while engaged in breaking coals. The pain was followed by shortness of breath. On admission, there were pronounced signs of pyo-pneumothorax. The boy was transferred to Dr. Hector Cameron's care. The chest was opened and drained, with relief to his symptoms. The boy died about four months later.

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REVIEWS.

*A System of Medicine by Many Writers.* Edited by **Thomas Clifford Allbutt, M.D., LL.D., F.R.S.** Vol. IV. London: Macmillan & Co. 1897.

With the publication of the fourth volume of this *System* comes the information that six, if not more, volumes, instead of the estimated five, will be required to accommodate all the articles. This is what we expected, and we rejoice that both editor and publishers have risen to the occasion and determined not to impair the value of the work by curtailment of necessary space. We had occasion in our last notice to refer to one or two articles that in our opinion were quite too concise, and we hope that in what remains of this excellent and most comprehensive *System* we will not have to make a similar criticism.

The subject matter of the present volume consists of the sections on Diseases of the Liver and Pancreas; on Diseases of the Kidneys; on Diseases of the Lymphatic and Ductless Glands; on Diseases of the Respiratory Organs; and on Diseases of the Nose, Pharynx, and Larynx.

Dr. William Hunter writes upon the Anatomy of the Liver, the Functions of the Liver and their Disorders, Congestion of the Liver, Jaundice, Toxaemic Jaundice, Weil's Disease, and Acute Yellow Atrophy, and his contribution occupies 118 out of the 260 pages devoted to hepatic disease. Dr. Hunter's article on the functions of the liver is a masterly discussion of a most obscure and difficult subject. To an accurate and extensive knowledge of the literature of the subject the author has added the results of many experiments carried out by himself. His conclusions are stated in clear and forcible language, and the article cannot fail to be of the greatest service to clinical observers struggling with the
difficulties of hepatic disease. On the liver as a hæmolytic organ, Dr. Hunter has, as the result of experiment, much important information to give. He finds himself "unable to regard the liver as the most important organ concerned in hæmolysis." He considers that the "chief function of the liver in relation to hæmolysis is to arrest and get rid of the products of hæmolysis conveyed to it in the portal blood from the spleen and intestines" (p. 24). These are certainly important statements, and may ultimately have a far-reaching influence on theory and practice. One remark only of a critical kind we would make. In a difficult and closely reasoned article of this kind the reader might have been helped by a judicious use of spacing and italics, particularly when conclusions and summaries were being stated. Sometimes we find the conclusions under leaded type, sometimes under italics, and without spacing from the context. Some attention to this would have greatly aided the reader.

The article on Congestion of the Liver strikes us as being hardly so satisfactory. We are not quite sure that the term "active" as applied to hepatic hyperæmia not mechanical or "cardiac" in origin is a happy use of the word either from the pathological or clinical point of view; and the somewhat meagre discussion of symptoms, diagnosis, and prognosis seems to indicate that the talented author is still without that amount of clinical experience which is so necessary for the thorough exposition of a subject so obscure. In his article on Jaundice, and its Pathology, Dr. Hunter is again at his best. Here he is on familiar ground, and his statements may well be taken as expressing the very latest teaching on the subject. We are quite inclined to agree with him when he summarises his opinion as follows:—"Instead, then, of the two varieties of jaundice formerly described, one hepatic or obstructive, the other hæmatogenus or non-obstructive, it is necessary now to recognise one class only. All jaundice is hepatic, the result of absorption of bile formed and excreted by the liver. The cause of the absorption may be obvious—mechanical obstruction (simple hepatic jaundice) or more obscure and less easily demonstrable swelling and catarrh of the lining epithelium of the bile passages, with consequent increased viscosity of the bile (hæmo-hepatic jaundice)" (p. 81). The arguments and experimental details with which he leads up to this conclusion are very convincing.

Dr. Hale White's contribution on Perihepatitis is clear and convincing, based on a thorough acquaintance with the pathological processes concerned. We specially commend to
our readers his remarks on the difference between ascites due to cirrhosis and that due to chronic peritonitis and perihepatitis. If his contention that "in cirrhosis the patient rarely lives long enough after the first tapping for a second to be necessary," whilst in chronic peritonitis with perihepatitis several may be necessary, be true, then he has succeeded in establishing a most important clinical fact, one that we confess we were hardly prepared for (p. 122). The facts which he advances in support of his position if not very numerous are, so far as they go, convincing.

The articles on Suppurative Hepatitis and on Amœbic Abscess of the Liver have been written by Dr. A. Davidson and Dr. Henri A. Lafleur respectively. Here again we have the same difficulty of classification to deal with to which we referred in noticing the contributions by the same authors on Dysentery and Amœbic Dysentery in Vol. II of the System. Are we at present in a position to discuss the diagnosis of amœbic and non-amœbic liver abscess as separate and independent clinical conditions, especially in dealing with hepatic suppuration associated with dysentery? Both articles are excellently written, full of details which are bound to be of the greatest service to physicians practising in the tropics. In the discussion of the pyaemic forms of abscess we find, so far as we can see, no reference to large abscess of the liver resulting from suppurative disease of the uterine appendages, of which we have met examples in the post-mortem room more than once.

Cirrhosis of the Liver is described by Dr. Herbert P. Hawkins under three headings—1. Alcoholic Cirrhosis; (a) Multilobular; (b) Unilobular. 2. Malarial Cirrhosis. 3. Syphilitic Cirrhosis. In this article also it is shown that old teaching requires modification in the light of new anatomical and histological knowledge. It is most important for the physician to realise that in the multilobular form ascites is common and jaundice rare, whereas in the unilobular or biliary form jaundice occurs very frequently and dropsy rarely. The author discards the use of the terms atrophic and hypertrophic as applied to the multilobular and unilobular forms, and we think with good reason. Cornil's theory as to the origin of the new bile-ducts in cirrhosis is that adopted as most satisfactory by Dr. Hawkins. Altogether, this article forms a very valuable contribution to scientific medicine.

Dr. Hale White on the Tumours of the Liver is again full and exhaustive. His article throughout shows a comprehensive
knowledge of the pathological details, and the power to apply these to the elucidation of clinical manifestations.

The description of the Diseases of the Gall-bladder has been well accomplished by Mr. Mayo Robson, who makes out a very good case for early operative interference in all cases of gallstones. We quite agree with him in the opinion he expresses as to the frequency with which adhesive peritonitis is associated with attacks of biliary colic. A somewhat lengthened experience in the post-mortem room has convinced us of the truth of this view.

The articles on Congenital Obliteration of the Bile-ducts and on Icterus Neonatorum have been entrusted to Dr. John Thomson, of Edinburgh, whose previous work on this subject is well known to all pediatric physicians.

Dr. Reginald H. Fitz, of Harvard, writes upon the Diseases of the Pancreas, a class of affections most obscure and difficult to deal with, and for our knowledge of which we owe very much to the work of this distinguished American physician. He has made clear to us more particularly the essential nature of inflammatory lesions of the pancreas, and of their association with haemorrhage, gangrene, and the peculiar lesion to which the name fat-necrosis has been applied. The article could not have been placed in better hands.

Dr. Rose Bradford's article on the General Pathology of the Renal Functions is exhaustive and readable. Perhaps the most original and important portion is that in which he describes his attempts to find out whether the kidneys exercise metabolic functions by excising portions of them. He was anxious to discover whether the kidneys exercised a function of internal secretion similar to that of the thyroid gland, suprarenal capsules, &c. His experiments lead him to believe that they do possess such a function, "and that the increased urea and nitrogenous extractives present in the blood and tissues," after removal of quantities of renal tissue, "are dependent on this increased production, and are in no way caused by any deficiency in the excretory activity of the kidney" (p. 317). This is certainly a startling statement, and one calculated, if finally proven, to exercise important modifications of our views as to the nature of uræmia, and we find that the author, in the course of a very able discussion of the pathology of uræmia, does not hesitate to apply the results of his experiments in his attempt to solve the problem of its causation. We confess, however, that we still find somewhat greater comfort from a belief in the older views.

A most careful article on Movable Kidney has been written
by Dr. Alexander Macalister, and it is quite unnecessary, with a writer on Bright's disease so well known as Dr. Dickinson, to say that his article on Diseases of the Kidney Characterised by Albuminuria is in all respects excellent.

Mr. Henry Morris' article on the other diseases of the kidney strikes us as being, on the whole, less satisfactory than many of the others. In some respects we find that it is hardly up to date, and we are quite sure that in the diagnosis of obscure cases of pyonephrosis, for example, the physician or surgeon will not get much help from the remarks of the author.

The articles on Myxcedema, Graves' Disease, Addison's Disease, Hodgkin's Disease, &c., are in every sense full and satisfactory, fully up to date, and rendered the more valuable to the reader by the copious bibliographical lists with which most of them are furnished. Drs. Ord, Hector Mackenzie, Rolleston, and George R. Murray are to be complimented upon the thorough manner in which they have executed their tasks. The Editor and Mr. Pridgin Teale discuss the subject of Scrofula, and the article recalls the former well-known work of the distinguished authors.

Drs. Ransome and Hector Mackenzie write upon the General Pathology of Respiratory Diseases, and on the Physical Signs of Diseases of the Heart and Lungs. The section on Diseases of the Nose and Throat is the work of Sir Felix Simon, Dr. de Haviland Hall, Dr. Greville MacDonald, and Dr. W. Williams. In this way the detail of the specialties is being worked into the general system of medicine.

We again most cordially recommend the work to our readers.

The Practitioner's Handbook of Treatment, or the Principles of Therapeutics. By the late J. Milner Fothergill, M.D., M.R.C.P. Fourth Edition. Edited, and in great part rewritten by William Murrell, M.D., F.R.C.P. London: Macmillan & Co., Limited. 1897.

A good many years have now elapsed since the last—the third—edition of this well-known work came into our hands. The first three editions appeared in the lifetime of the author, who died of diabetes in 1888, and they seem to have met with a ready sale, not only in Britain but also in the States. The original plan of the work is still retained; there is the same number of chapters with the same titles as before, and the chapters are subdivided into the same number of sections, with very nearly the same headings as formerly. Dr. Murrell
claims to have rewritten the book in great part, but at the same time to have preserved not only Dr. Fothergill’s original design, but “above all his characteristic style”—rather a delicate combination of duties, we fear, yet, on the whole, successfully accomplished.

The plan kept in view by Dr. Fothergill in the preparation of this work was to explain the rationale of the therapeutic measures in common use. “First, the physiology of each subject is given, then the pathology is reviewed, so far as they bear upon the treatment; next the action of remedies is examined; after which their practical application in concrete prescriptions is furnished.”

Dr. Fothergill was connected with an hospital to which no medical school was attached. In teaching hospitals, as he remarked, the energies are of necessity largely bent towards instructing students in the elements of diagnosis; where no students are present, much more attention may be given to the study of cases from the therapeutic point of view. And so he considered the great success of the Practitioner’s Handbook a demonstration that non-teaching hospitals may be made useful beyond their own immediate precincts.

The plan of the work is undoubtedly to be commended. Its execution also does credit to its originator, and we are glad that the editor has endeavoured to retain the attractive literary style of the author. Of all the valuable features presented by the book, the numerous prescriptions scattered throughout the text will perhaps be found by the young practitioner to be not the least important.

The Retrospect of Medicine. Edited by James Braithwaite, M.D. Lond., assisted by E. F. Trevelyan, M.D. Lond., B.Sc., M.R.C.P. Vol. 115. January to June, 1897. London: Simpkin, Marshall, Hamilton, Kent & Co., Limited. 1897.

Braithwaite’s half-yearly Retrospect appears to meet a distinct want on the part of the profession, for how else can its vitality be explained? It has been established for more than half a century, and is published in America as well as in Britain. The present issue contains one hundred and seventeen articles in the text, and there is in addition an extensive synopsis consisting of abstracts of the most practical articles in the volume with other short articles on treatment selected from the medical journals. There are tables of contents both for the text and for the synopsis, and there is an index at the end of the volume.
When we consider that the author set about the writing of this handbook with the object of supplying sanitary inspectors and those about to study for this position with a vade mecum, and with the view of providing a condensed account of those subjects required for certificates of sanitary proficiency, we must at once admit that the task has been very successfully fulfilled. Beginning with an alphabetical synopsis of the Public Health (London) Act, 1891, with relative sections in other Acts, which is condensed to the cramming point, the author goes on to deal with the appointment, tenure of office, and duties of the sanitary inspector: but it must always be borne in mind that these are only relative to English law. This chapter is very lucid, and enables the student to form a clear conception of the duties of the office. In speaking of the qualifications of the officer, he agrees that some assurance ought to be given to the public that the person entrusted with such responsible work is sufficiently qualified, he enumerates a list of the said qualifications, and proceeds to give in detail the examination which is conducted by the Sanitary Institute for certificates of competency. Keeping in mind that a similar examination is conducted in Scotland by the corresponding body, we would urge that there are defects in each examination which ought to be rectified. In the first place, each candidate ought, at least, to be able to write legibly, be a fair arithmetician, and have a capable knowledge of English composition. Neither examining body takes any step to acquaint itself with the knowledge or ability of a candidate in these respects until he has presented himself for the examination, and the examiners are confronted with the difficult duty of appraising the value of the answers to a printed paper of questions through the atmosphere of crooked spelling and distorted composition. Again, the examination is entirely a theoretical one. So far as we know, neither examining board demands any form of practical examination; consequently, a clever candidate with good memory, without any practical knowledge whatever of the subject, runs an excellent chance of passing the examination and obtaining the desired certificate, remaining, all the while, ignorant of the work of the inspector as it occurs in practice. Steps ought to be taken to remedy both defects, all the more as in certain sanitary Acts the certificates of these examining bodies are deemed worthy of acceptance for appointments.
The anomaly has thus been established of the legislature recognising as competent for these appointments men who have passed these examinations, the legislature, at the same time, making no conditions regarding, and having no supervision over, the said examinations. This oversight, however, will be partly met by the new conjoint board of examiners appointed by the Local Government Board.

The office routine of the inspector regarding nuisances and the procedure to be adopted, the returns which are demanded of him, and the forms of nuisances, receive adequate attention by the author. An excellent chapter on house-drainage follows, in which we are pleased to find that the author gives prominent place to the smoke-test for drain deficiency, unlike others who believe in oil of peppermint, brown paper, smoke-rockets, &c. Experience has amply confirmed the value of the smoke-test; and it is full time that the trifling with peppermint, &c., should be wholly abandoned. We observe, also, that the author believes (p. 160) that in the siphonage of a trap "a vacuum is created behind a column of water which sucks the water out of the trap." This is not a true description of what happens; it is true in respect that a partial vacuum is so produced, but the water is driven out of the trap by the normal pressure of the atmosphere, which is, at the moment, greater than the pressure inside the pipe, in the attempt at restoration of atmospheric equilibrium.

The author, very properly, has a good deal to say regarding infectious diseases and disinfection. He advocates the use of liquefied SO₂ in a humid atmosphere, or 1½ lb. of chloride of lime, moistened with "a few drops of strong" HCl, for every 1,000 cubic feet of air-space. To properly liberate the chlorine, more than a few drops will be necessary for this quantity. It would appear, also, that besides this fumigation, the room and its contents should be sprayed over with a 1 to 1,000 solution of corrosive sublimate. It would hardly be possible, we should think, for any stray microbe to survive such treatment. We would suggest to the author that it would be enough to deem these methods as alternatives, and that the latter is by far the better. Aerial disinfection is not necessary.

The important subject of meat inspection has received careful attention, both as to its legal and practical aspects; the former, especially, is exhaustively considered, and the pathological appearances of animals which are suffering from disease are described summarily, but precisely. The sanitation of slaughter-houses, of dwelling-houses, and of factories and workshops, with relation to the law, are intelligently con-
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sidered, and the enactments of the Canal Boats Act, of the Sale of Food and Drugs Acts, and of the Margarine Act are fully dealt with. We congratulate the author upon his work, and we consider that it will be of excellent service to those for whom it is intended.

Hygiene and Public Health. By Louis C. Parkes. Fifth Edition. London: H. K. Lewis. 1897.

The appearance of another edition of this popular manual within two years of the previous one demonstrates the estimation in which it is held by students and practitioners. To all intents and purposes, however, it is identical with the former edition, when the necessary emendations consequent upon the advance of knowledge are taken into consideration. As the manual was reviewed somewhat at length in the December number of the Journal for 1895 (vol. xliv, No. 6, p. 460, et seq.), we do not propose to traverse the same ground, for many of the points then discussed still form parts of the book. Suffice it to say, however, that it is a very safe guide for those who desire to possess knowledge on the varied subjects of hygiene and public health. There are but two points, in addition to those noted in the former critique, to which we would draw the author’s attention. The first is connected with the subject of siphonage of traps (p. 140). The author says—“Where one soil-pipe receives the discharges of several water-closets on different floors, the passage of the contents of one of the upper closets down the soil-pipe may cause the water in the trap of one of the lower closets to be drawn off, owing to the suctional force of the downward current of air caused by the descent of the liquid in the soil-pipe.” Exception must be taken to the words which we have italicised, since they do not truly describe what takes place in the act of siphonage. It is as correct to speak of suction in this connection as to speak of a suction-pump; for suction has nothing whatever to do with the action of either. What does happen in the act of siphonage is a differential atmospheric pressure within the soil-pipe in front and behind the down-flowing column of water; that is to say, that the pressure behind the water column is less than that of the normal atmosphere; consequently, the normal atmospheric pressure, being greater than that in the soil-pipe at the moment the water column has just passed the trap, drives or presses the water out of the trap to follow the descending column in the soil-pipe, in its attempt to restore atmospheric equilibrium.
The second point is to be found in connection with the apparatus used for the estimation of CO₂ by Pettenkofer's method in the air of an occupied place. The author recommends that a glass-stoppered vessel, about 2 litres in capacity (p. 286), should either be filled with mercury and emptied in the place the air of which is to be examined, or should be filled with the air by means of a bellows. We fail to see the value of the former procedure, but we do perceive its great unhandiness, for when we remember that 2 litres of mercury weigh close upon 60 lb. in weight, which weight must be carried to and from the place of collection, the analysis of air becomes a ponderous business; besides, there is not the superiority in this over the bellows method to demand the carrying of this half a hundredweight of burden.

A Contribution to the Natural History of Scarlet Fever. By John T. Wilson, M.D., D.P.H. (Aberd.), Medical Officer of Health, Lanarkshire. Supplement to Public Health, February, 1897.

This brochure, although it only runs to twenty-two pages of print, is one of the best statistical researches into the natural history of scarlet fever which it has been our privilege to peruse. An enormous amount of statistical work has been overtaken in its preparation, and the statistical records of not only the constituent parts of Great Britain, but also of some of the principal countries of the continent of Europe, and of America, have been laid under contribution. The very numerous tables which give point to the text, and the series of graphic charts which picture the results found, indicate the range of the author's research.

Dr. Wilson starts his inquiry by assuming the generally acknowledged fact that, during the last quarter of a century, there has been a gradual decline in the mortality of this disease; and he divides his research into two parts—viz., (1) To what extent has this reduction prevailed in this and other countries? and (2) what are the causes of the diminution?

He shows that, whereas in Scotland in the four quinquennial periods—1855-74—the average annual death-rates per 100,000 of population were 97, 86, 97, and 108, in the succeeding four like periods—1875-94—they had fallen to 68, 42, 23, and 20 respectively; in short, that the death-rate per 100,000 is now but one-fifth of what it formerly was, and that the reduction
amounts to nearly 80 per cent. This decline has been experienced not only in Scotland, taken as a whole, but in the various districts into which the country is divided for statistical purposes; and the same is true of England, and Ireland, of certain other European countries, and of America. His figures also prove the generally accepted facts that the mortality is greatest within the first five years of life, that 60 per cent of the total deaths occur within that age limit, and that the incidence of mortality is practically identical for the sexes.

The mortality from the infective type of diseases depends upon two main factors, viz.—(1) The prevalence of the disease, or the morbidity-rate; and (2) the type of the disease, or the fatality-rate, and from both the death-rate, or mortality-rate, is the resultant.

The author, in seeking to discover the causes for the diminution of the mortality, proceeds to inquire whether this diminution arises from diminished prevalence, from lessened fatality of type, or from both, and he arrives at the conclusion that, while for Great Britain generally there has been, coincident with the general decline in mortality, a diminution of virulence of type, there has been no reduction of morbidity or number of cases, for in individual populous centres the relation between the morbidity and mortality is not the same; for example, in Aberdeen the mortality has risen slightly with a disproportionate rise in the morbidity, while in Northampton, with increase of morbidity there is accompanying decrease in mortality.

The statistics of the isolation hospitals of Glasgow, and of the Metropolitan Asylums Board of London, from 1871-75 down to 1891-94, indicate for each quinquennium a progressively downward fatality, in the former, for 1871-75, the percentage fatality being 15·3, and in the latter, for the same period, 12·2, while in both, for 1891-94, the percentage is the same, 6·3, while the numbers admitted for the disease has been progressively upwards during the same period of time, 1871-94. This, undoubtedly, indicates a lessened virulence of type even in hospital practice, and the figures quoted also point to a like condition in home-treated cases.

His general conclusions from the morbidity-rates over Great Britain, procured by notification, are formulated as follows, viz.—(1) That a marked fall may take place in the mortality from the disease in question without diminution of number of cases; (2) that the disease still is a prevalent one, and that it attacks annually, on the average, about 50 persons per average
10,000 of the population of England and Scotland; and (3) that, notwithstanding notification, there is no marked decline in the prevalence of the disease, although alongside of this there is diminished mortality.

His enquiry into the fatality-rates also go to show a progressive diminution in the virulence of type of disease.

In considering the effect of preventive measures upon the disease, Dr. Wilson concludes that the prophylactic value of hospital isolation is by many over-rated, and that the disease, both as to its etiology and dissemination, is little influenced by general sanitary measures, except inasmuch that the general improvement of insanity environment tends to improve the vital resistance of those attacked, and to expedite recovery. Whether scarlet fever is influenced largely by climatic conditions or not is still a question for the careful and continuous observation of the future, and the author contents himself by pointing to this; but it would appear, speaking broadly, as if it were principally a disease of the temperate zone, influenced in some measure, as Ballard and others have shown, by yearly and daily ranges of temperature, while the statistics of some American States relating to the mortality of the white and coloured races respectively, indicate, by a much lower mortality rate in the latter, as if it were also governed in some degree by racial distinctions.

A careful perusal of this *brochure* will amply repay the reader, and we cannot but congratulate the author on the successful completion of a very arduous task.

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**The Distribution of Tuberculous Diseases in Glasgow, with Observations on the Relation of Phthisis to Room Density.**

By A. K. Chalmers, M.D., D.P.H. Glasgow: Robert Anderson. 1897.

This pamphlet is too statistical to be adequately summarised here, but some of its conclusions may be quoted. In the twelve years, 1883-94, the deaths from all classes of tuberculous disease in Glasgow fell nearly 19 per cent, phthisis by itself, and all other tuberculous diseases together, each exhibiting practically the same reduction—viz., 19 per cent.

The "room density" (or number of "persons per room" in the average house) of the whole city fell from 2·040 in 1881 to 2·033 in 1891, while the phthisis death-rate fell from 268 to 230 per 100,000 living. All districts except one which
have a phthisis death-rate above the mean have also a room
density above the mean.

Of eleven districts which have a phthisis death-rate below
the mean, five have a room density above the mean, so that
the relation between room density and phthisis is not a simple
one, and excessive density is not at once responded to by
an increased phthisis death-rate. It is probable that room
density, like density per acre, must attain a certain degree of
intensity before its effect becomes appreciable.

Everything that can contribute to our knowledge of the
etiology of phthisis will be welcomed by the medical pro-
fession, for very many factors go to make up this etiology,
and it is only after the elimination of one after another of
these has greatly reduced the proportion of persons who are
destined to fall victims to this scourge, that the enforcement
of such stringent measures as notification and segregation will
become at once just and practicable.

County of Lanark: Sixth Annual Sanitary Report. By
John T. Wilson, M.D., D.P.H. (Aberd.), County Medical
Officer. Glasgow: Robert Anderson. 1897.

This is the record of the sanitary administration of the county
of Lanark for the year 1896, embracing an area of 542,340
acres, covered by a population of 228,942 persons. Consider-
able progress is being made in the establishment of good
sanitary conditions in those parts wherein they were formerly
awanting. The death-rate per 1,000 has fallen to 15, the
birth-rate being 37.4. While in some of the mining districts
infantile mortality is comparatively high, all over the county
generally there were 106 infant deaths to every 1,000 births.
It is pleasing to observe that the County Council is evidently
at the commencement of a forward movement toward the
prevention of river pollution in the county, and that contribu-
tory polluters by sewage have been asked to state within a
limited time what means they propose to adopt to render
harmless the sewage which presently pollutes the streams
within the county. Pollution by coal-washing appears to
prevail somewhat largely, and forty-six collieries have been
reported upon as contributing seriously to the fouling of
streams by this mode of pollution. The extent of pollution
from individual pits can be gauged by the suspended matter
found in the effluents, and the amounts vary, in different pits,
from 29,985, 1,171, 562, 378, 200 grains, down to 1 grain of
suspended solids per gallon. The need for purification measures is at once obvious. During the year seven collieries were reported to the Secretary for Scotland for powers to prosecute. The county is fairly well provided with isolation hospitals. Of the zymotic diseases, scarlet fever was the most prevalent during the year, from which, of 100 persons attacked, only 3 died; and, generally speaking, the notifiable infective diseases were less prevalent than usual.

**Report of the Dublin Sanitary Association.** Dublin: John Falconer. 1897.

This Association offers to its members the same privileges which other sanitary associations, in other centres of the kingdom, have combined to offer—viz., yearly inspection of the sanitary fittings of their houses, and, at the same time, serves a useful public purpose in (1) creating an educated public opinion on sanitary matters generally; (2) in drawing the attention of the authorities of the city of Dublin to the inadequacy, insufficiency, or want of exercise of the powers necessary to maintain the sanitary condition of the city; and (3) to watch the course of sanitary legislation. To this extent, therefore, it is in advance of ordinary sanitary protection associations elsewhere; the record of work done by this Association indicates activity in all these directions. Incorporated with the report is the address of the president (Dr. Moore), in which he deals with the defective sanitation of some of the seaside resorts near Dublin, the Public Health (Ireland) Act, 1896, epidemics in Dublin and isolation hospitals, and tuberculosis, its prevention and cure, among other topics. A very complete table, giving the deaths from tuberculous diseases in England and Wales, Scotland, and Ireland, and in Dublin and Belfast, for the period of 1881-1894, serves to illustrate many points in the address.

**Manual of Gynaecology.** By D. Berry Hart, M.D., F.R.C.P.E. and F.R.C.S.E., and A. H. Freeland Barbour, M.A., M.D., F.R.C.P.E. and F.R.C.S.E. Fifth Edition. Edinburgh and London: W. & A. K. Johnston. 1897.

A new edition of so well known a text-book hardly requires many words of notice. A valuable book from the first, it has become only more valuable with each new edition, as the
subject matter has become more practical. The present edition is larger than the last, and it is in the parts dealing with operative treatment that the increase has mainly taken place. Operations are given with more detail than formerly, and no pains have been spared to bring the book up to date in this or any other department. A new chapter has been given to deciduoma malignum.

The Menopause and its Disorders (with Chapters on Menstruation). By A. D. Leith Napier, M.D., F.R.C.S. Ed., M.R.C.P. Lond., F.R.S. Ed., &c. London: The Scientific Press, Ltd. 1897.

This is the first important work dealing with the menopause which has been published in this country for years. In most text-books the whole subject is dismissed with one short and most unsatisfactory chapter, so that one now takes up this book with a distinct feeling of interest. Not only the phenomena of the menopause are treated of at considerable length, but the various ailments and diseases of women as they are affected by the menopause receive due attention. Thus we have chapters on uterine fibroids and ovarian cysts, on prolapsus uteri, on cystocele, &c. Perhaps, however, the most interesting parts of the book are the chapters dealing with the theory of menstruation. The author gives an historical account of the various theories which have been held from time to time, and finishes up with a very full account of the nerve theory in its various developments, including the latest which he himself supports. Briefly, his theory is that "menstruation is the result of peripheral irritation from (utricular) gland increase" acting through the sympathetic on nerve centres in the cord and cerebellum. There is in consequence increased growth of the stroma and vessels of the uterine mucous membrane for some days before the period, then there is congestion of the vessels with breaking down.

The Menopause. By Andrew F. Currier, A.B., M.D. New York: D. Appleton & Company. 1897.

The ideas expressed in this little book have been formulated by the author after sixteen years' practice, and contain his convictions on the subject of the menopause. There are two serious errors which, according to him, are very prevalent.
The first is "that the menopause is an experience fraught with peril and difficulty," "a serious, yea, even a most dangerous time and experience." The second is "that there is in some way the most intimate relationship between cancer, especially of the womb and the breast, and the menopause." These are the errors our author starts to combat, and it is but fair to him to say that he never loses sight of his object. If the reader has not realised the folly of these traditions by the time he has got to the end of the volume, it is not for want of frequent repetition. It does not seem that this book has added much to the sum of human knowledge on the menopause.

Notes on Medical Nursing. By the late James Anderson, M.D., F.R.C.P. Edited by Ethel F. Lamport. Third Edition. London: H.K. Lewis. 1897.

These lectures are most excellently adapted to the purpose for which they are intended—viz., as first lectures to probationers in medical wards. They are simple and clear, and give the elementary facts of physiology which every nurse wants to know, and needs to know, in an interesting way. The practical part of the lectures, too, is clear, and the principles of treatment in certain cases—e.g., cardiac cases and diseases of the alimentary tract—are sufficiently explained as occasion arises. The lectures should be interesting to all nurses who are just starting a hospital course.

The Midwife's Pocket-Book. By Honnor Morten. London: The Scientific Press, Limited. 1897.

This volume, of about one hundred pages, forms No. 3 of "The Burdett Series of Popular Nursing Text-Books." The introduction is taken up chiefly with some excellent remarks regarding antiseptics in midwifery and "rules of conduct" for midwives. Then follows some useful information on the different hospitals and training schools, advice to those going in for the London Obstetrical Society's examination, and examples of some of the recent examination questions set by that Board. The last half of the book is devoted to the "Positions," "Anatomy of the Parts," "Rules for Conducting a Case," "Practical Alphabetical Guide." We commend the volume to all midwives as being a useful text-book of reference.
Our Baby: For Nurses and Mothers. By Mrs. Langton Hewer. Fifth Edition. Bristol: John Wright & Co. 1897.

This is a thoroughly practical and useful little volume. The chapters regarding the feeding and clothing of infants are excellent, and will certainly be most helpful to young mothers. The remarks on the diseases of infancy, and the medicines useful in their treatment, will also be of service to them. Altogether, the volume is admirably suited for those it is written for.

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The Student's Handbook of Diseases of the Skin. By "Utile Quod Facias." Edinburgh: E. & S. Livingstone. 1897.

This little book is not without merit, and will probably accomplish the one object the author professes to have had in view—viz., to assist students in the diagnosis and treatment of skin diseases. The illustrations do not greatly enhance the value of the work. There are one or two misprints, and we notice that the author speaks of papules in connection with purpura rheumatica. At the same time it must be said that the blemishes are few, and scarcely such as to detract from the usefulness of the book to the undergraduate.

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**ABSTRACTS FROM CURRENT MEDICAL LITERATURE.**

**PHYSIOLOGY.**

By William Snodgrass, M.A., M.B., C.M.

Production of CO₂ and Consumption of O in the Lungs.—In continuation of their research, the results of which were published in the Archiv de Physiol. Norm. et Patholog., July, 1897, MM. Ch. Bohr and V. Henriques adduce in the October number further evidence proving that the lung is not only the seat of the excretion of CO₂ already formed in the blood, and of an absorption of O in a dissociable condition, but that this organ, at the same time and in variable measure, may be the seat of an inverse phenomenon—namely, of a process in virtue of which oxygen is consumed and CO₂ formed. It can no longer be held that the exchange of gas between the blood and the air of the lung takes place by simple diffusion. It must be admitted that the pulmonary epithelium plays an active part during respiration. It is also demonstrated that the lungs (probably by a species of internal secretion) are able to modify the amount of O held by the blood, and consecutively the distribution of O between the blood corpuscles.