterill exhibited the following specimens occurring in Mr Annandale’s practice:—1. Medullary Cancer of Testicle.
   The specimen, weighing 7½ pounds when fresh, was removed from Mr R., aged 45. Patient had been married eleven years, and in that time had a family of nine children. His right testicle had never descended from the abdomen. His father had the same abnormality. Two years ago he had noticed enlargement of the organ, which had gradually progressed until its removal in May of this year. At that time it hung down to his knee, and he had to wear a suspensory apparatus. In this instance the undescended testicle was of no service, as when the disease attacked the left testicle he ceased to have sexual desire. There was no pain in the affected part in the course of the disease. The cord was apparently healthy, and he has made a good recovery. 2. Epi- thelioma of Hand. Amputation through the forearm had been performed in this instance in a patient aged 81, who made a good recovery in spite of his age and a very degenerated state of his bloodvessels. 3. Hæmatocele. Portion of the sac shown. This case was originally one of hydrocele, which, after being tapped several times without permanent success, had been injected with iodine. The inflammatory enlargement due to this had never subsided, and the tumour was accordingly excised with the testicle, which was atrophied and firmly adherent to the wall of the sac. Good recovery. 4. Femoral Hernia. A case in which the hernia had in part become irreducible by strong adhesions of peritoneum to sac. The frequent descent of abdominal contents, with the attendant discomfort and risk of strangulation, necessitated