examined in either case. The distribution of the tumours was a fairly sufficient indication that they had not been disseminated by the blood stream, as in his cases only the skin of the trunk was affected, and not the head or arms. The nodules in the lung in Oliver's case were not said to be sarcomata, but were possibly due to miner's anthracosis.

IV.—ACUTE TUBERCULOUS CHOROIDITIS FOLLOWING OPERATION FOR TUBERCULOUS LESIONS IN A LIMB.

By Dr. G. H. Edington.

Dr. Edington narrated the particulars of the case of a boy, aged 3 years, in whom operation for tuberculous lesions in a limb had been followed by acute tuberculous choroiditis. Evidences of tuberculosis had appeared after an attack of measles. These comprised affection of left knee- and elbow-joints, and enlargement of lower end of left humerus, whilst ulceration was present on palm of left hand, and the cubital gland was enlarged and softened. The palmar ulcer was scraped, as also the cubital gland. Four days later the cornea of left eye was observed to be "steamy." The eye condition became rapidly worse, great enlargement of globe being a prominent feature. Dr. Ramsay enucleated after a diagnosis of tuberculous choroiditis, and this was confirmed on microscopic examination.

REVIEWS.

Ovariotomy and Abdominal Surgery. By Harrison Cripps, F.R.C.S. London: J. & A. Churchill. 1898.

Although the chief title of this book suggests that it belongs to the domain of gynaecology, the writer of it is not a specialist but a "general surgeon," and the subject matter of the work is so varied that it includes chapters on Gastrostomy, Excision of the Pylorus, Appendicitis, Operations for Intestinal Obstruction, Inguinal Colotomy, the Surgery of the Kidneys, Splenectomy, and the Radical Cure of Hernia. The title-page informs us that Mr. Cripps is "Operator for Abdominal Operations to the Ward for Diseases of Women in St. Bartholomew's Hospital," and we presume we are right in assuming that the
medical attendant on that ward (whether called a physician or surgeon we know not) performs all necessary operations excepting abdominal sections. If, therefore, the uterus is removed by the vaginal operation it is done by Dr. Champneys, but if by abdominal incision Mr. Cripps is the operator! In so old a hospital as St. Bartholomew's we need not be surprised at so clumsy an arrangement subsisting; but we have no doubt that it is destined to be changed before many years have elapsed.

In the production of this work Mr. Cripps has relied on Mr. Herbert Waring for the description of the anatomy of the abdomen, while the chapter on the surgery of the kidney is from the pen of Mr. Bruce Clarke, and that on the radical cure of hernia from that of Mr. C. B. Lockwood.

The anatomical description might well have been omitted, as it contains nothing but what is more succinctly and accurately given in anatomical text-books. The illustrations which accompany this description leave much to be desired; they are crude in colouring and not very accurate in detail. The displacement of the Fallopian tube below the level of the ovary in Plates X and XI is no doubt intentional, but should be mentioned in the description of those plates. We do not think that anything is gained by calling the anterior surface of the bladder the inferior surface, even although it is lowest when the woman is in the erect posture. The anatomical facts generally are given with fair accuracy, but they lack that relation to each other which would make them useful to the operator; or to put it another way, the descriptions would be more valuable if they were "topographical" instead of "classical" in form.

Very full details are given of the operating theatre and the antiseptic preparation of the patient, surgeon, assistants, and nurses. We could spare much of this, and more especially the numerous woodcuts from an instrument-maker's catalogue; but are pleased, at the same time, to have the particulars given as to the construction and organisation of the "Martha" theatre at St. Bartholomew's Hospital.

The description of the operation of ovariotomy contains nothing very striking or new. We observe that Mr. Harrison Cripps is still a firm believer in free flushing of the abdominal cavity. He says "it is impossible to over-estimate the value of this flushing if pus or other septic material has escaped into the abdominal cavity; and I consider that of all the many invaluable improvements introduced by Lawson Tait into abdominal surgery, none exceed in practical importance
this simple means of ensuring cleanliness." That irrigation is in many cases desirable we do not doubt; but surgeons have had good reason to suspect that in some instances septic matter has by it been washed into the recesses beneath the liver and elsewhere, with resulting septic peritonitis and death. On the question of drainage we consider his position is much more sound. "When I first commenced my ovarian work," he says, "I used the drainage-tube much more frequently than I do at present; for, although in certain cases it is invaluable, it has its drawbacks, which make it undesirable to use except in special circumstances." Much of the success of the surgeon as an ovariotomist will depend on the soundness of his judgment as to when to irrigate and when to drain.

Mr. Cripps's book must be taken with the limitation he has himself set. It does not claim to be a complete treatise on the subjects discussed; it makes no reference to the various methods of operating described and practised by other surgeons, it discusses no problems of pathology, it does not often give the reasons for a particular procedure. It is simply a record of his own methods of work, and of the results he has been able to obtain. Looked at in this light it is much less open to criticism than it would otherwise be; and it must be admitted that, within the limits thus laid down, it is an admirable, instructive, and valuable contribution to medical literature.

We regard the notes of cases which form an appendix to the book as really the most valuable part of it; they are brief summaries of 183 cases of abdominal operations ranging from ovariotomy and salpingectomy to colotomy and operations for diseased appendix. The essential details are given in brief, but clear and effective fashion, and form a useful record of an interesting series of cases. It would have been well if the author, in recording the cases of colotomy, had stated the situation of the operation; in some instances this is done, but in the larger number we are left in doubt as to whether the inguinal or lumbar method was the one adopted.

A Text-Book of Diseases of Women. By Charles B. Penrose, M.D., Ph.D. Second Edition. London: The Rebman Publishing Co. 1898.

It is not a little significant that, in the course of the present year, no fewer than three important contributions to
gynaecological literature have come to us from the other side of the Atlantic. Of these, Kelly's *Operative Gynecology* and Webster's *Diseases of Women* have already been reviewed in our pages. It is, of course, only with the latter that the book now before us can be compared. Both are excellent; Webster's, perhaps, being the more philosophic. It remains to be said, however, that Dr. Penrose writes for the medical student, which more than explains the limitation of his work. That it has reached a second edition within a year proves that it has met with acceptance in America.

While the classification and arrangement adopted by the writer are, as we think, more arbitrary and traditional than they need be, this is compensated by the omission of much of the irrelevant matter which encumbers most of our English text-books, and by the admirable proportion observed in the relative prominence given to the various forms of disease. The author rightly holds that rarities and rival theories are out of place in a text-book for beginners.

The volume opens with a brief but judicious account of the various methods of examination, special emphasis being laid on the necessity of always inspecting the external genitals. Nearly a whole page is devoted to the examination of the kidneys for mobility or displacement, which will be appreciated by all who have any experience of gynaecology. It will be new to many that the uterine sound is of but little if any use. With the exception that the writer underrates its value in determining the character of the endometrium, we are in hearty agreement with his general remarks.

After a cursory description of the diseases of the external genitals and vagina, the author goes on to describe the anatomy of the perineum. Following upon this there are no fewer than thirty pages devoted to the injuries to the perineum and to the results therefrom, chapters which are thoroughly practical and worthy the attention of those for whom the book is written.

A specially good feature of the book is the precision with which Dr. Penrose deals with the causes of the various pathological conditions. He does not allow himself to be guided by his imagination, but tries to explain disease from the point of view of causation. Sepsis and gonorrhoea are the predominating factors in all inflammatory conditions. A special chapter, which will be found fairly satisfactory, is devoted to the subject of gonorrhoea in women.

The surgical tendency of gynaecology is kept in view, but
the book is not allowed to degenerate into a surgical *vade mecum*, and conservatism, in the best sense of the word, is everywhere enjoined. That *no woman should at operation be exposed to any dangers not inseparable from her condition* is the author's emphatic protest against the inhumanity and criminality of those who, without adequate training in surgery, persuade a woman to submit to operation. The moral obligations of the surgeon are admirably stated.

Amongst other praiseworthy features we would mention the brevity of the chapter on disorders of menstruation, and the general account of displacements of the uterus, though the importance of retroflexion is somewhat exaggerated. Less satisfactory is the chapter on endometritis, where the writer fails to bring into clear relief the distinction between inflammation and hyperplasia independent of infection. As might be expected of a disciple of Emmet, the influence of laceration of the cervix in the production of endometritis is overestimated.

Omissions are numerous, little or nothing being said of atropia uteri, kraurosis vulvae, deciduoma malignum, or treatment by electricity. The chapter on malformations is somewhat meagre; and that on operative treatment of inversion of the uterus, apart from hysterectomy, as a last resort, is unmentioned.

The chapters devoted to surgical technique bring nothing new. The student will doubtless acquire from them a general idea of what constitutes a large part of gynaecological surgery, but that is now so fully dealt with in special treatises that it is doubtful if much of practical value results from its inclusion in an ordinary student's text-book of diseases of women.

On the whole, we have much pleasure in commending the work, not only to students, but also to the general practitioner.

The Span of Gestation and the Cause of Birth: *A Study of the Critical Period and its Effects in Mammalia.* By John Beard, D.Sc. Jena: Gustav Fischer. 1897.

This ingenious and original essay shows in the author a speculative rather than an experimental turn of mind. It is an analysis of the true relationships of the periodical phenomena of reproduction in mammals. This essential and interesting part of embryology is habitually ignored in systematic treatises, but appears in certain speculative sections
in works on midwifery. A better knowledge of these time relationships, it is most probable, will, in the future, enable us to predict with more accuracy the time of birth, and conversely, knowing the time of birth to better judge whether certain alleged antecedent events may really have happened.

The "critical unit," as the author calls it, is the scientific determinant in his "constructive theory of the basis of the gestation length." The critical unit is the lapse of time in the development of any mammalian species from the fertilisation of the ovum until the embryo is "first complete in all its parts" and able to "provide for its own nutrition." The "critical period" marks the end of the critical unit, and at this time birth in marsupials takes place. Ovulation, naturally, is suppressed during utero-gestation and recurs shortly after birth; and in these mammals, therefore, the time from one ovulation period to the next is a little longer than the critical unit. This is called the "ovulation unit," and is determined by the critical unit. This rhythmic characteristic of the reproductive phenomena in mammalia, established in the early forms, dominates these phenomena in the later representatives also. By the introduction of allantoic placenta in the eutheria, the span of gestation becomes lengthened. The increment, however, is not gradual, but in consonance with the rhythm initiated in the metatheria. But, utero-gestation being prolonged, parturition at the critical period is missed, and birth does not tend to take place until the end of another critical unit; or, in other words, just before the next ovulation period, or a higher multiple of that unit. Dr. Beard's list of species studied contains ascertained instances, which form a consecutive series in which the span of gestation varies from one up to nine times the critical unit; thus showing that whatever length gestation may be, it is determined by, and is a multiple of, a certain rhythm or unit of time—viz., the critical unit. And as the series of changes that eventuate in birth are initiated by the maturation of the ova in the ovary, ovulation may be said to be the direct cause of birth. Therefore the lengthening of the time of gestation in mammals must have taken place by steps, and not gradually, which is inconsistent with the theory of gradual evolution. We fear that there are many other biological changes to which the description of gradual does not justly apply. We consider that Dr. Beard, in the commentaries with which his essay is pervaded regarding the general biological bearings of his theories, should have referred to this important aspect of the matter had it occurred to him.
Outlines of Practical Surgery. By Walter G. Spencer, M.B., M.S., F.R.C.S. With 120 Illustrations. London: Baillière, Tindall & Cox. 1898.

As the title of the book indicates, this single volume is not intended to be a treatise on surgery, but, if one might so say, an enlarged epitome of surgical practice. Bacteriological and pathological details are omitted, as is also the surgery of the eye, the author regarding these as best treated in special works.

The volume is divided into two parts. General surgical methods are first considered, including the treatment of wounds, the surgery of arteries and veins, of lymphatics and lymphatic glands, nerves, mucous cavities and tubes, skin, muscle, tendon and connective tissue, fractures and dislocations, bones and joints, amputations and disarticulations. The second part takes up seriatim the surgery of the various regions, beginning with the surgery of the head and concluding with the surgery of the spine.

It might, of course, be said that works on surgery have so multiplied of late that it becomes a question whether the supply does not exceed the demand. To the busy practitioner, however, of several years' standing, who has not for long read a large work on surgery except for reference, and who has not the time now to wade through a treatise of several volumes, and to the senior student who has just read such a treatise and wishes a concise statement of surgical facts up to date, the present work can be heartily recommended.

The book is well written, and admirably fulfils its purpose. The type is distinct and easily read. The illustrations are nearly all original, and are printed with a dark background.

Orthopædic Surgery. By James C. Moore, M.D. London: The Rebman Publishing Co., Limited. 1898.

Orthopædic surgery is defined by the author as being the "prevention and correction of deformity." It therefore embraces in its scope all joint diseases, spinal disease, rickets, talipes, the various forms of paralysis, and a number of minor deformities, such as wry-neck and hammer-toe. If the definition be strictly kept to, orthopædic surgery should concern itself also with the cure of such conditions as cleft-
palate, hare-lip, extroversion of the bladder, spina bifida, branchial clefts, &c.; but these are not mentioned in the work before us. We have no doubt that the two conditions which furnish most cases to the orthopaedic surgeon are spinal curvature and diseases of the joints.

The work before us reflects credit on the publishers and printers. It is well and clearly printed on admirable paper, the illustrations are numerous and beautiful, and the general get-up leaves little to be desired. We are sorry to be unable to speak equally highly of the letterpress. In a book which bears the imprint of 1898 we naturally expect to find some particulars as to the forcible correction of the deformity in curvatures of the spine, but the matter is not even mentioned. Again, there is no word of the treatment of Pott's disease of the vertebrae by oblique suspension or by horizontal extension, no description of the operative treatment of flat-foot, and no satisfactory account of atlanto-axial and occipito-atlantal disease. Many subjects are dismissed with so scant a description that the reader gains nothing by perusing the paragraphs treating of them. Thus, the whole operative treatment of internal derangements of the knee-joint is summed up in the statement that "cases have been reported in which the misplaced cartilage has become diseased, requiring its removal." As to the removal of the astragalus in talipes, the author states that he has never practised it, but that he has frequently taken away the astragalus for disease, and "finds that it can readily be removed through an incision along the outer side of the foot between the peronei tendons, provided it be removed in pieces." Possibly he means that the incision is placed between the peroneus brevis and tertius, but the sentence as it stands does not convey that impression. Dr. Moore's statement that supra-condylar osteotomy for genu-valgum is safer when done from the outer side of the femur is very questionable, and the additional opinion that the incision is further from the femoral artery than if made on the inside has no foundation in fact.

Knowing the transatlantic origin of the book we were prepared for variations from classical English, but did not anticipate anything so bad as the following sentence:—"The temperature offers us no help in diagnosis, because it varies so, and may be entirely absent" (the italics are ours). Nor can we consider the statement that "the shoe on the well side," &c., is an example of elegant diction.
Idiopathic Ulcerative Colitis (Dysentery). By James F. Gemmel, M.B. London: Baillière, Tindall & Cox. 1898.

This essay does credit to its author. It is a well printed and well illustrated quarto volume, which deals with a subject whose importance may be estimated from the fact that nearly 9 per cent of the average annual mortality in the Lancaster County Asylum is due either to ulcerative colitis itself or to some disease complicated by colitis. The author considers "idiopathic ulcerative colitis" to be the same thing as "dysentery," in the familiar sense of this term, and recognises its association in the past with typhus, malarial fever, and scurvy. Dysentery may be classified as epidemic, endemic, and sporadic; in asylums "it may be regarded as endemic, with occasional increments of epidemic severity." But, for clinical purposes, Dr. Gemmel adopts the classification of Frank and Horn into acute sthenic, acute asthenic, and chronic. The virus is supposed to be a bacillus. Quinine is highly praised as an internal medicament, and among the other methods of treatment recommended is the local application to the large bowel of turpentine with salol in warm water.

The volume includes temperature charts, statistical tables, a summary of the post-mortem appearances in eighty cases of the disease, micro-photographs and coloured plates of microbic cultures, and of dysenteric bowels. We congratulate Dr. Gemmel on the production of this excellent monograph.

The Care of Consumptives. By W. H. Daw, M.R.C.S., L.R.C.P. Lond. (The Burdett Series, No. 7.) London: The Scientific Press, Limited. 1898.

This book is designed specially for the use of nurses who have charge of consumptive patients, and besides giving directions for the actual nursing of such cases, includes an account of the symptoms of the disease, its prophylaxis, and its climatic treatment. We daresay that, in the main, the book will be helpful to those of the laity who may read it, but that is about all we can say in its favour. The happy-go-lucky way in which our mother tongue is employed throws a suggestive light to us on some of the difficulties we have met with in the writings of German medical authors, and we have no hesitation in conceding that the punctuation is
entitled to claim affinity with the style. To illustrate Mr. Daw's accuracy of statement, let us quote his remark (p. 10) that "no efforts have hitherto been made to prevent the spread of the disease" [consumption, namely], while his diplomacy is just hinted at in some observations on marriage in the chapter on prophylaxis.

Mediterranean, Malta, or Undulant Fever. By M. Louis Hughes. London: Macmillan & Co., Ltd. 1897.

The disease which is so carefully studied in this monograph has had many designations bestowed upon it. It presents numerous points of resemblance to two other disorders, malarial fever and enteric, and it is only of late that it has emerged as an entity distinct from either. Thus it was returned as "remittent fever" by the Royal Navy and by the Malta Civil Government until 1896, and by the army until 1885. Many of the names by which it has been known imply a kinship with typhoid or malarial fever, or both—for instance, "intermittent typhoid," "recurrent typhoid," and "typho-malarial fever." Dr. Hughes now suggests the term "undulant fever" as better than any of its predecessors; it is based upon the undulations of temperature which constitute one of the most characteristic features of the disease. The specific micro-organism was discovered at Malta in 1886 by Surgeon-Major Bruce, now of Netley. It is a micrococcus which answers to all the postulates laid down by Koch, and has been named by Dr. Hughes "micrococcus melitensis vel Brucii." Indeed, the description of this disease, its recognition as distinct from other diseases, and the demonstration of its specific organism are due solely to medical officers of the British army and navy.

As to the importance of a study of undulant fever there can be but one opinion, for in the Mediterranean, which is its principal habitat, there is a permanent force of over 25,000 British soldiers and sailors, and in this region it is the most prevalent of all diseases, except only venereal troubles, whilst its lengthened duration makes it the most serious of all from the financial point of view. Pyrexia is present on the average for more than sixty days, but cases have been met with exceeding three hundred days, and in two instances the duration was two years. The average time spent in hospital in Malta is seventy to ninety days. In the case of Dr. Hughes
and three relatives who suffered, the average pyrexial duration was one hundred and forty days. These facts indicate that though the mortality is low (2 per cent), the non-effective pay and invaliding must mean a large annual financial loss to Britain on account of this disease, and the sooner a remedy is found the better. Meanwhile, it is clear that quinine is not a specific as it is in ague; and, indeed, no drug has as yet been found capable of cutting short an attack. Inoculation may perhaps turn out to be of value in the way of prevention.

Dr. Hughes bases his work upon notes of over a thousand cases seen by him in the Mediterranean in the course of six years' practice. It is furnished with clinical records of illustrative cases, with temperature charts and with various statistical tables. There is occasionally manifest a slight tendency to repetition, but it is not certain that the book suffers thereby. In the main, it is well written; it is the product of much labour, and reflects genuine credit, not only on the author, but also on that branch of the medical profession to which he belongs.

The Mineral Waters and Health Resorts of Europe. By Hermann Weber, M.D., F.R.C.P., and F. Parkes Weber, M.D., F.R.C.P. With a Map. London: Smith, Elder & Co. 1898.

The present work is a revised and enlarged edition of The Spas and Mineral Waters of Europe which appeared a couple of years ago, and on which we commented in terms of unqualified praise in January, 1897. The 380 pages have now become 524; two chapters and much new matter have been added, and all the old matter has been thoroughly revised. We may allude again to the general arrangement of the contents. Beginning with the therapeutics of plain water, the authors proceed to describe the constitution and classification of mineral waters, and their action on the body as internal and external remedies. Then the influence of other agencies which come into play at spas is discussed—change of air, diet and habits, muscular exercises and massage; and the importance of the "after-cure" is alluded to. The different classes of waters are next considered in a series of chapters—thus, "simple or indifferent thermal" waters, "muriated or common salt," "simple alkaline," "muriated alkaline," "sulphated alkaline," "sulphated and muriated sulphated," "iron or chalybeate," "arsenical," "sulphur," "earthy or calcareous,"
and "table and very weakly mineralised cold" waters. A chapter follows on marine spas and health resorts, and another on inland climatic health resorts. There is a chapter on grape, whey, and milk cures, and on sanatoria for phthisis and for special methods of treatment. Another chapter deals with different diseases in relation to the selection of appropriate mineral waters, climates, exercises, &c. The localities for an after-cure are considered in the last chapter. The value of the book is enhanced by the extensive bibliography and index and by the map, and altogether we recommend it as an admirable treatise.

The Edinburgh Medical Journal. Edited by G. A. Gibson, M.D., F.R.C.P. Ed. New Series: Vol. III. Edinburgh and London: Young J. Pentland. 1898.

This journal continues to deserve the high reputation it has so long enjoyed. We congratulate those whose workmanship it is on the result of their labours.

ABSTRACTS FROM CURRENT MEDICAL LITERATURE.

NERVOUS DISEASES AND INSANITY.

By Dr. R. S. STEWART.

Heredity in Relation to Mental Disease. By Farquharson (Journal of Mental Science, July, 1898).—The following conclusions are drawn from an analysis of the admissions during thirty years into the Cumberland and Westmorland Asylum:—

1. The proportion in which hereditary predisposition existed was 30.7 per cent.
2. It is not actual insanity that is transmitted, but an inherited flaw in the nervous organisation; this may remain latent for one or more generations and subsequently reappear.
3. Hereditary predisposition to insanity is strongest when it is inherited through both parents.
4. The maternal influence is very slightly more potent than the paternal in transmitting the tendency to insanity.
5. Insanity inherited through the father is slightly more dangerous to the sons than to the daughters; insanity inherited through the mother is markedly more dangerous to the daughters than to the sons.
6. The female sex is markedly more liable to suffer from hereditary insanity than is the male.