coughing, and when it passed off he described a feeling of fluttering or flapping in his windpipe.

Dr Wylie and I then made a most careful laryngoscopic examination, and though we saw the tracheal rings most clearly, no foreign body could be made out.

The history and the symptoms of the one attack were to my mind so convincing that the coin was in the air-passages, that, with the approval of my colleague, Mr Duncan, I at once prepared to perform tracheotomy in the event of the failure of inversion. So, having obtained the patient's leave, and all things being ready, he was held by the heels by two dressers standing on the operating-table, and a smart blow was struck on his back opposite the left bronchus, while he was instructed to keep his mouth open and to breathe freely. The sixpence at once fell into his mouth; a pretty smart cough coincided with its passing the glottis.

Cases of this kind are comparatively rare, and this one is an encouragement to attempt the inversion method. The surgeon must, however, be prepared to perform tracheotomy at once if the coin sticks in larynx and excites spasm, or lodges flatwise in upper part of trachea, and thus prevents ingress of air.

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**Part Second.**

**REVIEWS.**

*Dysmenorrhæa: its Pathology and Treatment.* By Heywood Smith, M.A., M.D., Physician to the Hospital for Women and to the British Lying-in Hospital. London: J. & A. Churchill: 1881. Pp. 122.

In this work the author attempts to trace dysmenorrhæa to its various causes, and, taking up these in detail, treats the subject in the light of them.

In handling his theme thus he speaks of—(1.) Ovarian dysmenorrhæa; (2.) Tubal dysmenorrhæa; (3.) Of broad ligament; (4.) Uterine; (5.) From general causes; (6.) Vicarious. The author directs his attention chiefly and naturally to the first and fourth heads, touching only very lightly on the other three. The book is forcibly written, but can hardly be said to add much to our knowledge of the subject. The treatment recommended, except that too great leaning is exhibited towards mechanical interference throughout the essay, does not appear to us to be objectionable as a rule. Some of the positions maintained, however, indicate, to our mind, more boldness than prudence. At page 7 the author commences a series of observations regarding which he anticipates hostile
criticism, and which, we frankly confess, in our opinion, deserves reprobation.

The meaning of the author's argument, so far as we can make it out,—and we allow it is no easy matter to understand him in this place,—appears to us to be that the sexual organs and instincts so overpoweringly predominate in the woman, that unless a woman have sexual intercourse she is nearly certain to have ultimately disease of the sexual organs. This is a conclusion so shocking that we can hardly believe Dr Heywood Smith intends it, though how otherwise to construe his meaning we have failed to find out.

In passing we must be allowed to remark, that we do not agree with the author in the view he expresses in regard to women, when he says that "the sexual sensations and functions constitute that for which they (the organs), and indeed the whole woman are formed." Such an idea of women may suit the conception of an oriental despot, but surely does not adapt itself to the beliefs or feelings of European society. There are surely many outlets and avenues for the pent up nervous energy of our women than the exercise or gratification of the sexual functions.

After this extravagant view of the preponderating influence of the sexual functions and organs in women, we feel no surprise though the mutilating operation of clitoridectomy is insisted upon as a valuable cure for certain forms of ovarian neuralgia. Battey's operation, of course, is strongly recommended, and the cases suited to it are carefully though briefly pointed out. Ought not those energetic gynecological surgeons to endeavour to extend the benefits of their knowledge to the other sex, and recommend the free amputation of the penis and the testicles? For many reasons, although not, of course, to cure dysmenorrhea, such operations could be recommended.

The author reports an extraordinary operation for retroflexion of the uterus, in which he cut the utero-sacral ligaments. This operation the author claims to have been the first to perform. A contemporary reviewer, with whom we entirely agree, hopes he may be the last. Apart from the obvious danger of absorption of putrid materials from such a procedure, and the possibility of wounding the peritoneum, what advantage could lengthening the utero-sacral ligaments effect on a retroflexion? It could benefit an anteflexion or an anteversion, but it could only do harm in a retroflexion or a retroversion. We think, before Dr Heywood Smith proceeds to this operation a second time, he ought to study the causation of the ailment he is attempting to cure. There are many other points in regard to pessaries and operative interference to which we take exception, and we also desiderate more attention to general causes as productive of dysmenorrhea than Dr Heywood Smith has seen fit to give. But we must take leave of the volume. We scarcely think the work is of a character to improve practice in this troublesome affection, or to greatly enhance the reputation of its author.
The appearance of a second edition of this manual within less than two years is sufficient evidence that it has supplied a felt want.

The book is written with the fulness, force, and clearness which characterize every literary production of its author. We are glad to observe that Dr Galabin, in this edition, modifies considerably the position he took in regard to uterine displacements in the first edition, and which we consider largely detracted from its value as a students' manual. We could wish that even in this edition there were less of the mechanical treatment of uterine displacements given; for while mechanical treatment may not be injurious in the hands of skilled specialists, we greatly dread the results of routine treatment of that nature by persons unable to gauge exactly the necessity for or results of such treatment. We are glad to notice that Dr Galabin has discarded the use of an intrauterine pessary in the treatment of retroversion of the uterus. To our thinking, however, much of what is said under the headings of anteversion and anteflexion would have been better left out.

Still, though there are these and other parts in the book to which we object, the work as a whole is well fitted to meet the object aimed at by its author, is ably written, and altogether well worthy of the success it has attained.

Handbook of Midwifery for Midwives. Translated by J. E. Burton, L.R.C.P. Lond., from the Official Handbook of Midwifery for Prussian Midwives. London: J. & A. Churchill: 1880.

The original of this book is the production of the learned and justly celebrated Professor Litzmann of Kiel, to whom, in conjunction with a commission of experts, the Prussian government delegated the task to compile the work. The mere name of the author is in itself sufficient guarantee of the excellency of the work. It contains naturally more instruction than it is possible to communicate to midwives in this country in the short course of three months they usually devote to their training, especially when we consider the extremely imperfect general education the majority of our midwives possess. But a work of this kind will do much to stimulate a desire for more knowledge on the part of the more intelligent of the candidates for the responsible position of midwife, and we hope it may help to pave the way towards a better education
to the entire class, and thus forward the much-needed legislative action in this direction.

The handbook is much superior to any other works of the kind we know of in the English language, and we congratulate Mr Burton on the service he has done for midwifery in translating it, and wish for the book a large circulation in its English dress.

A Directory for the Dissection of the Human Body. By John Cleland, M.D., F.R.S., Professor of Anatomy in the University of Glasgow. Second Edition. London: Smith, Elder, & Co.: 1881.

The object of this book is theoretically admirable, although we fear that it will hardly bear the practical test. It is a small manual of about 200 pages, containing directions for the dissection of the various regions of the human body, and just sufficient description to enable the student to name the parts exposed. All other details, such as relations, attachments of muscles, nerve-supply, etc., etc., are to be acquired by the student's own unaided personal observation. It is true that larger books are to be allowed, but only at home, and this little manual alone is to be admitted upon the dissecting-table. The object in view is to counteract "the too common error of looking on dissections as mere illustrations for the statements of the text-books." That this is the way of obtaining a thoroughly reliable knowledge of anatomy no one will deny; but it will be hard to convince the student of this when confronted by an approaching examination. It is one of the evils arising out of the far too severe examination system of the present day, that a method of acquiring a knowledge of anatomy which would be of far greater benefit to the student in after years must be abandoned, or adopted with fear and trembling as to the effect it may have upon his chances of passing.

The order of dissection recommended in this little book is essentially the same as that carried out in the Edinburgh school. There are, it is true, a few trifling differences. Thus it is the dissector of the upper limb, and not the dissector of the head and neck, who is expected to dissect the muscles of the back and the spinal cord. Again, the student is directed to dissect the female perineum along with the pelvis, whereas they are studied at different times in the Edinburgh rooms. This change is a decided improvement. We have no doubt it will prove an acceptable and valuable text-book to many Edinburgh students.

The style in which it is written is exceedingly clear and pleasing, and is quite in keeping with the high character obtained by the other works which have emanated from the same distinguished author. There are very few alterations in this edition.
Anatomy of the Arteries of the Human Body, Descriptive and Surgical; with the Descriptive Anatomy of the Heart. By John Hatch Power, F.R.C.S.I. Third Edition. By Wm. Thomson, A.B., F.R.C.S. Dublin: Fannin & Co.: 1881.

The two books upon the Arteries (viz., Harrison and Power) which have emanated from Dublin have long been well known and widely used both by teachers and students. We are glad, therefore, to welcome a third edition of the latter, more especially as it appears under the auspices of one so capable of doing it justice as Mr Thomson. In the present instance a considerable amount of matter has been omitted on account of its purely physiological character; the text has been rearranged, and some new material added, so as to bring the work up to the level of the present state of anatomical science. The various arteries are described with great care and accuracy, and the surgical details are very fully gone into.

We are surprised to observe that the editor has some dubiety as to the topography of the aortic arch. He finds that Quain describes it as first touching the vertebral column at the level of the second dorsal vertebra, and ending at the lower border of the third dorsal vertebra, whilst John Wood describes it as first reaching the spine at the level of the fourth, and ending at the inferior margin of the fifth dorsal vertebra. He is apparently lost between these two authorities, and considers it the safer course to quote both. But a question which involves a difference of no less than the depth of two vertebrae could surely have been settled to his own satisfaction by his own personal examination of the subject, or by a reference to Braune’s beautiful plates of sections through the frozen body. In either case he would have seen that Quain’s description is altogether erroneous, and that Wood’s account of the aortic arch is as near as possible correct. It is now twelve years since Wood called attention to this mistake, which some way or other had crept into almost every anatomical book both at home and abroad, and still the error is perpetuated.

The work is profusely illustrated, but the woodcuts are coarse, and in many instances somewhat obscure.

Surgical Cases. By Dr Newman, Stamford Infirmary. London: H. K. Lewis. 1881.

Dr Newman says that in a country hospital the surgeons enjoy the special advantage of frequently seeing their patients after they have left the hospital. This peculiarity of his experience enables Dr Newman to speak with unusual authority on some points. For
instance, in regard to partial operations on the foot, he says, "The result has been, I think, invariably far from satisfactory; while, on the other hand, Syme's amputation at the ankle-joint has as constantly led to a firm, well-nourished, and enduringly useful stump" (p. 17).

In respect of operations for the removal of scirrhous of the mamma, Dr Newman does not give great encouragement. In favourable cases, he says, there is "subsidence of mental distress, relief to local suffering, and in some degree at least prolongation of life" (p. 113). He adds that five and half years is the longest period he has known of freedom from disease after operation. Operations for epithelioma of the lip are more successful. Though the disease has returned in some cases and had to be removed, yet the prolongation of life and relief from immediate distress have been more marked.

In regard to operations for stricture of the urethra, the general opinion is held by Dr Newman that, whatever method be adopted, the passing of an occasional bougie is necessary ever after if a relapse is to be prevented. Holt's method was mostly used at the Stamford Infirmary, and is highly thought of.

Several interesting cases of cicatricial contraction after severe burns are reported. The operations practised were mostly free incision (not excision), with antiseptic dressing and frequent movement of the joint affected. Dr Newman does not approve of the use of splints. He considers the antiseptic dressing an important element in the successful treatment.

Dr Newman concludes his most interesting notes and reports of cases by a reference to the treatment of naevi by electrolysis. He refers to the publications of Dr John Duncan, of this city, on the subject with commendation, to whom he is mainly indebted for guidance in his operations.

We cannot conclude without saying that we are always glad to receive such notes of cases which are carefully recorded, as a most valuable contribution to practical surgery. It is in this way that surgeons can best help one another with their experience.

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The Orthopragns of the Spine. By R. Heather Bigg, Assoc. Inst. C.E. London: J. & A. Churchill: 1880.

Mr Bigg, C.E., gives us in this work the mechanical aspect of the treatment of spinal curvature. His style is fresh, and even humorous, but, unfortunately, also wordy. The book, therefore, while interesting, is rather long for most professional readers. Its interest to the medical reader depends on its dealing with the subject from a purely mechanical point of view.

Mr Bigg does not define the meaning of the word with which he heads his book, but we gather from the context that an
"orthopragm" is a kind of splint or support. These, as recommended, are the steel arrangements for which many of us have an abhorrence. The author's orthopragms, however, are made light and easy, and according to the scientific principles laid down by him.

He points out how it is only when badly made or when unsuitable to the case that they are cumbersome and uncomfortable; and we must admit that he makes out a good case for his steel spring and spiral supports, or orthopragms, in certain selected cases.

Our author frankly admits that there are certain circumstances where orthopragms are useless, and even injurious.

He attacks the Sayre plaster jacket, and not only condemns it, but says that "faith in the principle of the method was first shaken, then shattered, and ultimately lost altogether" (p. 109). In this we cannot agree. The plaster jacket and its follower the felt jacket are still in use, and will continue to be useful in certain cases, more especially among the poor and hospital patients.

We recommend this book to those who may have a difficult case of curvature to deal with, more especially if it be a lateral one with rotation.

The Transactions of the Edinburgh Obstetrical Society. Vol. V.
Sessions 1877-78, 1878-79, 1879-80. Edinburgh: Oliver & Boyd : 1880.

As is explained in the preface, this volume is the first issued under an arrangement with the publishers of this Journal, and consists of reprints of all papers read before the Society which may have appeared in our pages, and abstracts of such as have not, with the reports which we have been able to lay month by month before our readers, lists of Fellows and office-bearers, etc., the whole forming a large, valuable, and very readable volume.

Many of the papers, such as those by Professor Simpson and most of Dr Hart's, have been collected and published separately by the authors, and have been already noticed in the Journal. Among the contributors are to be found all the teachers of Midwifery in the Edinburgh School; teachers in other schools, as Dr Matthews Duncan; Dr Paul Mundé of New York; Schroeder of Berlin and Simon of Heidelberg, translated by Dr Kirk Duncanson; Drs W. R. Reid and R. Bell of Glasgow; and many eminent practitioners in town and country, including the veteran Dr Hamilton of Falkirk. Dr Hamilton's paper on the use of the midwifery forceps was the means of eliciting several contributions on that subject from other Fellows of the Society, and was also the starting-point of a discussion which will well repay careful perusal. A new feature in this volume is the publication of quarterly reports by the physicians of the Royal Maternity Hospital. There are four such reports, embracing, therefore, a year's work in the
hospital. The number of indoor deliveries is 208, and the deaths 8, or, as near as may be, 4 per cent. One of the deaths was from renal disease, the rest from septicaemia or puerperal fever. Of the cases delivered at their own homes by the same doctors, students, or nurses, there are 421, while the deaths were 4, or under 1 per cent. Of these, 3 were from haemorrhage, 1 from peritonitis. The contrast afforded by these figures is suggestive, and scarcely warrants the thanks which we recently heard expressed at a public meeting in this city for the great saving of life effected by the hospital. Along with the statistical reports there are valuable clinical records of special cases, and their regular publication will certainly materially enhance the value of the Obstetrical Transactions.

In a paper on "Placenta Prævia, or Unavoidable Haemorrhage," Dr Charles Bell treats exhaustively of this most interesting subject in its historical, theoretical, and clinical aspects; but he appears to us to treat rather cavalierly those latter-day obstetricians who do not admit those two terms as synonymous except at the end of pregnancy. A better criticism on the paper, however, could not be afforded than is presented in the discussion which followed its reading.

Dr Croom contributes several papers, all of which are marked by thoroughness of handling and by extensive knowledge and careful consideration of the works of those who have previously written on the same subjects.

The fruits of Dr Keiller's rich experience are scattered through the work, not only in his papers, which are few, but also in his remarks on the papers of others.

Dr Angus Macdonald's communications are numerous, and his remarks in discussion often so full and lengthy as to amount to really papers on the subjects in question. His own communications include "On the Risks and Treatment of Intrauterine Hydrocephalus;" "Puerperal Septicaemia;" "Treatment of Abortion;" "Three Cases of Parametritis, with Observations on its Diagnosis and Treatment,"—a paper which is destined to become classical from its valuable clinical observations and deductions,—besides numerous reports of cases. In his analysis of the cases under his charge in the Maternity, Dr Macdonald extracts the utmost from the necessarily small amount of material, and he deserves great praise for his courage in drawing attention to his fatal cases, and to the frequency of perineal tear. We cannot explain the statements of Dr Moir and other speakers who took part in the discussion, when they assert that this accident never occurs in their practice, except on the assumption that they never look for it.

Professor Simpson's papers and speeches will well repay careful reading, and one cannot but admire and take lesson from the clear and lucid way in which he always expresses himself, and the thorough knowledge of literature and detail that he brings to bear on the subjects under discussion. The same may be said of Dr
Hart, whose labours in the department of gynaecological anatomy are now attracting well-merited attention, and who is doing much to support the name that the Edinburgh School has always held for hard-headed original work.

We are sorry to see so little from Dr Underhill's pen in this volume, and to see his principal communication, "On Measles complicating Pregnancy," only in abstract, as we feel sure, from a study of his papers and his remarks, that he could greatly add to the value of the Transactions.

In conclusion, we have much pleasure in recommending this volume of the Edinburgh Obstetrical Transactions to our readers as containing a rich mine of interesting contributions to obstetrics and gynecology, and of valuable clinical cases and commentaries.

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Twenty-Second Annual Report of the General Board of Commissioners in Lunacy for Scotland. Edinburgh: 1880.

The prime value of these reports is the valuable statistical data which they contain. To those who study insanity, and to those who work out the study of pathology, the tables and figures of the Board of Lunacy are very precious materials for information and inference. The statistics of insanity are still somewhat immature, but each new number of the series strengthens and gives a broader basis to conclusions previously drawn.

The Commissioners state that, of the insane persons in Scotland of whom they had official cognisance during the year 1879, 1606 were maintained from private sources, 7957 by parochial rates, and 61 at the expense of the State.

The increase of registered lunatics, excluding 7 pauper inmates of training schools and 4 of the General Prison at Perth (who are certified lunatics), is 226. There was thus an increase of 27 private and 206 pauper patients. This increase is less than what has characterized the previous four years. The amount of money expended for the maintenance of 6344 pauper lunatics in asylums, lunatic wards of poorhouses, and private dwellings, amounted, in 1879, to £188,270, of which £8790 was contributed by relatives and others, and £71,270 was paid by the Government.

"During the whole period from 1858 to 1879, the total expenditure has increased 133 per cent., the expenditure for asylum treatment having increased 168 per cent., and that of boarding in private dwellings 30 per cent. The average cost per annum for each patient has increased in asylums and lunatic wards of poorhouses from about £20 to about £26; in private dwellings it has increased from about £8 to about £13; the average expenditure for establishments and private dwellings taken together, with all other costs, having increased from about £16 to about £24."
"The number of pauper patients discharged recovered," we are told in the report, "has increased from an average of 463 during 1860-64 to an average of 861 during 1875-79. This represents an increase of 86 per cent, which, being 10 per cent. more than the increase in the number of admissions, indicates that the new class of cases included in the larger number of admissions during recent years contains a larger proportion of ephemeral and curable insanity than the class represented by the admissions of the earlier period."

It may be true that some curable cases come into asylums which did not come before; but we suspect that this is outweighed by the number of chronic lunatics who would formerly have been permitted to go at large, but who are now sent to asylums "owing to the growing disinclination in the community to tolerate irregularities of conduct due to mental disorder," and by the larger proportion of dotard or paralytic old people who are shifted out of poorhouses into the district and pauper asylums, from which they are scarcely ever discharged recovered. Hence we are disposed to take the cheerful view that this increase in the number of discharges is really an indication of increased success in the treatment of insanity.

We are informed that there has been no material change in the rate of mortality amongst private patients during twenty years, but that there has been a slight decrease in the rate for pauper patients. "This must be due," the Commissioners surmise, "either to improved treatment, hygienic or otherwise, or to a larger proportion of the patients admitted during recent years having been the subjects of less fatal forms of disease than those admitted during the earlier period. It is not unlikely that both of these causes may have contributed to the result."

One likes to see some results which can be quoted for all this increased expense, this building and planting, and increased liberty allowed to patients, and attention to diet and clothing, cleanliness, and furnishing and judicious papering and painting; and when the figures exhibit a decided improvement in the number of recoveries and a slight improvement in the death-rate, we think that the Commissioners are much too modest in showing a willingness to put these favourable results down to causes over which they have no control. We make no objections that money should be spent and care bestowed on the alleviation of so frightful a misfortune as the loss of reason to our unhappy fellow-men; but it would not be prudent to forget that all these careful and costly appliances are also means to an end—the recovery of the patient,—and that the death-rate of a community is, on a scale sufficiently large, the most searching test of its sanitary condition. We have faith in medicine; we believe that a skilful, conscientious, hard-working medical man will, under similar circumstances, have a higher rate of recovery and a lower rate of mortality than the un-
skilful and the indifferent; and when we consider how completely the medical superintendents have their patients under their direction and control in all hygienic conditions, we are disposed to look narrowly into the results. One would like to know what stress the Commissioners lay upon the death-rate of asylums, and the amount of medical care and therapeutic skill expended upon the patients. Perhaps it would be too much to expect any reference to higher scientific work in connexion with the interesting problems of pathology for which asylums afford so rich a field for study, because we must bear in mind that superintendents are engaged to look after their patients, and not to make discoveries in medicine. As far as we can see, the Commissioners only note the deaths between their visits, which occur at irregular intervals. In some instances where the number of deaths has been high enough to invite attention, they praise the hygienic arrangements without any reservation. There may have been inquiries made and satisfactory explanations given, but these are not mentioned in the report. On the other hand, there are instances where establishments that have for years had a considerable death-rate are more favourably spoken of than others where the death-rate is exceptionally low, without this important distinction being noticed or commented upon.

The Commissioners remark, “The highest rate of mortality for the whole period has been in parochial asylums. This we have shown in previous reports to be probably due to the facts that the patients in these establishments are drawn almost exclusively from urban populations, in which a larger number of cases of acute and fatal disease of the nervous system occur than in rural populations, and that the inmates consist to a less degree of an accumulation of chronic cases than the inmates of most of the other establishments which contain pauper patients. The smaller death-rate in the lunatic wards of poorhouses is due to the inmates consisting of chronic cases.” Assuming these general causes to have their influence, one may ask, Does the skill and care of the asylum superintendent ever appear as a factor worthy of notice? In one of the Commissioners' entries the favourable results of treatment, “in spite of the situational and structural defects” of the City of Glasgow Parochial Asylum, are ascribed “as partly due to the liberality of the parochial board, but chiefly due to the ability shown in the management by Dr Robertson and those associated with him.” We believe this compliment to Dr Robertson is no more than he deserves, and we are sure that there are other instances where the care of the physicians has an effect upon the recoveries and the mortality which would disappear if they were replaced by superintendents of less decided skill and less ripe experience. We are also prepared to allow a share of credit to the Commissioners themselves for the attention they pay to hygiene, their useful suggestions, and the support they give to
the superintendents in enforcing sanitary improvements upon dilatory or parsimonious boards of directors.

Take the case of Morningside, whose pauper population is mainly derived from urban districts; the mortality is lower than some counties' asylums whose inmates come from rural districts. In like manner, Woodilee Asylum, which draws its patients from the Barony parish of Glasgow, has a much lower mortality than the other parochial asylums, and even lower than several of the royal and district asylums. The percentage of the mortality in training schools for imbeciles has not been given in the report; but as the deaths and average number of residents are stated, it is easy to make this table as complete as the others. The mortality is, for Baldovan 11 per cent., and Larbert 3.7 per cent.

We have read over the entries made by the Visiting Commissioners in the patients' books of asylums and poorhouses, and compared them with the pages on "the present condition of the different establishments," which latter are simply a kind of résumé of the entries of the two Commissioners; but the Board of Lunacy are in possession of other materials which might add fulness and correctness to the description of the condition of the different asylums. These returns, such as the admissions, the discharges of the recovered and unrecovered, the mortality, the number of accidents and removals on probation, are certainly given in one form or another in the report; but in writing an account of each asylum severally it would probably be an improvement to plait them all together. The Commissioners would thus have an opportunity of eliminating what was merely casual and superficial in their entries, and presenting a more complete and profound yearly history of the asylums.

The chapter on the difference in the statistics of pauper lunacy in the different counties shows great acuteness and power of handling figures. It is stated that the number of pauper lunatics in private dwellings has much diminished since 1858. In that year they constituted 38 per cent. of the total number, and in 1879 they constituted only 18 per cent.

The reports of the Deputy Commissioners who visit single patients are of interest. The following passage by Dr Fraser is so striking, especially as coming from one who was so energetic an asylum superintendent, that we cannot refrain from reproducing it:—"The general condition of the boarded-out pauper insane appears to me to be on the whole favourable. One who only knows the kind of accommodation provided for pauper lunatics in district asylums is apt to adopt erroneous views as to what is necessary for the accommodation of the insane. Of this I am now confident, that handsome and costly abodes are not necessary either for the well-being or happiness of the insane poor. The homes of the poor afford advantages which are not at first sight apparent, and which are often not properly appre-
ciated. Family life, in spite of what may be regarded as dis-
comforts and defects, is that which is desired by, and is best for,
the bulk of single patients. Not one in five hundred of those of
them who have been inmates of asylums would voluntarily return
to the asylum, though many of them are not ungrateful for the
kindness bestowed upon them while there. Every district has its
own standard of cottage accommodation and comfort; and it is by
this that the provision for the pauper lunatics of each district must
be judged. If the lunatic's position is such as stands comparison
with that of the average of his sane neighbours, it is reasonable to
regard it as satisfactory."

On the whole, the report is well put together, and much of the
information it contains will go to increase our general as well as
our special knowledge in matters connected with lunacy.

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**Part Third.**

**MEETINGS OF SOCIETIES.**

**MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.**

**SESSION LX.—MEETING VII.**

**Wednesday, 4th May 1881.—Professor Simpson, Vice-President, in the Chair.**

I. *The Chairman* showed a *photograph* of Madame Cavalini, the
first woman on whom Porro performed his modified Cesarean opera-
tion. The photograph had been given him by Professor Porro while
he was in Milan last month. It showed two views of the patient,
who is a deformed woman, and two views of the uterus which had
been removed.

II. *Dr Cadell,* one of the secretaries, read a paper by Dr Andrew
Davidson of Mauritius on *acute anaemic dropsy.*

*The Chairman* said the criticism he had to offer was that it would
have been of some interest had Dr Davidson added a note as to the
medicines that had been found useful in modifying the progress of
the disease, all the more as he spoke in some parts of his paper of
the disease having been modified by the treatment adopted. This
was a disease he knew nothing of, but he could not help thinking
that probably the malarial influences under which most of the
patients lived were not altogether so powerless as Dr Davidson
seemed to wish to make out towards the close of his paper. He
was interested in the question of sex most liable to the disease, as
the same sex, the female, was most liable to anaemia in some of its
worst forms, especially while in the puerperal state. There was
also described a form of anaemia affecting women round about