Part Second.

REVIEWS.

Lectures on Surgery, delivered in St Bartholomew's Hospital. By William Lawrence, F.R.S., Sergeant-surgeon to the Queen, and Surgeon to the Royal Hospitals of St Bartholomew and Bethlem. John Churchill and Sons: London: 1862.

This work, written by a Nestor of the profession, calls for an early notice in the pages of every medical journal. When the weekly literature of medicine of the present day teems with the efforts of enterprising aspirants after fame and position, who desire to attain to something of the honour in which we hold such names as Brodie, Abercrombie, Liston, and Alison, it is something unusual for one who long since linked his name with two important works on special subjects in surgery, and who has attained to the highest honours of the profession, to enter again upon the arduous task of publication, and to choose for his subject the wide one of the whole circle of surgery. That he should have done so argues much for his undiminished love of his profession, and of his desire to communicate sound practical precepts to those younger than himself, by leaving behind him in a permanent form those views which he has matured by the life-long study of surgery in one of the largest metropolitan hospitals. It could hardly have been expected of one whose study of physiology and pathology dates back to the commencement of the century, that he should be able to shape his observations of diseased conditions to the modern theories of the Vienna or the Berlin schools; still we find in the early chapters, that while the "exudation" and "connective tissue" doctrines receive their full practical due, they are carefully excluded from the authoritative imprimatur of personal confirmation which marks the practical portions of the work.

The present volume is only, we trust, the first of several others which are to follow; and, though no promise is made for the future, we take the preliminary subjects of which it treats as a sufficient and substantial guarantee for the more practical parts which are still in safe keeping in the same rich storehouse of experience from which this one has emanated. The initial chapter consists of an introductory lecture upon the scope and study of physic and surgery. The other twenty-two chapters into which the volume is divided, treat of disease in general, inflammation, fever, suppuration, ulceration, mortification, wounds, burns and scalds, delirium tremens, tetanus, scrofula, rheumatism, syphilis, gonorrhoea, and cancer. The work is not made up of the mere details of practical obser-
vation, but comprehends large generalizations, careful reasoning, sagacious deductions, brief historical notices, and references to what has passed under the author's own observation during a lifetime, spent not only in studying disease for himself, but with a watchful eye on the labours of others in the same field. It is, besides, characterized throughout by that critical acumen and trained experience which are so greatly required in all who would be really good teachers of surgery, or of any other practical department of the healing art.

As an illustration of the general character of the volume, and its interpretation of controverted points in practice, we quote the following passage from the chapter on the treatment of inflammation:

"Should your own reflection satisfy you that the foregoing remarks on the loss of blood as a therapeutic measure are sound, you will not, I trust, be deterred from acting on them by the outcry and alarm raised against the practice of late years, which, originating on insufficient grounds, has been taken up and repeated more as a matter of fashion and obedience to supposed authority than from the result of experience and observation. The plan once generally prevalent in country districts, of healthy persons being bled twice a-year, in spring and fall, as a precautionary measure, would alone be a sufficient proof that blood has often been taken away incautiously and needlessly, while it may justify the belief that the practice has been less injurious than might have been expected. That the practice of taking away blood occasionally to a greater or less extent, in the treatment of inflammatory disorders, which has prevailed universally wherever the science and art of medicine have been most successfully cultivated, may have been altogether a mistake is possible. Stronger evidence and arguments than have yet been produced will be necessary to prove the point, and still more powerful proofs will be required to satisfy us that the opposite mode of combating such affections, by means of stimulants, including the free use of brandy, is either advantageous or safe. It would be a public misfortune if the sanction of professional authority should be given to a treatment calculated to encourage the pernicious habit of spirit-drinking."—Pp. 89, 90.

We do not pretend either to analyze or criticise a work which systematically considers so wide a subject; but, in giving the volume a hearty welcome, we beg to recommend it to the attention of the senior student and of practitioners, as replete with matter well calculated to be both suggestive and instructive.

The Climate of South Devon, and its Influence upon Health: with short Accounts of Exeter, Torquay, Babbicombe, Teignmouth, Dawlish, Exmouth, Budleigh Salterton, Sidmouth, etc. By THOMAS SHAPTER, M.D., F.R.C.P., etc. Second Edition. London: John Churchill and Sons: Pp. 382.

After a lapse of twelve years a second edition of this work has made its appearance; but so much more elaborate in detail is the volume now before us than was its predecessor, that, although it
wears the dignity of age, and commands the welcome of an established acquaintance, it bears also an aspect of freshness and multiplied worth which would not have characterized a mere réchauffé. The general plan of the previous volume is retained in most of the chapters; but that descriptive of the climate of the district under review is enriched by numerous tables, indicating the local phenomena of temperature, atmospheric pressure, rain-fall, etc. Experience has taught the author to discard from the present edition,—if not as altogether valueless, at least as coming far short of rigid accuracy,—the statistics which the former volume contained as representing the distribution of disease throughout the locality. They were derived from the books of the Exeter Dispensary, a sphere of observation too limited for general application to the South of Devon. The observations now made in reference to the subject are drawn from the returns of the Registrar-general. To these returns of the mortality of the district, Dr Shapter adds an interesting account of his experience of the etiology, symptoms, and treatment of the more prominent diseases; and this portion of the volume is perhaps the one to which most readers will attach the highest value, proceeding as it does from the matured judgment of an accurate observer, a close reasoner, and withal an active, practical, and accomplished physician. Several chapters are devoted to the natural productions and the civil and economic history of the district, matters interesting to the sojourner, whose love for the beauties of nature is not incompatible with a little sober insight into the commercial wealth, the local government, and the homely customs of South Devon.

Dr Shapter's experience of the climate will be most readily understood from a summary given at the close of his first chapter. It follows a minute description of the ordinary meteorological phenomena:

"It will be seen, in accordance with the general impression, that its chief characteristics are those of being soft, warm, mild, calm, equable, and free from storms; moreover, it is essentially oceanic, as was to be expected from its latitude and position as regards the Atlantic. Warm winds reach it from many points of the compass, either directly from the sea, or only after passing over short distances overland. Though it may be subject to rather a large average amount of rain, it seldom occurs that a whole day is so unceasingly wet as not to afford some few hours, either early or late, sufficiently fine for out-door exercise. During the winter season, the temperature is rarely maintained for any length of time at a degree so low as to render the climate particularly inclement,—frost only occasionally occurring, and then not for any long continuance. The air, though very often humid, from the general prevalence of warm westerly winds, is neither cold nor raw. It is during the prevalence of these winds there occurs that condition of the atmosphere which is understood by the expressive word 'muggy;' the air being warm, moist, and still, with a grey sky. Doubtless this weather is relaxing, and, according to the popular notion, unhealthy. Such does not, however, appear to be the case, as will be seen in the sequel,—in fact, though the air is saturated with vapour, the accompanying temperature takes from it the usual injuriousness of a moist cold climate. During the winter months the air coming from the sea is generally warmer..."
than that which reaches this district from the land side, and as these sea winds
then chiefly prevail, they may be considered one of the chief sources of the
mildness of the local climate, while much of the vapour brought by them being
condensed on coming in contact with the land, particularly the higher parts,
cloud and rain are the result. Clouds formed in this way are often to be seen
over the land when none are to be seen seaward. These, if occurring in large
amount, tend to prevent terrestrial radiation, so that at this season, when but
little heat is derived from the sun, the cold is diminished; and as they are only
dissipated in the formation of a light misty rain, they are the cause of many
‘wet’ hours, perhaps more than is usual for the amount of rain in some inland
places. Though this mild grey weather may be the general character of the
Devonshire winter, yet it is sometimes subject to a temperature so sufficiently
low as to be severe. These occasional depressions of temperature are especially
to be noted, and their effects weighed and appreciated. They are often the
cause of much acute and fatal disease which, there can be no doubt, might, to
a great extent, were only due caution observed, be avoided. . . . The
general mildness of the winter weather often induces the casual visiter, on the
recurrence of these occasional periods of cold, to consider the climate has been
falsely represented; not so, however, mildness is its essential character, in-
clement cold the exception; and this exception not only occurs, but is to be
expected, for it is the common lot of European climates, even the mildest of
them, to have their seasons of severity.

"The character of the early spring does not materially differ from the winter,
excepting that the air is less damp and the days less rainy. Towards the
middle of this season north-easterly winds prevail, and these are often piercing
and cold, while the sun shining joyously, gives the general impression of a
summer's warmth. As the spring advances, these winds are tempered by warm
showers, and summer with its genial heat is ushered in. The summer is rarely
very hot. The occasional clouds of this season, by obliterating its [?] rays, serve to
moderate its heats, so that vegetation is often green and luxuriant when parched
elsewhere. Though showers are frequent, the air is dry. The winds, which
for the most part blow from the north-west, are cool and refreshing. Take it
altogether, it is a fine and agreeable season. The evenings and nights, however,
are sometimes cold and damp, so that exposure at these times, with only light
summer clothing, is to be avoided. July and August are, perhaps, the only safe
months in which out-door lounging during the evening can be safely indulged
in. The autumn is warm and inclined to be damp and rainy; it is peculiarly
the season of a light drizzling rain, which is associated with a uniformly grey,
clouded sky. The winds during this season are chiefly from the west."

Passing over the intervening chapters, we close with an analysis
of that which treats of the climate of the South of Devon, con-
sidered with reference to its general effects in health and disease.
The primary effect upon persons proceeding thither from a colder
climate, is to induce lassitude of the physical and general laziness
of the mental apparatus; the skin and liver increase, whilst the
lungs and kidneys diminish in activity; the circulation of the blood
becomes softer and more uniform, and nervous irritability is allayed.
The climate is commendable, says our author, in cases of disorder
of the chest generally, but more especially in that irritable state of
the lungs which precedes the development of consumption; in
inflammatory bronchitic affections; in scrofula generally; as also
in some forms of dyspepsia. Persons returning from a life in the
tropics are said to find the climate of South Devon suitable to their
condition, as being less likely to promote the general and local con-
gestion to which they are prone. On the other hand, persons
suffering from "fulness of the head, any tendency to derangements of the great bloodvessels, a relaxed state of the uterine system," etc., are to be dissuaded from resorting to that district. Climacteric diseases are often alleviated by a sojourn in South Devon. Scrofula, consumption in its incipient stages, some of the diseases peculiar to females, are amongst others quoted by Dr Shapter as those calculated to find alleviation in the South of Devon. We recommend a perusal of Dr Shapter's work to all who are personally or relatively interested in the climate of the south-west of England. It contains a vast amount of information both statistical and general. The author evidently jots rather than writes; and the book has the character of a well-stocked note-book, especially on those subjects of greatest practical importance. It is carefully illustrated with maps and diagrams, which enhance its value as a work descriptive of the physical characteristics of the district. As a whole, Dr Shapter's book affords most interesting and instructive reading.

Observations on the Diseases of the Rectum. By T. B. Curling, F.R.S., etc. 3d Edition. John Churchill and Sons: London: 1863.

The previous editions of this work have made Mr Curling's name well known to the profession as an authority on the subject of this important class of diseases, and this third edition will add still further to his well-earned reputation. It is no mere reprint of the former editions, but, as the author tells us in the preface, a great part of it has been re-written or altered, and several new chapters added, some of which are very important and interesting.

The first of these new chapters is devoted to the obscure subject of nervous affections of the rectum, including morbid sensibility and neuralgia of the gut, and also a condition which Mr Curling calls "irritable rectum." The latter consists in an inclination, more or less urgent, to empty the bowel at inconvenient times, though both mucous membrane and faeces are healthy, and often there is little or nothing to expel. This condition seems rather to be a mental than a bodily ailment,—less an irritable state of the rectum than a result of mental emotion, an expectant attention to the condition of the lower bowel, combined with a vivid appreciation of the unpleasant consequences, should an evacuation be required. As the recorded cases show, it exists generally in clergymen, public speakers, and travellers. The purely mental nature of such cases is well shown in one recorded by Dr Carpenter, in which a public lecturer having once suffered great uneasiness from such an impulse during a lecture, had a return of the same at every subsequent lecture at the same place, though he was never annoyed anywhere else, even under like circumstances. The increase in the number.
of such cases since the introduction of long journeys by express trains without a stoppage, may be attributed as much to the state of apprehension and expectant attention, as to any speciality in the mode or the rate of travelling.

In the chapter on haemorrhoids, when speaking of the bleeding from internal piles, we think Mr Curling insists too much on the possible good effects in some cases of these insidious haemorrhages. With reference to their treatment, he strongly condemns the method by écrasement lineaire, on account of its rudeness, tediousness, and difficulty. As regards its results, the following sentence from the pen of M. Nelaton is worth quoting:—"During about a twelve-month I have seen a great number of patients who have come to me in order to undergo an operation to remedy anal stricture, the unfortunate consequence of removal of haemorrhoidal tumours, the stricture sometimes scarcely admitting the passage of a quill. It has arisen, because not only the mucous projection, which alone constitutes the disease, has been removed, but also a more or less considerable portion of the skin of the orifice of the anus."

In the chapter upon the treatment of fistula in ano, Mr Curling states that in some cases he has found the ordinary incision through the structures intervening between the inner and outer openings prove insufficient, and proposes a method of laying open the sinus, which in such cases is often found burrowing for some distance upwards along the side of the rectum. This is to pass a straight director up to the extremity of the sinus, and to carry along its groove one of the blunt-pointed blades of a pair of knife-cutting scissors, the other blade being passed up the rectum; then the blades being closed, to divide the intervening membrane, and expose the sinus. From the depth of the parts, and the little control it is possible to have over the instrument, this must in most cases be a very doubtful if not dangerous procedure; indeed, Mr Curling himself limits its use to those cases in which the sinus is evidently close to the bowel, it being quite inadmissible in those in which the sinus penetrates the areolar tissue of the pelvis, or lies deep in the buttock.

The chapter on obstructions of the rectum, and the operations required for their relief, is of great interest and value, from the large experience of these rare operations which Mr Curling has had. In cases of complete obstruction of the lower bowel from malignant disease, or in cases where, from a similar cause, openings have been formed between the rectum and the bladder or urethra, and extreme misery results, the formation of an artificial anus at some part of the colon has given occasionally great relief. Two portions of the intestine have claimed the preference as suitable for such operations,—the left inguinal region, in which the peritoneum is opened, and the new anus formed in the sigmoid flexure of the colon; or the left lumbar region, in which an anus is established in the loin by an opening made in the descending colon external to the peritoneum.
The inguinal position has the one advantage, that the artificial anus is better under the control of the patient from its position in front; but Mr Curling unhesitatingly gives the preference to the left loin for several reasons. In it the peritoneum is not necessarily wounded as it is in the other, and, what is even more in its favour, the colon is opened at some distance from the diseased part, and is thus in a more suitable state for operation. "The spot where the intestine should be sought for and opened is about two finger-breath above the crest of the ilium, and midway between the anterior and posterior spinous processes." Remembering this spot, an incision is to be made across it, from the outer margin of the erector spinae for three or four inches outwards. After cautiously dividing the muscles and transversalis fascia, the colon is to be drawn towards the outer wound, and a longitudinal incision of not less than an inch in length made into it. The edges are then to be secured to the lips of the wound in the skin by metallic sutures. The great difficulty in the operation is in cases where the colon lies undistended and flat on the side of the wall. In cases where it is possible, the colon should, previous to the operation, be distended with tepid water, as was done in the case operated on by Mr N. Ward. Of seven operations at which Mr Curling was present, four of which he himself performed, four of the patients recovered, and three died. The deaths were in two cases attributable rather to the length of time during which the obstruction had lasted before the operation, than to the operation itself. In three of the four successful cases, in which the obstruction was carcinomatous, life was prolonged two, five, and eight months respectively; while in the fourth the stricture was non-malignant, and the patient was able to attend to his business, when last heard of, a year after the operation.

The last two chapters of the book also consist of new matter, and contain a succinct but very exhaustive account of congenital imperfections of the anus and rectum, the treatment required, and the merits of colotomy in such cases, founded in great measure on a paper by the author in the forty-third volume of the Transactions of the Medico-Chirurgical Society. These very various, distressing, and fatal malformations have hitherto hardly met with due attention from the profession, nor have the results of operative procedure been satisfactory; and the cases of operations in the living, and experiments on the bodies of still-born infants, recorded here, deserve the most careful consideration, tending to prove that in many cases inguinal colotomy, at an early stage, is a far safer and more successful plan of treatment than is diving for a rectum in the perineum, except where guided by the distention caused by the meconium.

For further details on this most interesting subject we must refer the reader to the book itself, which is concise, practical, and interesting,—in every way worthy of its author.
NOTES, MEDICAL AND SURGICAL, FROM MADAGASCAR.

BY DR ANDREW DAVIDSON, Medical Missionary, Antananarivo.

SINCE I wrote last, His Majesty Radama has granted me an hospital, which I have already opened for the sick. It will require £40 or £50 to make it in every way suitable for its object, and when finished will hold from thirty-five to forty patients. At present only one or two of the rooms are ready and occupied, and I am anxiously awaiting the completion of the rest of the building, in order to accommodate the numerous patients who daily apply for admission. The hospital is situated in the suburbs of the city, and is surrounded by a mud wall, which encloses a considerable piece of ground. I have appointed Kakotavo (whose Christian name is Daniel) house-surgeon. He resides in the hospital, and is now so far useful as to be able to make up the medicines according to prescription. We still retain the dispensary in town, which, as I formerly mentioned, is conducted on the same principle as the Cowgate Dispensary. It is still crowded to excess, hundreds going away every week unattended to, and many of these are persons of the highest rank. To give you some idea of the cases operated on, I may mention that I have had above thirty cases of hare-lip, all of which, with one exception, have been successful, both as regards the healing of the wound and the removal of deformity. Not having any hare-lip pins, I have adopted the interrupted suture, with iron wire; and this has been so successful as to leave me no room to desire any other means.

I have operated on two cases of cataract; in one the operation was successful, but in the other the inflammation was so severe that I had to perform the operation of excision of the eyeball. I attribute my want of success entirely to the fact that I had broken my cataract knife, and performed the operation very clumsily with a pair of scissors and a director. I had one case of cancer of the mamma, which had existed for two years, and involved a large part of the skin, and required an extensive wound to remove the disease. This operation was performed in the presence of Radama, who expressed great astonishment at it. I operated the other day for fistula in ano; there were five fistulous apertures; the patient is doing well. I will not attempt to say how many tumours, fibrous, fatty, and others, I have removed; one kind only deserves notice as being rare in Europe, viz. elephantiasis of the labia. I have removed two growths of this kind with entire success, and comparatively little difficulty. One very large one of the labium, and another of the scrotum, the former weighing about thirty pounds, and the latter much more, are awaiting removal, and, if spared, I shall operate next week. I may say that the former of these came under my knife before. I attempted to dissect carefully, tying every artery as it was cut. The first incision was not followed by much blood, as it was merely through the skin, but the second opened about twelve arteries that required ligature. I found it necessary to delay the operation for a time, and I now intend to do it with rapid incision, so as to remove the whole tumour in a few seconds, and then tie the arteries as quickly as possible. One rather interesting case is worthy of special mention. It was a large cyst

1 The Directors of the Edinburgh Medical Missionary Society have resolved to send Dr Davidson an immediate supply of eye instruments.
in the neck, stretching from near the clavicle into the mouth, and pushing the tongue to one side. It was deeply situated, and felt hard to the touch. On opening the cyst, I found it containing a thick fluid or semi-solid matter towards the lower part, and a fluid about the consistence of white of an unboiled egg at the top. I opened the cyst by two incisions, one in the neck about two inches in length, and another in the mouth. Instead of dissecting out the cyst, as is generally recommended,—which in this case would have been difficult both on account of the situation and extent of the disease,—I procured inflammation and suppuration of the sac by injecting tincture of iodine into the wound by the opening in the mouth, and keeping the lower opening patent by inserting lint. The sac adhered from above downwards, and now that the wound has healed, scarcely any mark remains. I mention this case particularly, because the patient, originally a strong robust man, had in the space of three months been almost brought to his grave by the pain which the tumour occasioned, as well as its interference with mastication.

The medical cases, although probably not so interesting to me as the surgical, have been very instructive. Diseases have here been alike unmitigated by art, and unaltered in their character by foreign intercourse. The strict exclusiveness of the old queen saved the island from the ravages of the cholera, which has proved very destructive in the neighbouring islands, Mauritius and Bourbon, tending to prove what can scarcely be denied, that cholera is an infectious disease. I will say nothing at present about the Madagascar fever, as I have only treated two cases; but as the fever season is now at hand, I will (D. V.) have further opportunities of studying this disease. Consumption and chest diseases generally are nearly as common as in England, and much more rapid in their course. I account for this by the great changes in temperature; the thermometer in the shade during the day often being as high as 90° to 100°, and at night has even sunk as low as 45°. It is frequently about 60°. The people, also, are insufficiently clad; and the houses, being without glass, are colder than European houses. During the dry season, the air is full of a fine penetrating dust, which produces a disease of the nature of asthma, and often passes into consumption. The vital energy of the Malagasy is below that of the Englishman. He does not take the same length of time in dying that a European does, but rapidly sinks under disease.

Syphilitic diseases are here common; nay, I might say, almost universal. I have read of no form of venereal disorder that I have not seen here; but I think I have seen some forms different from any described. I never knew a native thirty years of age, male or female, who did not candidly confess to having had gonorrhœa, syphilis, or the yaws. Constitutional syphilis is exceedingly common amongst children; very many of the children formerly died of it. So deadly do the natives regard it, that a child who shows signs of it is “given up,” as we would say. It begins, as at home, about five weeks after birth, and exhibits the same character, but is decidedly more dangerous. At home, in the practice of the dispensary, I have seen good results from minute doses of the bichloride of mercury; but such a medicine is particularly unsuitable to infants of such a tender age, and has not by any means proved useful here. Hydrag. ò creta I have also fairly tried, but with little success; new pustules forming, and old ones ending in suppuration and loss of substance under its use. The remedy which, after many trials, I have found beneficial is mercurial intumescion, as recommended by Sir Benjamin Brodie. This has
never failed,—no, not in a single instance. It produces its effect much more speedily than any other with which I am acquainted, and leaves none of those disagreeable results behind which too often follow the use of mercurials both in children and adults. I had a case in which one of the fingers and several of the toes were ulcerating, so as to place hands and feet in great danger. In two days after the inunction with mercurial ointment, the ulcers changed in character, the inflammation decreased, and in a week the parts were healed. I will afterwards give a much more particular account of my observations on syphilis; let me only add at present, that not only do the primary, secondary, and constitutional forms of this disorder prevail to an extent quite unknown in other countries, but that there is here, so to speak, a syphilitic diathesis, so marked as to force itself upon our notice, modifying in a most important way every skin disease, and many other maladies, and requiring that its existence be recognised in order that the treatment of disease may be successful. Abortion in the fourth and sixth months is so common that, until I get regular statistics upon the subject, I would not ask any man to believe it upon my word.

A very great number of cases of leprosy have come under my observation, and I have devoted particular attention to this disease, in order if possible to ascertain its cause, and obtain some clue to its treatment. I have kept a detailed account of many of the cases under my care. I will copy these, and forward them, with a few inductions from the facts which I have gathered. I will at present briefly state the results at which I have arrived. First, Leprosy, by which I mean the tubercular, is uniform in its character and manifestations; its commencement, progress, and termination being as distinct and uniform as in small-pox or scarlet fever. Second, Its cause is one, not many, as has generally been represented by those who ascribe its origin "to the want or disuse of salt, to the use of unripe, spoiled, or mouldy grain, to inattention to personal cleanliness," etc. Third, This cause is in all probability a poison generated by the use of dried semi-decomposed fish as an article of food. Fourth, It is contagious only by inoculation, and not by simple contact. Fifth, No leper is capable of propagating his species.

Some of my students are good fellows, and would do credit to a better instructor. They delight to style themselves, Boksters of the Sicol Medisen. I have to make all my instructions practical. They do not understand theories. I get each of them to give me a paper every fortnight on one of the classes of disease treated in the dispensary or hospital. The writer has to give the symptoms and treatment, and to note carefully the results. I make them examine the patients, diagnose the disease, and suggest the treatment. After a time two or three of them will, I have no doubt, be useful here as medical missionaries.