A Treatise on the Theory and Practice of Medicine. By John Syer Bristowe, M.D. Lond., LL.D. Edin., F.R.S., etc., etc. Fifth Edition. London: Smith, Elder, & Co.: 1884.

Success is not always a safe criterion of merit. The success of this work is, however, but a measure of its merit, and the attainment of a fifth edition within eight years is a degree of success which is not given to many medical writers to experience.

In the present edition, the introductory chapter on diseases of the heart has been largely re-written, while subjects which, in the preceding edition, appeared in the appendix, are now relegated to their proper places, while the appendix or addendum contains a short notice of the cholera bacillus. The causation, symptoms, and morbid anatomy of the various diseases are discussed and recounted with calmness, fairness, ability, and accuracy, and the literary style is marked by unflagging care, and is often elegant.

The section devoted to the nervous system embraces the essentials of our more recent knowledge, and ought to be of inestimable value to the practitioner who seeks a knowledge of the more modern advances in this important and interesting department.

The book has one defect, and that is the brevity and want of definiteness in treatment. We know that opinion is divided as to whether this is to be regarded as a defect, but we are distinctly of opinion that it is. A book deficient in this respect is not of the same value to the young practitioner as it would otherwise be, and even to the student it tends to convey the impression that treatment is a secondary consideration, and that the means to be used do not require careful thought or judicious selection. We quite recognise the unsatisfactory position of scientific therapeutics, but we possess vast stores of valuable empirical therapeutics, which it is most desirable should not be thought too lightly of, and which are drawn upon by the more intelligent practitioners throughout the land, and applied with a shrewdness and success which is not always recognised by our leaders. Dr Bristowe, from his extensive and varied acquaintance with the clinical aspects of disease, must be well fitted to lay down more precise rules than he has hitherto done, and by doing so we are sure he would enhance the value of his work, and still further aid those who require guidance and assistance. Notwithstanding this defect, there is no book we would more heartily recommend to the student and the practitioner.
Clinical Lectures on the Practice of Medicine. By the late Robert J. Graves, M.D., F.R.S., Professor of the Institutes of Medicine in the School of Physic in Ireland. Vol. I. London: The New Sydenham Society: 1884.

Following soon after the appearance of Stokes' Diseases of the Chest, as a reprint by the New Sydenham Society, comes the republication by the same Society of the classical lectures of his master Graves. We think that the Society has done well in issuing this great work, which will always remain a monument to one who was, as Trousseau truly wrote, "a perfect clinical teacher." The influence of Cheyne, Graves, and Stokes, not only on the development of medical teaching in Ireland, but on the contemporaneous advances of the science and practice of medicine in the sister countries and in Europe, cannot be over-estimated, and the New Sydenham Society confers a great boon on the student of to-day by placing the works of the two latter physicians within his reach. Would it not be a matter of historical justice to unearth the works also of the former?

Elements of Practical Medicine. By Alfred H. Carter, M.D. Lond., M.R.C.P., Physician to the Queen's Hospital, Birmingham. Third Edition. London: H. K. Lewis: 1884.

Within a year from the appearance of the second edition of this excellent little work another has been called for, which is the most certain proof of its usefulness. Dr Carter wrote this book with the intention of producing "a simple introduction to the study of medicine," and he has succeeded admirably in carrying out his design. To all students entering upon dispensary practice, it has been and must continue to be invaluable, not only on account of the concise descriptions of disease, but from the presence also of some useful formulæ for the young prescriber, which are meant "to suggest in a general way the lines of treatment hitherto adopted." This third edition has very few alterations, as the second was marked by considerable changes, which brought it thoroughly up to the present time. We can heartily recommend the work to all who stand in need of an introduction to medicine.

Insanity and its Treatment: Lectures on Treatment, Medical and Legal, of Insane Patients. By Fielding Blandford, M.D. Oxon., etc. Third Edition. Edinburgh: Oliver & Boyd: 1884.

It is scarcely needful to write a review of Dr Blandford's book on Insanity and its Treatment, which has now come to a third edi-
tion. Written by a man thoroughly acquainted with the subject, it is admirable for comprehensiveness, clearness, and conciseness. There are many evidences in the present edition that the author has kept a watchful eye on the progress of psychiatry and the pathology of the nervous system. While Dr Blandford retains most of his well-known views on different disputed points of insanity, we notice that in one instance he has returned to a view which he had renounced. "In 1866," to quote Dr Blandford's words, "I said that general paralysis 'seems to be the peculiar degenerative inflammation of the cortical part of the brain, ending in total annihilation of the life, that is, of the functional activity of the part.' In the former edition of these lectures I inclined to the theory of Drs Poincaré, Bonnet, and Westphal, that the disease is primarily one of the sympathetic ganglia, the lesions of the cerebrum and spinal cord being secondary. My chief reason for advocating this theory was the fact that paraplegia in certain cases had existed for years before mental symptoms appeared. But I now think that Professor Ferrier's experiments warrant our belief that such paraplegic symptoms may be sometimes due to cerebral lesions and not to spinal, and that the cortical portion of the brain, and not the spinal cord, may be the seat of the disease throughout. Whether this be so or not, we may at any rate assume that the grey matter of the cerebral or the spinal centres is the seat of the morbid lesion, the essential nature of which is a slowly progressing degeneration of an inflammatory character."

We do not think Dr Blandford wrong in giving up the view about the dependence of general paralysis on degenerations of the sympathetic, for careful microscopic observers have failed to find anything peculiar in the trunks or ganglia of these nerves. The third edition of the book was published before the Beiträge of Dr Franz Tuczek, who has discovered important lesions in the nerve fibres of the brain which he regards as the characteristic, and perhaps the most important, lesions in general paralysis.

Sleep-Walking and Hypnotism. By D. Hack Tuke, M.D., LL.D. London: J. & A. Churchill: 1884.

By far the most important contributions which medical men have given to psychology are the observations upon somnambulism and hypnotism. Sleep-walking has been described by the writers of antiquity, but it is about a hundred years since Mesmer announced his discovery of the art of throwing people into the magnetic sleep. Such experiments were sure to attract attention, but they were mainly taken up by mystics and imaginative persons who could not resist the temptation of arriving at the results they themselves wanted. Dr Hack Tuke does full justice to the admirable experi-
ments of Braid, which, he says, "attracted, it must be confessed, very limited interest among medical men in England." It cannot be said this was the case in Edinburgh, where the late Dr Gregory, Professor of Chemistry, made such experiments fashionable, though it is to be regretted that he allowed himself to be led into serious errors. Dr Hughes Bennett's pamphlet on The Mesmeric Mania of 1851 was written in a more scientific spirit. Mr Braid explored the subject so successfully that for twenty years little or nothing was added to our knowledge of the subject. Within the last four or five years, however, hypnotism has been the subject of numerous observations by distinguished physicians in France, Italy, and Germany. In London Dr Hack Tuke has made a number of experiments on sleep-walking, which he has already published in the Journal of Mental Science. In the present little book the reader will find a well-written summary of our knowledge on the subject, with all the recent additions made by Charcot, Richer, Tamburini, Seppilli, and others.

The subject, like every other connected with the human mind, has still many unexplored depths. It has been agreed that information on somnambulism should be sought by the committee for the collective investigation of disease connected with the British Medical Association. At page 47 of Dr Hack Tuke's book there is a circular of inquiry containing twenty-five questions, which it is desirable every one should fill up who has observed a case of somnambulism. Medical men and head-masters of large boarding schools, and others who have the supervision of large numbers of young people, might give useful information. In the meantime our thanks are due to Dr Hack Tuke for having brought his well-tried ability to the examination of so interesting a subject.

Manual of Diseases of the Throat and Nose. Vol. II. Diseases of the Esophagus, Nose, and Naso-Pharynx. By Morell MacKenzie, M.D. London: J. & A. Churchill: 1884.

The author's manual has been completed by the appearance of the second volume, and a work is now presented to the profession which, alike from the thoroughness of literary research which it evinces, as well as from the wide practical experience of the writer which it records, is far ahead of any other work on the subject with which we are acquainted.

This volume is divided into three sections,—the gullet, the nose, and the naso-pharynx having each one devoted to its consideration,—and the various diseases, abnormalities, and deformities of these regions are discussed in such a clear and exhaustive manner as to fairly place the work outside the range of ordinary criticism.
The introductory section deals with the anatomy, examination, and diseases of the gullet. The examination may be conducted by means of sounding, by auscultation, or by oesophagoscopy. The second of these deserves to be more widely practised than is at present the case, but the latter method appears to be somewhat difficult of accomplishment, and its use will probably be always more restricted than the others. In the hands of the author, however, oesophagoscopy seems to have yielded some very striking and satisfactory results.

Under the heading of traumatic oesophagitis we think that, considering the frequency of its occurrence, reference might have been made to carbolic acid as a cause, and to the observations of Lemaire, who found the acid itself much more poisonous than when dissolved in oil, probably because in the latter case absorption is much slower. In oesophagitis, therefore, due to the action of this agent, free ingestion of oil would serve a double purpose.

In the chapter on cancer of the gullet, the author rightly directs attention to the fact that the accompanying dysphagia may arise suddenly. We believe this to be the case more frequently than is generally recognised, as in examples reported by Pugin Thornton and others, including the author himself. We therefore think the author is scarcely warranted in stating (p. 91) that, in spasmodic stricture, "the symptoms are suddenly, not progressively, developed as in cancer." In regard to the prognosis of the disease, we agree with the author as to the erroneousness of the views of Rokitansky, who, from the frequency of cicatrices in the oesophagus, states that cancer in this situation is often cured.

The author contrasts the relative value of oesophagostomy and gastrostomy, and concludes that, of the two, the latter is the safer, easier, and more effectual. In reference to the latter operation, we are pleased to observe that amongst the earlier operators (10th) is a country surgeon, now in practice in this city.1

The second section of the work is devoted to the subject of nasal diseases. As is the author's custom, this is handled in such a complete and able way as to be a model of thorough accuracy and scientific research, and any divergence of opinion expressed in the present notice can only be in regard to a few comparatively unimportant details.

In writing of nasal catarrh in its chronic form, the author states that it may arise reflexly from disease or injury of the fifth nerve. He omits, however, to state what we are inclined to think is not uncommon, that the converse may take place, for, as stated by Fränkel, affections of the fifth nerve (neuralgia) are sometimes the result of nasal catarrh. He has also omitted to state that, as a consequence of nasal disease, a retro-pharyngeal abscess may be

1 *Edinburgh Medical Journal*, vol. xviii. p. 36.—Case of Gastrostomy, by Francis Troup, M.D. This case was the first performed and recorded in Scotland.
developed on account of the lymphatics of the nose communicating with a gland in front of the vertebrae.

The treatment of the various forms of nasal catarrh, including hay fever, is fully given. Since the publication of this volume we have noticed that the author recommends the use of the hydrochlorate of eucaine as likely to prove of service in hay fever. This drug does not influence, unless temporarily, the course of an ordinary acute nasal catarrh, as we have lately had opportunities of witnessing. In the treatment of dry catarrh and ozaena, when crusts form in the vault of the nose, we have found the use of the ordinary syringe the most simple and efficient means for their removal, the point of the nozzle being, of course, directed almost vertically upwards.

Under epistaxis, the author omits to state the value of this as a frequent symptom in threatened ursemic attacks owing to increased arterial tension,—as, for instance, in Bright’s disease.

The author discusses fully the causal relation of nasal polypus and obstruction to asthma. We have, however, witnessed a case in which neither polypus nor turgescence of the nasal mucous membrane was present, and in which violent paroxysms of asthma were of nightly occurrence. The nasal mucous membrane in this instance was markedly atrophic, and decidedly hypersensitive. That the asthma depended on this irritability of the membrane was indicated by its disappearance on the employment of appropriate topical remedies. Nasal obstruction, therefore, whether caused by a polypus or by swelling of the mucous membrane, cannot be said to be the sole cause of nasal asthma. We are rather disposed to think that the cause is always to be found in an abnormal irritability and proneness to reflex excitability of the mucous membrane, than in the presence of any obstruction of the nasal passages.

In enumerating the various possible causes of anosmia (loss of sense of smell), the author omits to notice a peculiar local cause described by Hutchinson. This consisted in such a diminution in the projection of the inferior turbinated bone, as practically to amount to its complete absence. The consequence of this was that in inspiration the air, taking the shortest possible passage to the lungs, coursed directly backwards without reaching the region of the olfactory nerve. This was remedied by the application of an artificial nosepiece, with such an opening as directed the current of air upwards, and so caused it to bathe the area of the sense of smell.

The work concludes with an appendix containing special formulae for topical remedies, mostly selected from the Throat Hospital Pharmacopœia. These cannot fail to prove of service to the practitioner.

Illustrations, several of them original, are freely interspersed throughout the volume, as are also full descriptions of the various
diagnostic and therapeutic instruments, many of which are the invention of the author himself.

Altogether, we have no hesitation in repeating our high estimate of the value of the work, the production of which confirms what has long been the opinion of the profession, that its author is the most erudite and skilful laryngologist of the present time.

The Different Aspects of Family Phthisis in Relation especially to Heredity and Life Assurance. By Reginald E. Thompson, M.D., Physician to the Hospital for Consumption and Diseases of the Chest, Brompton. London: Smith, Elder, & Co.: 1884.

At the present time, when the influence of heredity on health and disease is receiving more attention than in any previous age, it is a pleasure to meet with so scientific a contribution towards the study of disease-inheritance as that contained in the work before us. Its value is very great, as will at once be grasped when we say that the work is based upon the cases recorded at the Brompton Hospital during the last twenty-five years. The various steps of the reasoning process have been taken with a care that cannot fail to lead to correct induction, and we would therefore recommend all who are interested in the subject of hereditary disease to peruse this work.

After briefly dwelling on the significance of family phthisis, the author passes in review the evidence of the inheritance of phthisis, and formulates three propositions:—

1. Individuals who give a history of family phthisis are more liable to phthisis than the community at large.
2. Consumptives who give a history of parental phthisis are disposed to be attacked by the disease at an earlier period of life than those who have no such history.
3. Consumptives who give a history of phthisis in both parents are disposed to be attacked at an earlier period of life than those who have a history of single heredity only.

He goes on to discuss the value of the evidence on which the investigation is based, and the extent of family and hereditary phthisis, in doing which he states his opinion that the discrepancy which has hitherto been accepted as proving that women are more liable to the influence of heredity than men, has been based upon insufficient evidence.

The features of acquired and of hereditary phthisis occupy two most interesting chapters, and the portions of the book dealing with the influence of the father, the influence of the mother, and the effect of double heredity are of great value. The author cites several instances of atavism, and concludes from his researches that such cases, with one silent generation intervening between grand-
parent and grandchild, show the influence of heredity by early invasion of the disease, equal in many cases to the premature attack under the influence of double inheritance. He has not seen evidence that more than two generations may be passed over with the development of the disease in subsequent generations, but will not make any decided statement as to extinction of taint, and thinks that "we may positively conclude that the interposition of two silent generations will not in all cases suffice for such an extinction of taint."

The different modes of inheritance and the laws of phthisical inheritance are treated of in a philosophical manner, and family phthisis is then considered in its relation to life assurance. The concluding chapter on the prevention of family phthisis contains some wise reflections on the marriage of those who are liable to phthisis, on the selection of out-door work rather than brain work for the children of the phthisical, and on the supreme importance of manly games for the growing generation of women. "Prevention is better than cure"—such is the motto which he adopts, and we are sure all will cordially agree with him.

In conclusion, we would express the conviction that this work, involving as it has done vast labour in the collection and examination of wearisome statistics, confers a signal benefit upon our profession, for which our warm thanks are due to the author.

Micro-Organisms and Disease: An Introduction into the Study of Specific Micro-Organisms. By E. Klein, M.D., F.R.S., etc.

London: Macmillan & Co.: 1884.

The papers on this subject, which attracted so much attention when appearing recently in the Practitioner, have been collected and published in a small and very handy volume. The introductory chapter unfolds the plan of the work, and points out the conditions which must be fulfilled before it can be said that particular organisms have any relationship to the causation of a particular disease. In the earlier chapters (I.—V.) the author describes the various methods of investigation employed. For microscopic examination, he, like other workers in the same field, gives preference to Zeiss's instrument, with Abbe's condenser, and recommends examination of fresh unstained as well as prepared and stained specimens. For culture material, solid media are found to be the best, and of these Klein prefers a mixture of agar-agar (Japanese isinglass or gelose) and peptone-sugar solution. "It is beautifully limpid and solid, and makes an excellent nourishing material." The vessels used in cultivation, along with the cotton-wool plugs, must, of course, be thoroughly sterilized in a hot-air chamber. The instruments are best treated by heating in the open flame of a
Bunsen burner. "One ought to keep a special set of instruments, the blades of which are capable of being heated in an open flame without being spoiled." In order that his inoculations may be absolutely free from any risk of contamination by other organisms than those with which he is working, Klein uses a fresh capillary glass pipette, made just before it is required, instead of the glass syringe of Koch, to which organisms may adhere from a previous inoculation. The operation of decanting the sterile fluid culture media into the sterilized test-tubes and flasks, is one that is attended with the risk of contamination from air-organisms. It is therefore done as rapidly as practicable in a still atmosphere, and the cotton-wool plugs replaced immediately the decanting is done. The tubes and flasks containing the material are then subjected to boiling, put in the incubator for twenty-four hours, boiled again, and put back in the incubator, to remain there for two or three weeks. It might be thought that all this trouble would be saved by decanting under a carbolic spray, but it is interesting, in connexion with recent experiments made in Edinburgh, to note that Klein does not think this practicable. It "possesses many unpleasant drawbacks; besides, in some instances when I used it there was really a greater percentage of contaminated tubes than without it. I therefore do not use the spray."

Chapters VI. to XVI., inclusive, deal with the morphology and physiology of those micro-organisms which bear any relation to disease. The classification of Cohn is adopted—(1) Spherobacteria micrococci; (2) bacteria or microbacteria; (3) bacilli or desmobacteria; (4) spirilla; (5) spirochaetae. The micrococci, bacteria, and bacilli are again subdivided, according to their chemical and physiological function into—(a) Septic or putrefactive; (b) zymogenic, or those associated with definite chemical processes; (c) chromogenic, or pigment forming; (d) pathogenic, or those intimately connected with particular forms of disease.

In the latter chapters, the relations of septic to pathogenic organisms, the vital phenomena of these, and the important questions of vaccination and immunity, and of antiseptics, are considered. For the author's teachings and opinions on those points we refer the reader to the work itself. It is well worth every practitioner's perusal. A desire for such a book has often been expressed. It could not come from any more distinguished worker or higher authority than Klein himself.

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Fat and Blood: An Essay on the Treatment of Certain Forms of Neurasthenia and Hysteria. By S. Weir Mitchell, M.D., etc., etc. Third Edition. Philadelphia: J. B. Lippincott & Co.: 1884.

This edition has been carefully revised and in part re-written.
The nature of the work is now familiar to the profession, and so need not be dwelt upon here. It is only necessary to say that the judicial manner in which the author has presented his statements, and the like spirit having pervaded the advocacy of the cause by its English apostles, have largely removed the stigma of charlatanry with which it was in the minds of many at first associated. In fact, the danger now is, as Dr Mitchell indicates, not that the method he has applied with such success should be left to the charlatan, but that it may be used in unsuitable cases, and thereby become discredited. He is evidently conscious of this when he refers to its possible utility in some cases of phthisis, and we hope the author will be careful in not seeking to extend its application in directions in which there are not clear indications for so doing. In many cases of neurasthenia and hysteria few will now question its value, while the success of the method will do much to establish the value of absolute rest, both mental and physical, especially when combined with passive exercises, as a remedial agent in place of the more popular and often erroneous idea of invalid carriages, and so forth. Some interesting cases are related, bearing on the treatment of obesity, associated with anaemia, and some indications are given that the influence of a purely milk diet upon the urinary secretion is being studied, and it may be hoped these will be continued, and the results in due time submitted to the profession.

**Intestinal Obstruction.** By F. Treves, F.R.C.S. London: Cassell & Co.: 1884.

In reading over the book before us, we naturally turned with most interest to see what Mr Treves had to say on the subject of treatment.

The first point referred to is the important and difficult one of feeding the patient. Mr Treves says: "In not a few instances a process of spontaneous relief is found to be nearly complete at the time of death, and to have been arrested by a fatal exhaustion." As this is certainly true, it comes to be of vital importance to consider how nourishment is to be administered to one who vomits all that is given by the mouth, and is irritated and injured by all that is administered by the rectum. Our author does not settle this question, but says that enemata should always be resorted to, and never any food given by the mouth. With this we cannot wholly agree, for we think there may be cases in which, under the influence of morphia, small quantities of food may be retained, while on the other hand there are cases in which all injections are injurious or rejected. But still there remain a few cases in which nothing can be given, either by mouth or rectum. In such, undoubtedly, operative interference is indicated; but should ex-
pectancy be decided upon, what are physicians to do? We get no assistance from Mr Treves. Must we rely on morphia administered hypodermically as both food and drug?

As to morphia, there is no doubt that it is the most valuable and reliable remedy in cases of obstruction. It relieves pain, flatulence, sickness, and even, when well pushed, the thirst which it at first excites. Mr Treves's only objection to morphia is that it may obscure diagnosis. But except in cases of hernia, in which diagnosis should be easy, we would rather have our patient thoroughly under the influence of morphia than have a perfect diagnosis at the risk of injuring the patient. We think that in some instances there is too great a desire for accurate diagnosis. Why should patients be stripped naked, and punched and hammered and subjected to distending enemata, and so forth? We think there is sometimes a selfish desire to make an accurate diagnosis, likely to be verified by a post-mortem examination, at the expense of the patient's comfort and chances of recovery. We believe that in most cases where hernia and stricture can be easily eliminated, it is safer for the patient to get him under the influence of morphia at once than to subject him to a minute examination for diagnostic purposes. Are not mistakes often committed after all? And are not enemata as often detrimental as beneficial, to say the best of them? On the other hand, do we not find that symptoms abate and relief often comes to the symptoms of obstruction under the beneficial agency of morphia alone? What are the dangers of obstruction? Are they not the sickness, spasms, pain, and secondary peritonitis? We have known an enema cause death by producing rupture and peritonitis; and we have not unfrequently seen, in cases of obstruction, sickness stop and the bowels act naturally under the administration of morphia. For all our faith in morphia, we would not despise operative interference. No one would surely think of treating a case of strangulated hernia with morphia alone. With Mr Treves, we believe, however, that operative interference, to be effectual, should be early. One would almost say that there is but a choice of two things. Either put and keep under morphia from the very first, or operate. In regard to operations, our author seems to have a preference for laparotomy. He considers that the risk of such operations has been greatly diminished by the introduction of antiseptic surgery, and that consequently simple opening into the peritoneal cavity by a central incision may be used as an aid to diagnosis. With regard to the performance of this operation, a great many useful directions and hints are given. Among these is one which we confess is new to us, the credit of which is given by Mr Treves to Mr Hulke. Briefly, it is as follows:—In a case of obstruction you have distended bowel above and flaccid bowel below the obstructed point. The obstruction is usually at the lower end of the small intestine. Consequently a collapsed piece
of ileum will most likely be found in the right iliac fossa, which will prove a guide to the seat of the obstruction. We would conclude this notice by saying that Mr Treves has as much credit in this as in his former excellent production, recently noticed by us. "Intestinal Obstruction," as well as "Surgical Applied Anatomy," deserves a place in the library of both student and practitioner.

Diseases of the Rectum and Anus. By Harrison Cripps, F.R.C.S. London: J. & A. Churchill: 1884.

Works on the rectum are neither few nor unsatisfactory. Mr Cripps's book, therefore, cannot be said to meet a want. For all this it is a praiseworthy production, being written in an interesting manner, containing valuable matter, some of which is original, and being illustrated with a large number of beautiful plates and woodcuts.

Perhaps the most important part of the book is the anatomical, in which Mr Cripps points out that a mistake has hitherto been made in regard to the attachment of the levatores ani. Our author states that the pubic part of the muscle is inserted into the coccyx, and that therefore the combined action of the two muscles is to draw the coccyx forwards and to compress the rectum laterally. In other words, they act as a sphincter.

In regard to the treatment of fistula, we think two points are worthy of notice. First, in speaking of treatment without cutting, Mr Cripps points out only two causes of want of healing after evacuation of the abscess: these are irritation of foreign matter entering from the rectum, and the movement of the sphincter. He forgets that want of proper drainage is another, and that the insertion and retention of a drainage tube for some time will sometimes cure a fistula, especially if it is an external blind one. The other point is the question of the treatment of the cul-de-sac that is not unfrequently present above the level of the internal opening, and extending up alongside the rectum. Mr Cripps agrees with Allingham that incision of this is necessary.

The description of fissure of the anus is good; and the risk of mistaking syphilitic for true fissure is not forgotten. Pruritus ani is said to be often due to minute thread-worms. This our experience confirms. A very large portion of the book is devoted to stricture and malignant disease. Mr Cripps warns against the forcible use of the finger in examination, and mentions the case of a woman in whom perforation into the peritoneum occurred after examination.
Fractures of the Ulna.1 By Dr F. Brossard, of Lyons.

Paris: Baillière et Fils: 1885.

Dr Brossard has managed to add something to our knowledge of fractures of the forearm. Devoted as his efforts have mainly been to demonstrating fractures of the lower end of the ulna, he has at the same time thrown valuable light on fractures of the radius.

The book itself we recommend to all as well repaying perusal. It is clearly printed and easily read, though extending to 120 pages. It contains several reports of cases, a large number of experiments, and four well-executed plates.

The points which Dr Brossard demonstrates by his experiments are—(1.) With the hand fixed in the straight position a blow on the elbow or humerus causes generally fracture of both bones. (2.) With the hand deflected to the ulnar side the ulna gives way, and with the hand turned to the radial side, the radius. (3.) Forcible supination fractures the ulna, while pronation fractures the radius.

Clinical observation proves that fracture of the ulna from indirect violence occurs generally in young subjects, and is often incomplete and subperiosteal, and consequently is liable to be overlooked or mistaken for a mere bruise.

We must admit that we are more interested in the radial points, though Dr Brossard makes most of his ulnar discoveries. We think his experiments throw considerable light on the mechanism of fracture of the lower end of the radius. (1.) He shows that forcible pronation causes fracture of the radius; and we know that the hand is pronated in the common fracture. (2.) Abduction, or inclination of the hand to the radial side, tends to produce fracture of the radius from a force acting between the palm of the hand and the humerus. This is the kind of violence that produces the ordinary fracture, and the hand must reach the ground in the position described, as any one can demonstrate to himself by putting out his hand in a position as if to save himself from falling forwards. The mechanism is still further cleared up by Dr Brossard's first plate, which represents a section made through a forearm and carpus in which the hand was pronated, dorsiflexed, and turned to the radial side before being frozen. In this figure the carpus and radius are in close contact and continuity. A second figure in the same plate represents a similar section with the hand turned to the ulnar side. In this the carpus is in close relation with the ulna. It is clear, therefore, that when a person falls forward and puts out his hand to save himself, the radial side of the carpus comes first to the ground and transmits the force directly to the radius, and as the radius is in the position of pronation the force acts obliquely, and thus drives the lower end backwards and to the ulnar side as well as upwards. Studying the

1 Des Fractures du Cubitus par cause indirecte, etc.
position, it will be seen at the same time that the lower end of the ulna is free of the carpus, and is consequently driven past it or dislocated, as we know often happens.

Dr Brossard's researches also give one an insight as to how treatment, in the way of reduction and retention, should be directed. If we take the positions that are the opposite of those in which the hand is at the time of injury, we would find that treatment should be by flexion, supination, and turning the hand to the ulnar side.

Dr Brossard's conclusions at the end of his work are mainly as follows:—(1.) Fracture of the ulna by indirect violence occurs in young persons, and more frequently than is supposed. (2.) Clinical observation and his experiments show that this fracture may be caused by a vertical blow when the hand is turned to the ulnar side, or by forcible supination (torsion). (3.) These fractures are generally incomplete and subperiosteal—hence often overlooked. (4.) Twisting by pronation causes a split or crack of the lower end of the radius (an undescribed injury), often associated with an incomplete (greenstick) transverse fracture or diastasis.

The Surgical Treatment of Tumours and other Obscure Conditions of the Bladder. By WALTER WHITEHEAD, F.R.C.S.E., and BILTON POLLARD, M.D., F.R.C.S. Reprint from the Lancet with Cases. London: J. & A. Churchill. Manchester: J. & E. Cornish.

This is a most readable pamphlet, and one worthy of a place beside Sir H. Thompson's work on Tumours of the Bladder. The authors very neatly compliment Sir Henry, by saying that he is "entitled to the credit of having popularized an operation which had previously been confined to the practice of a few surgeons." Without entering on a discussion of the pamphlet or of the operation, we will merely mention that a list of 66 cases is given from various surgeons, and that notwithstanding a mortality of one-third of the cases, and an assured recovery in only a very few cases, the authors are in favour of the procedure of digital exploration of the bladder through an incision in the perineum.

Certain Forms of Club-Foot. By Wm. H. Hingston, M.D., L.R.C.S. Edinburgh, Professor of Clinical Surgery, Montreal, etc. Montreal, 1884.

The Use of Forceps in the Treatment of Persistent Club-Foot. By E. H. BRADFORD, M.D., of Boston. Cambridge, U.S.A., 1884.

These two pamphlets prove how remarkably doctors may differ. Both surgeons, selecting the worst forms of equino-varus club-foot,
prove to their own satisfaction, by a series of successful cases, that their individual methods of treatment are the best. Dr Bradford advocates force, without cutting (except ordinary tenotomy), and by means of an apparatus with three screws and pads, applied to the head of the astragalus on the outer side, and to the os calcis and first metatarsal bone on the inner side. He states that he could make the worst varus into a valgus club-foot. Prof. Hingston, on the other hand, claiming that there are certain "exaggerated" cases of varus, where all the textures are to blame, the skin not excepted, advocates that in such cases, stretching being out of the question, a full incision should be made down to the bone, dividing the whole of the soft parts on the inner side of the foot, skin, plantar fascia, muscles, tendons, and including necessarily the internal plantar artery and nerve. Such an operation could be admissible only in very aggravated cases and under strict antiseptic precautions. Prof. Hingston distinctly states the former necessity, but unfortunately does not understand the latter.

We find it difficult to reconcile these two writers' facts, unless in this way—that Prof. Hingston had less patience or ingenuity than Dr Bradford, or else had met with more intractable cases.

Practical Anatomy: A Manual of Dissections. By Christopher Heath, F.R.C.S. Sixth Edition. Revised by R. J. Godlee, M.S. Lond., F.R.C.S. London: J. & A. Churchill; 1885.

The fact that this manual has reached a sixth edition may be taken as a proof that it is a favourite one with students. We can scarcely say the same with regard to teachers, for, if current reports be true, there is more than one Scotch teacher who will not tolerate its presence in his dissecting-rooms. Its popularity with many students may be attributed to the shortness and conciseness of the text, and especially to the fact that it is well illustrated. It contains 274 woodcuts and 24 coloured plates, the latter from Maclise's Surgical Anatomy. This edition is an improvement upon its predecessor. The practical directions for dissections, which were very defective, have been somewhat improved. One might reasonably expect that a work on naked eye anatomy would be up to date. We cannot say that such is the case with this work. Thus, not to go far from home, in spite of all that Dr Hart has done for female pelvic anatomy, the vagina is still represented as a widely open tube. The fold of the buttock is stated to be formed by the lower border of the gluteus maximus, although we thought that Mr Symington had shown this to be erroneous.
The Pharmacopoeia of the British Hospital for Diseases of the Skin,
London. Third Edition. Edited by Balmanno Squire, M.B. Lond., Senior Surgeon to the Hospital. London: J. & A. Churchill: 1884.

Any argument for the existence of special as distinguished from general hospitals must be based on the principle that the study of the particular diseases for which the hospital is intended is in it more carefully conducted, and that the public should in this way benefit both directly and indirectly. It is in the matter of treatment that this advantage—if there be any, which is more than questionable—should be chiefly seen, and Mr Squire possesses exceptional opportunities of obtaining and making himself acquainted with new drugs in a pure state. We should expect, therefore, to find in the little book before us not only the latest and best formulae, but the most recent additions to the therapeutics of skin diseases. We may say at once that any one who takes up the volume with this very reasonable anticipation will be grievously disappointed. The prescriptions contained in it are no doubt fairly good of their kind, but it is very far, indeed, from being, in its third edition, anything like up to date.

Guy's Hospital Reports. Edited by Frederick Taylor, M.D., and N. Davies-Colley, M.A., M.C. Vol. XLII. London: J. & A. Churchill: 1884.

This volume of the Reports contains, as usual, a large amount of useful as well as interesting reading, not only for the scientific, but for the practical medical man. It opens with a thoughtful and appreciative memoir of Hilton Fagge, whose death fourteen months ago was such a loss to the teaching power of Guy's Hospital Medical School, and this is followed by papers on Anatomy, Physiology, and Pathology, besides those devoted to clinical observations.

We are inclined to think that the most important piece of work which the volume contains is the paper on "Albuminuria and the Symptoms which Indicate its Gravity," by the lamented F. A. Mahomed, which, in addition to its intrinsic value, possesses a melancholy interest, coming as it does like a voice from the grave. No one in recent times has added more to our knowledge of renal disease than Dr Mahomed, and this contribution, marked, like all its predecessors, by rare clinical acumen and charm of style, increases our regret that the high mental gifts which promised so much for the future should be lost to us. The paper begins with a criticism of the evidence given by experimental
investigations regarding the causation of albuminuria, and after giving a résumé of the leading facts, concludes that physiologists are not able to give much help in such pathological inquiries as that to which the paper is devoted, because they have no power to influence the rapidity of the capillary circulation, which is probably the most important factor in the pathological variations of arterial pressure, and throws out the hint that “it may be that in the varying rapidity of the production and discharge of carbonic acid and the absorption of oxygen, we may have the key to the control of the capillary circulation.” The author dissents from the view expressed by Hamilton in the Glasgow discussion that the change in arterial pressure is caused by an alteration in the specific gravity of the blood serum, pointing out that changes in arterial pressure take place with great rapidity in scarlatinal albuminuria, and that it is highly improbable that changes in the specific gravity of the blood can occur with anything approaching the same degree of quickness.

The second part of the paper is devoted to observations of a clinical and anatomical nature on the pathology of albuminuria. In this section the author considers the case of albuminuria from venous stasis, from various forms of diet, from the influence of the nervous system, from interference with the functions of the skin and bowels, from structural changes in the kidney, and, lastly, from high arterial tension. Dr Mahomed takes occasion here to dissent from the view of Rosenstein that the glomerules normally allow the transudation of albumen which is reabsorbed in the tubules, as one which charges “nature with a very clumsy arrangement, quite unlike her usual simple and labour-saving methods.” We find here also that the author cannot agree with Charcot that in cases where the disturbance of the general or local circulation determines albuminuria, it is neither the increase nor the decrease of the intra-glomerular pressure which is at fault; and that he states:—“What I believe is this, that the mere rapidity of the blood-flow through the glomerular vessels, while it permits of the exudation of water, does not permit of the exudation of albumen; that increased arterial pressure very severely affects the glomerules of the kidney, producing in them, when in a normal condition, not only a great increase of pressure, but also a great distension of their very elastic walls; that more blood will be poured into them than can be readily carried away by the capillary plexus, and consequently the rapidity of the blood-stream will be delayed. These conditions of distension and delay in the glomerules, when combined, are sufficient to produce a more or less severe albuminuria, but not necessarily any diminution in the quantity of urine.”

In the third part of the paper, which is devoted to the recognition of albuminuria, Dr Mahomed gives his opinion that we should
not limit ourselves to the use of heat and nitric acid, and that we can afford to disregard albuminuria altogether, because it is sometimes found with healthy kidneys, or else it behoves us to use the tests which are most likely to detect any forms of albumen that may appear in the urine. The paper closes with the narration of a number of cases illustrative of different points touched upon, and with the statement of the author's belief that no trustworthy opinion can be formed as to a case of albuminuria without the use of the sphygmograph.

There are two suggestive papers on Renal Disease by Goodhart; two cases by Sir W. W. Gull; an interesting discussion of the Theory of a Heat-Centre from a Clinical Point of View, by W. Hale White; two papers on Hypertrophic Cirrhosis of the Liver, by Price and Carrington; an analysis of cases of Aortic Aneurism Opening into the Pulmonary Artery, by F. Taylor; Notes on a Case of Hydrophobia, by G. N. Pitt, in which he was able to get a good view of the larynx during the spasms, and found that there was a spasm of the adductors, not the abductors, of the vocal cords; a very thoughtful paper on Hypochondriasis, by Savage; in addition to several surgical and obstetrical contributions which seem from their titles worthy of perusal.

Volume III. of the Descriptive Catalogue of the Pathological Specimens contained in the Museum of the Royal College of Surgeons, England. Second Edition. By Sir James Paget, Bart., with the Assistance of J. F. Goodhart, M.D., and A. H. G. Doran, F.R.C.S. London: J. & A. Churchill.
The volume is a goodly one of 541 pages, giving a full description of 1392 preparations, well printed, and worthy of the great corporation, the fortunate possessors of such a world-wide known and valuable collection.

Glasgow Pathological and Clinical Society—Discussion on Albuminuria: its Pathology and Clinical Significance. Glasgow: A. Macdougall: 1884.

The Society has done well in reprinting this most interesting discussion, as those who devote attention to the pathology of the kidney will be glad to have a copy in the separate form.

The greatest difficulty met with in an attempt to give any adequate estimate of the value of this discussion lies in the great array of facts and theories contained in the pages before us, and we can do little save indicate one or two salient features of the discussion.

If we attempt to classify the papers read before the Society, they fall naturally into three groups—physiological, pathological, and clinical. Of the physiological papers, or, as we may call them with greater accuracy, those which are mainly physiological, the few remarks by Professor Cleland, which are characterized by their thoroughly scientific tone, pointed out some of the difficulties that beset us in comprehending the functions of the kidney. His words are full of thought, and tend to produce a cautious spirit in others. But the papers of Drs Newman and Robertson would lead us to regard the youthful physiologists of Glasgow as gifted with greater brilliancy of imagination than depth of thought or accuracy of knowledge.

Of the pathological contributions, that of our late colleague Professor Hamilton is, to our mind, as usual all too physical. We cannot even admit the possibility that complications in cases of Bright's disease are due to an alteration in the specific gravity of the blood. As Dr Mahomed pointed out, the changes of density must be of extremely rapid development, must occur even in a few hours, to account for some of the circulatory phenomena. The papers of Professor Greenfield and Dr Coats are of great value, although we are not inclined to agree with the former as regards some anatomical details, or with the latter on the question of the filtration hypothesis. With the excellent remarks of Mr Steven we are inclined to agree almost entirely.

Turning to the clinical aspect of albuminuria, we find a large number of very interesting and highly important papers, but in this place we must select one point, and one point only, to which our criticism must be confined. That point is the occurrence of albuminuria in persons who appear to be healthy, or, as Professor Roberts chose to call the condition, physiological albuminuria. The use of this term we cannot but deplore. No one would dream
of disputing Dr Roberts' facts, but none the less do we object to this mis-use of the phrase. As Professor Gairdner observed in his paper, we should not think of speaking of a physiological cardiac murmur, or of physiological crepitation of the lung, or of physiological haemorrhages from mucous membranes. If we may quote some of Professor Greenfield's words, we find him saying, "if by albuminuria we mean the presence of serum albumen in the urine in easily recognisable quantity, I do not think we are justified in speaking of a physiological albuminuria. By a physiological albuminuria we should mean a normal albuminuria. As the term has been used, 'physiological' has been made to cover all those forms of albuminuria in which no traceable organic disease is present. Now, by a pathological albuminuria I mean an albuminuria produced by derangement of function, as well as by derangement of structure. If albumen can appear in the urine as a result of vaso-motor paralysis, dependent on central nerve disease—and under disease we must include derangement of function—it is none the less a pathological albuminuria, however slight may be the derangement of health which produces it, and however it may act. It is an entire mis-use of terms to speak of this as physiological albuminuria." With all this we cordially agree. Out of numerous cases of albuminuria in the apparently healthy, we have never yet met with one in which the nervous and the digestive systems were both in a healthy state. Either one or both have been in a condition of debility. And we heartily endorse the words of Professor Gairdner when he says, "I consider that albuminuria, in a practical sense, is, to say the very least, a danger signal, and a danger signal of the first importance. It may consist with apparent health; it may even, for aught I know, consist with long life in certain particular cases. So, too, the danger signals may be disregarded in a particular line of railway for a time, and yet no train may go into collision; and in like manner albuminuria may be there, and the person may live on, nevertheless; but a life under these circumstances is always subject to increased risk, and in all probability that state of matters cannot be regarded as physiological."

We would fain dwell on the philosophical words which fell from Dr Gairdner's lips on the question of renal pathology; on Dr Granville's eloquent remarks on nervous albuminuria; on the excellent classification of albuminuria by Dr Mahomed; on the subject of toxic influences on the kidney by Dr Finlayson; on the connexion between the puerperal state and albuminuria by Professor Leishman; on some of the clinical aspects of albuminuria by Drs Middleton, Perry, and Henderson, to say nothing of the subject of urinary tests by Drs Roberts, Kirk, and Oliver, and of the concluding remarks of the President. And in bringing this short notice to an end, we would express the hope that the Medico-Chirurgical Society of this city may at no distant date arrange for such a discussion as this of the Glasgow Pathological and Clinical Society.
This handsome volume speaks for a large amount of useful work done by the Academy of Medicine, and is specially interesting, inasmuch as, in addition to its other contents, it has the first annual report presented at the first annual general meeting. From this we learn that the meetings—which take place once a week, and are devoted in rotation to the sections of pathology, surgery, medicine, and obstetrics—are held through the courtesy of the Colleges of Physicians and Surgeons in their Halls, a piece of hospitality which seems to us highly commendable. The council modestly give expression to their belief that this volume is "one most creditable in its matter, and in the manner in which it has been produced;" and we are much pleased to be able to state our honest conviction that the Academy deserves warm congratulation on the appearance of the Transactions.

The papers read are arranged under the heads of the different sections—medical, surgical, obstetrical, and pathological, and of the two sub-sections of public health and of anatomy and physiology. In the medical section there are several papers of considerable importance, and although it is perhaps invidious to single out any of these, we may be allowed to refer to one by Dr Magee Finny, on "Cases Illustrating the Essential Identity of Progressive Muscular Atrophy and Progressive Bulbar Paralysis;" to three by Dr J. C. Nixon on nervous affections; and to one by Surgeon-Major Gore on the "Ætiology of the Common Climatic Fevers of the Kumaon-Hill Ranges in North-Western Bengal," as being of special interest. The surgical and obstetrical sections have also an array of important subjects, but it is in the pathological section that most work seems to have been done. Medical and surgical morbid anatomy are represented by some very interesting papers, and there are even contributions to comparative morbid anatomy, at least in the horse. In the sub-section of public health, Dr Tweedy ably discusses "State Control for Chronic Inebriates." We heartily endorse his opinions, and earnestly hope to have this question soon within the range of practical politics, so that a powerful government may be able to pass such a measure as would for the future prevent mistaken ideas of the liberty of the subject from hindering the dictates of justice. To the sub-section of anatomy and physiology our old colleague Dr D. J. Cunningham contributes an able paper on the "Musculus Sternalis," and Mr J. A. Scott some "Experiments on the Central End of the Pneumogastric Nerve." Both are of high scientific value. In conclusion, we rejoice that the amalgamation of the medical societies has been attended with such gratifying results, and would express the pleasure we have received from the perusal of the Transactions issued by the united Academy.
The Therapeutic Gazette. Edited by Horatio C. Wood and Robert Meade Smith. George S. Davis: Detroit, Mich., U.S.A.; and H. K. Lewis: London: January 1885.

The January number commences the third series of this now well-known and much-valued journal. It is, however, the commencement of Vol. IX. During the past eight years this journal, more than any other, has advanced our knowledge of therapeutics. The publisher has spared no expense to obtain accurate knowledge of new and rare medicines, many of which are destined to find a permanent place in all pharmacopoeias.

The journal is now to be edited by Dr H. C. Wood, Professor of Materia Medica in the University of Pennsylvania, and Dr R. M. Smith, Professor of Comparative Physiology in the same University. Under such able editorship this journal should not only maintain its high character as a journal of therapeutics (to which it is exclusively devoted), but also continue to increase in popularity and usefulness. We wish it a wide circulation.

An Experimental Investigation of the Physiological Action of Saline Cathartics. By Matthew Hay, M.D. Edin., Professor of Medical Jurisprudence and Medical Logic in the University of Aberdeen. Edinburgh: Maclachlan & Stewart: 1884.

This work, which is on all sides admitted to be the most important contribution made to pharmacology within the last year or two, saw the light originally as a graduation thesis, and was subsequently published in the Journal of Anatomy and Physiology. We are glad that its author has republished it in separate form, as it ought to be in the hands of every one who takes an interest in the progress of therapeutics.

After giving a brief sketch of the views held on the subject, from the times of Glauber, Seignette, and Grew, down to our own day, the author states the plan of his investigations and fully describes his various experiments. It is impossible for us in this brief notice to follow him through his observations, but we would refer to a few of his conclusions which are of most interest to us as physicians. He states that a saline purgative always causes secretion from the alimentary canal, and that its amount depends on the quantity, strength, and nature of the saline solution; that the secretion is probably caused by the bitterness, as well as the irritant and specific properties of the salt, and not by osmosis; that the absorption of the secreted fluid is hindered by the low diffusibility of the salt; that between stimulated secretion and impeded absorption fluid accumulates in the canal; that this fluid, partly
from ordinary dynamical laws, partly from stimulation of the peristaltic movements excited by distension, reaches the rectum and causes purgation; that the salt does not purge when injected into the blood, and causes no intestinal secretion; that it does not cause purgation when subcutaneously injected, unless it sets up local irritation of the abdominal subcutaneous tissues, which act reflexly on the intestines; that sulphate of soda has no poisonous effect when injected into the circulation, but that sulphate of magnesia so injected is highly poisonous, paralyzing first the respiration and afterwards the heart, as well as abolishing sensation or causing paralysis of the sensory-motor reflex centres; that the amount of the normal elements of the urine is unaffected by the salt, and that after the administration of sulphate of magnesia more of the acid than of the base is excreted in the urine.

Truly, as its author remarks, "this is a long research, and has involved much labour." The labour, however, has not been thrown away, and Professor Hay has the reward of knowing that by his investigation he has cleared up much of what has been obscure, and that he has thus conferred a benefit on the profession at large.

One Hundred Years of Publishing—1785 to 1885.

Messrs Lea Brothers, the well-known medical publishers of Philadelphia, having completed the first century of their firm, have issued a short and interesting narrative of its history. From it we learn that Mr Mathew Carey, the founder of the house, was born in Dublin in 1759, and selected the occupation of a printer and bookseller, but from the age of 20 he took an active part in the political movements of the day. Ireland became in consequence an unsafe residence, and in 1784 he escaped to the United States with only a few guineas in his pocket. Lafayette advanced him 400 dollars, with which he started a daily journal, the Pennsylvania Evening Herald. The publication of books and periodicals followed, and Mr Carey established a successful business, continuing also to take an active share in the political and social questions of the day. In 1817 he associated with him his eldest son, Henry C. Carey, and four years later his son-in-law, Isaac Lea, by which time the house had taken a leading position in the publishing trade of the United States. The firm continued to prosper as Carey & Lea, and after various changes the present copartnery of Lea Brothers & Co. was established in January of the present year. From an early period the house devoted much attention to medical literature, and ultimately concentrated its zeal on that department of its extensive business. Its imprint will be found on the works of many of the most notable of our professional brethren in America, and its famous periodical,
The American Journal of the Medical Sciences, of which the late Dr Isaac Hays was editor for more than half a century, has been eminently instrumental in gaining for American medicine a worldwide respect. Long may the business house, founded a hundred years ago by the clever young Irishman, Mathew Carey, continue to prosper, and to entertain, with just pride, "the belief that its name on a title-page is in some sort an indication of the worthiness of the volume in which it appears!"

**Part Third.**

**MEETINGS OF SOCIETIES.**

**MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.**

**SESSION LXIV.—MEETING IV.**

*Wednesday, 4th February 1885.—Dr Littlejohn, President, in the Chair.*

**I. Election of Ordinary Members.**

The following gentlemen were elected Ordinary Members of the Society:—Edward McCallum, M.A., F.R.C.S. Ed., L.R.C.P. Ed., Edinburgh; T. Edgar Underhill, M.B., C.M., F.R.C.S. Ed., Tipton Green, Staffordshire; John Struthers Stewart, L.R.C.P. & S. Ed., Edinburgh.

**II. Exhibition of Pathological Specimens.**

1. Dr F. M. Caird showed a series of specimens of DISEASES OF THE TESTICLE. The specimens were prepared in the surgical and anatomical departments of the University, after the method devised by Professor Hamilton of Aberdeen. The testicles were injected with carmine or Prussian blue, hardened in spirit, washed, soaked in gum and sugar, frozen and cut in a microtome, and the sections then mounted in glycerine jelly between plates of glass. In this way entire transverse and longitudinal sections, illustrative of sarcoma, chondro-sarcoma, tubercular, syphilitic, and cystic disease of the testicle were obtained. The chief difficulty encountered in cutting the organs lay in the variable density of the new formations, so that it was not easy to get uniformly thin sections suitable for microscopic examination. Much valuable aid in mounting the preparations had been afforded by Mr James Simpson of the Anatomical Museum.

2. Dr MacGillivray showed (a.) a MELANOTIC SARCOMA occurring primarily in the lymphatic glands. (b.) A RECURRENT TUMOUR from the same case. The patient, a young married woman, had an ingrowing toe-nail. As a result the glands in Scarpa’s triangle