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Raynaud’s Disease (Local Syncope, Local Asphyxia, Symmetrical Gangrene): its History, Causes, Symptoms, Morbid Relations, Pathology, and Treatment. By Thomas Kirkpatrick Monro, M.A., M.D. Glasgow: James Maclehose & Sons. 1899.

Dr. Monro’s essay upon Raynaud’s disease may justly be considered as one of the most exhaustive and important monographs in our language on this somewhat rare affection. More than two years have been employed in its preparation, and, when we consider the minute detail with which all the phenomena and relationships of the disease are discussed, we are, indeed, rather surprised that he has accomplished his task in so short a time. The work is based upon personal observations, and upon a careful analytical and critical study of all the published cases to the records of which the author could obtain access. When we state that the bibliographical appendix contains two hundred and six separate references, as well as a long list of theses, all of which have been personally examined by Dr. Monro, and abundantly referred to in the text of the essay, our readers will have some idea of the amount of labour involved in its preparation. The book is one which every physician, called upon to deal with cases of this obscure malady, will find to be of the greatest service to him as a work of reference. It is dedicated to the memory of Maurice Raynaud, and, appropriately enough, begins with a short biographical sketch of this eminent physician. After introductory chapters on anatomy, statistics, terminology, and history, the phenomena of Raynaud’s disease,
under the headings of etiology, local syncope, local asphyxia, and symmetrical gangrene, are exhaustively treated of. The concluding chapters of the work deal with the morbid relationships, the morbid anatomy, the pathology, the diagnosis, and the treatment of Raynaud's disease.

After a somewhat careful perusal of Dr. Monro's interesting account, we are obliged to confess that our conceptions of the affection, now commonly associated with Raynaud's name, are clinical, rather than pathological or anatomical. While it must be admitted that the group of symptoms, characterised by local syncope, asphyxia, and symmetrical gangrene occurring in paroxysms, constitutes a sufficiently striking clinical picture, it may also be granted that the definite association of these symptoms with a special microscopical or macroscopical lesion in the central nervous system, or elsewhere, has not yet been made clear. This, of course, can only be done when a much larger number of cases presenting Raynaud's phenomena have been subjected to careful investigation after death. Until this has been done, however, we must to some extent remain in doubt whether we are to regard Raynaud's affection as a disease sui generis, or merely as a symptom like albuminuria or dropsy of a number of morbid states. While this is so, there can be no doubt that Dr. Monro has done great service in collating and summarising our present knowledge of the condition, and so preparing the way for the further investigations which are still necessary to elucidate its true nature.

We heartily congratulate the author upon his valuable work, and cordially recommend it to the favourable notice of the profession.

Letter-, Word-, and Mind-Blindness. By James Hinshelwood, M.A., M.D., F.F.P.S. Glasg. London: H. K. Lewis. 1900.

This little work consists of five chapters, of which the first is introductory and new, while the remaining four have already appeared in the Lancet.

Chapter I, on the visual memory, gives a lucid explanation of the distinction between visual perception and visual memory, and shows how, on theoretical grounds, investigators have in recent times been led to assume that the visual perceptive centre and the visual memory centre are not the same, but quite distinct from one another.
In Chapter II the same subject is taken up from the clinical point of view, and illustrated, in the first place, by a case which presented the following features,—Loss of the visual memory of printed and written words and letters, but not of figures; perfect ability to write to dictation, but inability to read what had thus been written; right lateral hemianopsia. The symptoms are attributed to a subcortical lesion in the left occipital lobe, so situated as to destroy the optic radiations passing to the left occipital cortex, and also the fibres passing from both occipital lobes to the left angular gyrus. Dr. Hinshelwood gives another case, where, in addition to right lateral hemianopsia, there was loss of the visual memory for places. As the patient was illiterate, she could not be tested with regard to words. The author points out that memory is not scientifically recognisable as a single faculty, but is simply the sum of a number of individual memories—of vision, hearing, smell, taste, &c. Similarly, if we consider visual memory by itself, we find that this in turn is made up of a series of subordinate visual memories, which are capable of being arranged into two groups—(1) highly specialised visual memories, for the acquirement of which mental concentration and special training are necessary; and (2) less specialised memories, whose acquirement implies no great mental effort on the part of those possessing the sense of vision. The first group of visual memories have to do with words and letters, figures, musical notes; the second group with form and colour, objects and places. It is supposed that one cerebral hemisphere only is, as a rule, educated for the purposes of the first group, while the second group of visual memories are stored in both hemispheres, so that their loss implies a bilateral lesion, and is therefore very uncommon.

Chapter III describes an interesting case of partial mind-blindness with dyslexia. The patient could read a few words correctly, and then suddenly stopped, owing to complete word-blindness. After a rest, he could read a few words more quite correctly. He was unable to follow his occupation as a tailor, apparently owing to loss of memory of the objects he required to handle, and he had also at times loss of memory for places. Under hospital treatment, including complete abstinence from alcohol, he steadily improved, and ultimately became able to read for any length of time. The disorder is attributed to impaired functional activity of the right and left visual memory centres, or of the fibres on each side connecting the centre with both occipital lobes. It is stated that there was no disturbance of speech, but apparently the
presence or absence of agraphia during the alexic period was not determined. Otherwise, in accordance with the teaching of Chapter II, it should have been possible to decide as to a cortical or a subcortical lesion.

Chapter IV is on word-blindness without letter-blindness, and is illustrated by four cases, one of which is original. Such patients can read letters, but not words; can read figures separately, and in any combination; and can write spontaneously, and to dictation, though unable to read the words they have written. The condition is attributed to partial destruction of the visual word centre rather than to a subcortical lesion, since there is no hemianopsia. By partial destruction of the visual word centre is meant destruction of the centre for the visual memory of words, which is regarded as anatomically distinct from, though adjacent to, the centre for the visual memory of letters.

Chapter V is on letter-blindness without word-blindness, and includes a very remarkable case which was under the care of Dr. Finlayson two years ago, as well as a case of Sir Wm. Gairdner's, and three cases quoted from other writers.

Dr. Hinshelwood is to be congratulated, not only on the importance of his cases, but also on the lucidity of his style, which throws a bright light on a dark subject.

A Text-Book of Anatomy. Edited by Frederick Henry Gerrish, M.D. London: Henry Kimpton. 1899.

This work is the result of the joint labours of several American professors. Dr. Gerrish contributes the introductory chapter, the section on general anatomy, and those on the muscles, the fasciae, the heart, the lymphatic system, the central nervous system, and the viscera with some exceptions. To Professor Woolsey, of Cornell University, New York, have been entrusted the chapters on the bones, the articulations, and the veins. Professor Keiller, of Galveston, has contributed the descriptions of the nerves, the eye, the nose, and the skin. The section on the arteries is the work of Professor Bevan, of Chicago; Professor Stewart, of New York, describes the genital organs; and the chapter on embryology is written by Professor M'Murrich, of Ann Arbor, Michigan.

All our authors, with the exception of the last named, are surgeons, and the work has therefore, as a whole, a distinct
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practical tendency which will, doubtless, recommend it to many readers. Furthermore, it is profusely illustrated, there being more than 900 figures, almost entirely drawn from the beautiful collection of Testut, now very familiar in this country. Among the illustrations, a very striking section, contributed by Dr. Gerrish, contains a number of photographic reproductions of the surface anatomy of the trunk and limbs, and a series of skiagrams of exceptional merit.

In the words of the preface, "the pictorial and diagrammatic illustrations (thanks to the remarkable liberality of the publishers) are phenomenally abundant and of striking artistic excellence," an emphatic statement which cannot be disputed, but which, in its turn, serves to bring into relief the weak part in the composition of the work, namely, the want of due proportion between pencil and pen. The authors have sought, on their own showing, to steer a middle course between the pocket manual and the encyclopædia, with a bias, frankly admitted, towards the surgical rather than the morphological side of the subject; but everywhere the reader feels that the space devoted to pictorial representation has seriously encroached upon that which should have been allotted to description, which, however concise, should always be accurate and complete. Nearly encyclopædic in its extent in one department, in another the work almost approaches to the miniature. This want of balance is a defect which will be felt by the student rather than the practitioner, who seeks in most cases merely to revive his impressions; for it is only to the trained observer that the dissection or the picture can tell its whole tale, the learner in science must have his attention called to point after point individually before he can acquire the habit of seeing for himself essential details in their true relations.

It is abundantly evident all throughout the work that the authors are well acquainted with the subjects they handle, and in spite of what has been said generally, many of the individual sections reach a high mark of descriptive excellence, particularly Dr. Gerrish's chapter on the brain, which, though short, is very clearly written, and presents the main facts to the student from a morphological and developmental standpoint, and the section on the nerves, by Professor Keiller, whose descriptions are brief and pithy. Professor Woolsey's chapter on the joints also calls for special mention, as the work of one accurate and concise in expression, and well versed in the mechanical problems of the skeleton.

The chapter to which most exception will probably be taken is that on the muscles, by Dr. Gerrish, for the author,
unwisely we think, in the desire to economise space, has so abbreviated his descriptions as to render them little more than mere lists of attachments, positions, and actions. Little or no account of relations is given, and in many cases important actions are unexplained or even neglected altogether. Thus, in the cases of the biceps and triceps of the upper limb, no notice is taken of the action of either muscle upon the shoulder-joint, and in dealing with the tensor vaginae femoris the author neglects to mention the movement communicated to the tibia through the ilio-tibial band. Omissions such as these seem to us to be unjustifiable, even when the necessity for brevity is fully admitted.

The chapter in which the minute anatomy of the tissues is described is also disappointingly short, and Dr. Gerrish has not been permitted to do the justice to the subject which its importance demands. Although histology may be regarded as a common ground on which the anatomist and physiologist meet, the former is not entitled, we think, for that reason to deal with the subject in a half-hearted manner, as claiming but not using to the full the privilege of teaching it, but would be better to relegate it altogether to his neighbour than to treat it with less than its due share of attention. Most of the descriptions in this part of the work are too brief, in our opinion, to be of real value to the student in enabling him to get a comprehensive grasp of the subject. We may cite the account of osseous tissue, in which neither Haversian spaces nor absorption spaces are mentioned, intermediate lamellae being only incidentally noticed, and referred entirely to periosteal origin, and no reference is made to the size of lacunæ and corpuscles.

What has been said in a general way about histology may all be repeated with even more emphasis with regard to embryology. Professor M'Murrich has been so compelled to condense his descriptions that, while the initiated will follow them with pleasure as a record of the most recent researches, we doubt if they will be intelligently appreciated by any who do not come to the reading with a considerable knowledge of the subject. The compression to which the article has been subjected is also responsible for what cannot but be regarded as a serious defect, namely, the want of that distinction between ascertained fact and conjecture, which should always be drawn in teaching, no matter how probable the conception may appear. In the description of the maturation of the ovum (page 78), the process of the formation of the polar bodies and that of spermatogenesis are spoken of as if they
were identical in nature, and thus a speculation, interesting and important, no doubt, and far-reaching in its consequences, may readily be interpreted by the student as something altogether beyond dispute. Here and there Professor M'Murrich commits a slip, common in text-books which treat of human embryology, and, although easily detected by the advanced student, apt to confuse the beginner; on page 86, for instance, the words “upper” and “lower,” “behind,” &c., are used in the significance in which they are employed in human anatomy; while, in other cases, as on page 95, words such as “forward” and “above” are made use of in the comparative anatomy sense.

The work of publisher and printer has been excellently done; many of the illustrations are most beautifully coloured, and the parts are clearly named, so that in most cases the mastery of the nomenclature is easily attained. We can commend the work very cordially to practitioners and others whose desideratum is a richly illustrated text-book, reliable in its information, and easily handled.

A Manual of Surgery for Students and Practitioners. By William Rose, M.B., B.S. Lond., F.R.C.S., and Albert Carless, M.S. Lond., F.R.C.S. Second Edition. London: Baillière, Tindall & Cox. 1899.

The first edition of this work appeared in the spring of 1898, and the fact that a second is required within eighteen months indicates that it has met with a favourable reception. This, no doubt, is largely due to the convenient size of the volume, and to the attempt on the part of the authors to cover the whole field of surgery (even including amputations and excisions) in a book of moderate compass. While we give credit to the authors for their effective condensation, we are afraid the students and practitioners, for whom the book is intended, will often wish they had aimed at greater clearness, even if that involved the addition of a few more lines of letterpress.

We notice here, as in most other works emanating from the London schools, a curious jumble of ancient and modern pathology, and a similar admixture of primeval and recent surgical practice. The change brought about by antiseptic theory and practice has had the effect of “leaven,” but it has not “leavened the whole lump,” and in most of the London
hospitals the surgeons are still far behind those of the chief provincial ones in the logical carrying out of antiseptic theory in their surgical practice. Further, the Metropolitan surgeons seem to be ignorant of what is being done by their provincial confreres; possibly what was at one time known as the “parochial mind” is now the heritage of the Londoners. The only Glasgow surgeon whose work is recognised in this volume is Professor Macewen, and there is not one of the paragraphs in which his name occurs which gives a fair or accurate account of the operations associated with his name.

A Manual of Surgical Treatment. By Watson-Cheyne, M.B., F.R.C.S., and F. F. Burghard, M.D. and M.S. Lond. Part II. London: Longmans, Green & Co. 1899.

The second part of Messrs. Watson-Cheyne and Burghard’s Manual of Surgical Treatment is devoted to the Surgery of Deformities and the Surgical Affections of the Tissues. Under the first head we have the discussion of the treatment of supernumerary digits, webbed-fingers, hammer-toe, metatarsalgia, Dupuytren’s contraction, and other affections of the fingers and toes; flat-foot, curved tibia and fibula, genu valgum, varum and recurvatum, coxa vera and congenital dislocation of the hip. Under the second head are included the surgical affections of the skin, nails, lymphatic vessels and glands, fascia, bursae, muscles, tendons and their sheaths, nerves, veins, and arteries. The discussion of the surgical affections of arteries involves that of the treatment of aneurysm, and this again to the description of the mode of ligaturing the various arteries in their continuity. It will thus be seen that the present volume contains much very important material.

We can speak very favourably of the section on deformities, taken as a whole, and are especially pleased with the full and careful description of Lorenz’s operative and non-operative treatment of congenital dislocation of the hip. In describing the treatment of the several forms of club-foot, the authors do not get beyond the ideas and practice of a quarter of a century ago, and still pin their faith very largely to the division of tendons and fascia. In describing talipes equino-varus, they make no reference to the change in the shape of the astragalus, and do not appear to have heard of the removal of that bone as a means of remedying the deformity. In the most severe cases (they say) we have before us four alternatives—(1) the
forcible restoration of the foot to its proper position by wrenches; (2) "Phelp's operation," which is simply the operation first described by Dr. George Buchanan, of Glasgow, only performed by the open method instead of subcutaneously; (3) excision of some portion of the tarsus; and (4) amputation. The authors do not appear to recognise that it is possible in many cases to say positively, from an early date, that the osseous deformity is too great to be remedied by wrenches or the division of tendons, and that in such cases anything short of dealing with the deformed bones is futile. Phelp's operation appears to us to be objectionable, not only on the ground that it fails to deal with the osseous deformity, but because the open wound results in cicatricial contraction, which leaves the foot scarcely less deformed than it was at first.

In speaking of osteotomy for knock-knee, the description of Macewen's operation is given in his own words, and if this was left to stand without comment it would be quite satisfactory. In expressing a preference, however, for the operation done from the outer side of the femur, the authors ignore the principles laid down by Macewen, and in the use of the splint they recommend for the after-treatment, they still further deviate from the line of treatment he considers essential for complete success.

The chapter on the surgical affections of the nerves is fairly satisfactory, and the different methods of restoring the continuity of divided nerves are described with commendable conciseness and clearness. Two and a half pages of small print are devoted to "operations for exposing the main nerve trunks in the upper and lower extremity," but there is no description of operations on the Gasserian ganglion, Meckel's ganglion, or the several branches of the fifth cranial nerve. In a work on surgical treatment, which aims at completeness (as this does), these should certainly not be omitted.

The last seventy-five pages treat of the surgical affections of arteries, including aneurysm and the ligature of arteries in their continuity. In this section there is much which challenges criticism, more especially in regard to the pathology of the several conditions described; as, however, the authors do not pretend to give more than the merest outlines of pathology, we may assume that some, at least, of the defects in this department are due to the limitation thus imposed. In speaking of the treatment of aneurysmal varix, they recommend ligature of both artery and vein immediately above and below the communication; this procedure would most likely lead to distal gangrene in persons whose arteries showed
atheromatous change, and even in the youngest and healthiest patient would not be entirely devoid of a like risk. The authors have so high an opinion of the transperitoneal method of ligaturing the common or external iliac artery, that they give insufficient attention to the extra-peritoneal operations. It is no doubt true that in cases of aneurysm, the transperitoneal method is easy and fairly safe, but the authors forget that in their work the ligature of arteries will not be again described, and that they consequently are treating of ligatures as applied for all conceivable conditions. If it is necessary to ligate either artery for haemorrhage occurring in the course of conditions where asepticism cannot be assured, the transperitoneal road to the artery is not available. In such circumstances the operation devised by Sir Phillip Crampton gives the best access and the greatest security, and we are sorry to observe that it here receives no mention whatever. The woodcuts illustrating the chapter on ligature of arteries are numerous, and are, on the whole, accurate. We must, however, take exception to Fig. 107, which shows the internal carotid artery springing from the common in front of the external carotid, and crossing the latter to reach its outer and posterior aspect, an arrangement we do not remember ever to have seen either in dissecting-room or text-book.

We regard this second part of Messrs. Watson-Cheyne and Burghard’s important work as marking a distinct advance on the first. The authors appear to have a better grip of their subject, and to speak with more decision and authority. As Mr. Watson-Cheyne is now with our troops in South Africa, we assume there will be some delay in the production of the remaining parts; but we shall await them with interest, tempered by patience, satisfied that when they do appear they will be worthy of our careful perusal.

A Contribution to the Surgery of Fractures and Dislocations of the Upper Extremity, based upon an Analysis of about Seven Hundred Consecutive Cases Observed at the Manchester Royal Infirmary. By J. E. Platt, M.S. Lond., F.R.C.S. London: H. K. Lewis. 1899.

This is a very careful study of the cases of fracture and dislocation which came under the author’s observation during the two years of his residence as surgical officer in charge of the casualty department of the Manchester Royal Infirmary.
Of the 740 cases herein recorded, 680 were treated as outpatients, and only 141 were treated in the hospital wards. While the numbers are fairly large, they are not sufficient to give an adequate idea of the relative frequency of the different fractures. Thus, we are satisfied that, whatever may be the case in Manchester, it is not true of Glasgow that fracture of the humerus is more common than that of the clavicle, and fracture of the shafts of the fore-arm bones more frequent than that of their lower ends (including Colles' fracture). In this respect our experience agrees with the statistics of Stimson, Hamilton, and others, and differs from that of our author.

Mr. Piatt was, of course, unable to meet with examples of all possible varieties of fractures and dislocations in the clinic of the Manchester Royal Infirmary, and he has, therefore, added descriptions of the rarer forms of these accidents, drawn from a variety of sources which he indicates in a bibliography at the end of each chapter. He has thus made the work a fairly complete treatise on the fractures and dislocations of the upper extremity, and we trust he will see his way to follow it up with a corresponding book on those of the lower extremity.

Literary style is out of the question in a work of this character, but the descriptions are clear and concise throughout; and the numerous tables give, in brief, the essential facts as to every case which passed under the author's observation. His study of Colles' fracture is very complete and exhaustive, and he discusses all the points which have exercised the minds of surgeons since the time of Colles, and possibly before that. In regard to the fracture of the styloid process of the ulna as a concomitant of Colles' fracture of the radius—a condition described by Nelaton, Hector C. Cameron, Marcus Beck, and others—he points out that in the 87 cases observed by him this accident was only noted once. This statement is, however, weakened by the admission that "many cases were doubtless overlooked, for it has not been my rule to examine specially with regard to this point." Post-mortem specimens, sitionographs, and the evidence of surgeons who have "examined specially with regard to this point" need not therefore be put aside as fallacious till Mr. Piatt has been able to make further investigations.

Some of the cases given in detail are very interesting, and the author mentions in a foot-note one which did not lie strictly within the scope of his enquiry, and was therefore excluded, but would (if we mistake not) be more interesting
than any of those he gives. It was a case in which, from a severe blow on the clavicle, the bone, without being fractured, compressed and ruptured the cords of the brachial plexus against the transverse process of the cervical vertebra. This was no mere conjectural diagnosis, but was verified by dissection after death.

We must, in conclusion, thank Mr. Platt for the great pains he has bestowed on the study of this very practical subject, and the interesting volume he has produced.

The Surgical Diseases of the Genito-Urinary Tract—Venereal and Sexual Diseases: A Text-Book for Students and Practitioners. By G. FRANK LYDSTON, M.D. Philadelphia: The F. A. Davis Company. 1899.

In entering on the production of this work, the first difficulty with the author must have been to define the limits of his subject. On what logical grounds he includes the description of urinary calculus, the surgical affections of the kidney, hydrocele, &c., and excludes salpingitis, endometritis, and the other conditions of the female genital system it would be hard to guess. Certainly the latter are more intimately associated with venereal disease (which is the main theme of the book) than the former, and we can only guess that the reason for their exclusion is the separation in recent years of gynaecological from general surgical practice. By far the most satisfactory sections of the book are those which relate to gonorrhoea and syphilis, and here the author evidently writes from a wide and valuable experience; on the other hand, the description of the surgical affections of the kidney is decidedly feeble and bookish, suggesting a less intimate acquaintance with the subject treated of.

The author's experience of venereal disease has not unnaturally led to his entertaining a low opinion of the sexual morality of the average man, but we hope that the extreme opinions he entertains are not justified by actual facts. He quotes with approval the remarkable statements of Nöeggerath—"I do not know what the state of matters in other cities is; I did not know how we stood in New York until I questioned the husband of every woman who came under treatment; but I believe we may apply here the dictum of Ricord, that 800 men in 1,000 have had gonorrhoea." And the further conclusion of the same writer, "I believe I do not
exaggerate when I say that gonorrhoea in 90 per cent of cases remains un cured. Of every hundred women who have married men formerly affected with gonorrhoea, hardly ten remain well, the others are afflicted by some of the ailments which I have attempted to describe." The sum of this double conclusion is that of all the married women in New York, 72 per cent are suffering from disease of the uterus and its adnexa, due to gonorrhoea in the husband; surely a monstrous conclusion!

The chapter on the "Diseases of the Sexual Function and Instinct" contains much smart writing; and we are glad to see the necessity for plain-speaking and physiological teaching in regard to sexual matters so forcibly urged. But when Dr. Lydston calmly argues that man is basally a polygamous animal, and woman (his mate) is essentially monogamous, we know not whether to laugh or get angry! Further, we think, he loses his sense of the true proportion of things when he asserts that "Trilby, the fad, did more damage to the sexual morale of society than all the tabooed obscene books ever written." No doubt the Trilby "fad" was carried in America to an extremity which we in this country have little idea of; but we cannot imagine that the early errors of Du Maurier's fascinating model had any material moral influence on those who read the book or witnessed the play.

While fully believing in the germ origin of syphilis, the author is sceptical as to whether the actual bacillus has yet been identified and cultivated. In order to be quite fair, he, however, quotes the description by Lustgarten of his discovery, and the later (though decidedly different) results of the investigations of von Neissen of Wiesbaden. One or two points in the summary of the researches of the latter are worth quoting; thus—"4. The cause of syphilis is pleomorphic bacillus, which is closely related to the more highly organised fungi. 5. The detection of the syphilis germ in the blood is an absolutely sure criterion of the presence of syphilis, and is therefore of the greatest diagnostic value, in doubtful cases, requiring differential diagnosis. 6. Syphilis in all stages is inheritable and communicable. 7. With the therapeutic measures known up to the present time, syphilis is absolutely incurable. Relative healing denotes only a latent state."

In regard to the treatment of syphilis the author is clear, definite, and sound. He discusses the value of the newer remedies, especially the vegetable extracts so extensively boomed in America, and the bichromate of potash treatment advocated by Güntz, of Dresden, and arrives at the following
eminently safe conclusion:—"While it is undoubtedly best to be liberal with respect to the various new remedies for syphilis, and give different remedies a fair trial, irrespective of their origin, the proportion of cases of syphilis that is curable by the judicious use of mercury and iodine is so large and so gratifying, that the practitioner is hardly warranted in wasting time upon new and strange drugs."

The book is for the most part written in excellent English, without those eccentricities of spelling and expression which are usually so prominent in American works. The following sentences, however, are as turgid, inelegant, and unintelligible as anything we have seen, and demonstrate how easy it is even for a careful writer to suffer relapses. "Looming up clearly from the midst of all the confusing clinical facts are the typic, virulent, gonococcic type of urethritis, and the typic, virulent, auto-inoculable, destructive chancreoid ulcer. . . . As plainly as the clinical specificity of typic gonorrhoea and chancreoid, stands out the incontrovertible fact that the local venereal diseases have their origin in genital filth. No matter how it operates, filth is the corner-stone of their development." So proud is Dr. Lydston of these sentences that he prints them in italics!

The get-up of the book is much inferior to what we are accustomed to expect from the Transatlantic medical publishers, and the woodcuts are, many of them, very poor. In Fig. 206, which represents Howard Kelly's method of catheterising the ureters in the female, the illustration is brought into lively contrast with that in Kelly's own work on Clinical Gynecology, a book which represents the high-water mark of medical illustration.

Despite the fact that we find much to criticise in Dr. Lydston's book, we are not blind to its real merits. It is certainly the most complete, sane, outspoken, and honest work on venereal disease in the English language.

_Surgical Ward Work and Nursing._ By Alex. Miles, M.D. Second Edition. London: The Scientific Press, Limited. 1899.

This work is directed to supply a want at the foot of the ladder of surgical literature. It is arranged in four sections, dealing respectively with antiseptic surgery, surgical operations, special nursing, the use of rest in surgery, and, lastly,
bandaging. In the first section are noticed the various lotions, powders, and dressings employed in surgical wards. In the second we have the general preparation of the patient for an operation, followed by notes on the subsequent nursing, with reference to special operations. The third deals with extension and fixation apparatus, and the fourth is devoted to bandaging. We would draw the attention of the author to the following points before issuing a third edition:—On p. 9, volatility is mentioned as one of the advantages of carbolic acid, while on p. 11, non-volatility is looked on as a favourable property of corrosive sublimate, on account of which "it remains antiseptic." We are directed to "antisepticize" catheters (p. 18), and to do likewise to catgut (p. 93). What does this mean? The plan mentioned on p. 37, of sewing wool into the edge of a mackintosh, does not seem to us to be safe from the point of view of "surgical cleanliness." The author does not consider turpentine as injurious to the skin (p. 38); some surgeons prefer to remove the turpentine by means of methylated spirit to avert its rubefaciant action. So far as we are aware, Higginson's syringe does not give a "constant" stream, and we are surprised that for this purpose no mention is made of the irrigator. The unwinding of soiled bandages after preparing the bed with mackintosh and carbolised towel (p. 40), does not commend itself as in keeping with antiseptic principles. No mention is made of placing a guard on the wound before removing the débris from surrounding parts (p. 41). The author's idea as to the proper method of inserting a safety-pin is a fad (p. 44). "Aseptic" procedure is treated of in a chapter of six pages, in a way that is sure to muddle the understanding of any "junior student" of a logical turn of mind, and of any "nurse-probationer.”

In a paragraph (p. 61) on preparation of sponge for sponggrafting, after removing calcareous particles..."the sponge is then antisepticised by 1 to 20 carbolic, and is ready for use." If an antiseptic graft be applied, will it encourage granulation? The section on skin-grafting (p. 121) is incomplete, no mention being made of taking whole thickness of the skin.

On p. 123, in secondary hæmorrhage, "after calling the doctor, a tourniquet should be applied.” This would be neither prompt nor cool-headed action on the part of the nurse. "Empyæma” (p. 155) is erroneous, and is dangerously near the "pyæmia” of the descendants of Mrs. Malaprop.

The names of Hegar (p. 199) and Fraenkel (p. 211) are misspelt, while Bellocq is docked of his "q" on p. 213.
The text does not tally with the appearances in Fig. 313, in which splints are distinctly figured.

While not advocating the use of the perineal band, we have seen it applied, covered with oiled-silk protective, in order to mitigate the chafing, while elongation of the handkerchief was met by a ratchet and pinion fixed at the lower end of the long splint. Fig. 321, and the description of the Staffordshire knot, are sadly wanting.

The chapters on special bandages are clear, and the diagrams are good. In spite of slight imperfections, some of which are mentioned above, we think that the book may be commended to those for whom it is intended. It will, undoubtedly, give to them an idea of the rationale of the various procedures which they will see carried out in the wards.

The idea of borrowing figures from instrument makers' catalogues, while not new, is very extensively acted on in the volume before us, and will certainly prove a help to the reader.

On Granular Kidney and Physiological Albuminuria: being the Lettsomian Lectures delivered before the Medical Society of London. By SAMUEL WEST, M.A., M.D. Oxon., F.R.C.P. Lond. London: Henry J. Glaisher. 1900.

Dr. West is to be heartily congratulated on this admirable piece of work. Seldom do we meet with such a happy combination of modesty and freedom from dogmatism on the one hand, with soundness and originality of teaching on the other. The reader does not need to proceed very far before he recognises that these lectures are the outcome of a conscientious and prolonged study of their subject, and he contemplates with satisfaction the addition to his library of such a valuable work of reference.

In Part I, granular kidney is considered from the point of view of frequency, age-distribution, morbid anatomy, varieties, etiology, and relation to acute nephritis, arterial disease and gout. Some very important data are given as to the size of granular kidneys, which are found by the author to have a weight above the normal average in 20 per cent of cases.

In Part II, we have the signs of granular kidney, viz., high tension, thickened arteries, hypertrophy of the heart, albuminuria, and retinitis. In connection with the fourth of these physical signs, there is a valuable discussion of the subject of physiological albuminuria. Albuminuric retinitis
is dealt with at considerable length, and the author emphasises the importance of distinguishing the two varieties, viz., (1) the exudative or inflammatory type, which is seen in cases where dropsy predominates, i.e., in parenchymatous nephritis; and (2) the degenerative and haemorrhagic form, which is specially related to granular kidney.

Part III deals with symptoms, viz., cardio-vascular and toxemic, and, in connection with the former, the author notes as a new point the relation between aneurysm of large vessels and granular kidney. But there is surely some little slip when we are told that sometimes, in the brain, “a large number of minute haemorrhages are found of that peculiar kind known as miliary aneurysms” (pp. 99, 100). The toxemic symptoms are, of course, varied—digestive, cutaneous, nervous, &c.

Parts IV and V are on prognosis and treatment. The author advocates the use of renal extracts, which he has already employed in a tentative manner with encouraging results.

There is an appendix of interesting cases, with comments, but illustrative cases are also scattered through the work. An index is provided at the end of the book.

Introduction to the Outlines of the Principles of Differential Diagnosis, with Clinical Memoranda. By Fred. J. Smith, M.A., M.D., F.R.C.P. London: Macmillan & Co., Limited. 1899.

There are now so many excellent works on medical diagnosis that it is with a feeling almost of despair that we take up a newcomer, and we wonder in what it can differ from its predecessors. But the author of the book has considered this objection, and he claims that though he has set before us nothing that is absolutely new, he has brought forward what is old in a more rational and convincing manner. He says—“Very little that is new will be found in the following pages, but I claim that I have attempted to arrange the old, old phenomena of disease in such a manner as to show more clearly their fundamental meanings and relationships. I have utilised the data of physiology, and the facts of pathological anatomy, as the source from which to draw inferences and deductions, which in turn constitute a critical analysis of clinical symptoms; I have endeavoured by this analysis to
lead up to the underlying principles which govern disease as well as health. Once these principles, which are few in number, are recognised, bedside symptoms become merely illustrations of them, varied, it may be, by local and individual peculiarities, yet ever stamped with such a likeness that the simplest induction will speedily explain the organ of their origin.” The above quotation gives, in his own words, the author’s position in regard to his subject, his plan of treatment, as well as a brief example of his style of writing.

It will thus be understood that the book does not follow the lines of most books on physical diagnosis, nor yet those of a systematic treatise in practice of medicine. It is in a measure a combination of the two. For example, it deals mainly with groups of diseases, pointing out the symptoms and signs common to all, and the symptoms and signs by which the individual diseases may differ. The first two chapters are introductory, and deal with certain pathological phenomena. The third chapter treats of micro-organisms and zymotic diseases. The next five chapters are devoted to the respiratory and circulatory systems, the alimentary tract, the kidneys, to diseases of joints, and to certain affections of the nervous system. The last chapter considers some urgency cases, such as haemorrhage, traumatisms, poisonings, &c.

In regarding the book as a whole, one cannot but be impressed by its philosophical and logical treatment of the methods of diagnosis; but we doubt if it will appeal to the junior student of medicine. It is too much a general survey of the science of medicine, where certain of the phenomena of disease are cited in illustration of the general theme. But the junior student has not yet become acquainted with these phenomena; and so, from this point of view, we find a good deal that is wanting in the book. For example, in considering the physical signs in the chest, little attempt is made to explain the physics of the sounds obtained by percussion and auscultation. Now, without knowing something of this, the student will in nowise understand the significance of the change in percussion note one observes from day to day in the early stages of pleurisy with effusion. We mean the change from clear to tympanitic, to dull, that we have according to the amount of compression the lung has undergone. Again, in diseases of the nervous system, we would wish a more detailed explanation of the lesions causing the various motor, sensory, and trophic symptoms and signs. For, is it not by referring all these signs to their lesions that we make our diagnosis? But apart from this, the book
is full of interest, and, from its own point of view, quite complete.

We have every confidence in recommending it to our readers.

A Manual of Modern Gastric Methods. By A. Lockhart Gillespie, M.D., F.R.C.P. Ed. Edinburgh: Oliver & Boyd. 1899.

It is, we fear, still the custom with many physicians to proceed in the treatment of cases of dyspepsia without any well-defined views as to the pathological condition of the mucous membrane with which they have to deal, or of the juices which it may secrete. In such a diagnosis we cannot hope for a rational treatment. And so, to all who may come under the above category, we would specially recommend this little book by Dr. Gillespie, for in it will be found information which will greatly aid in the diagnosis of the different forms of dyspepsia.

The book begins by describing normal digestion in its various stages. Then we have an account of the methods in use in the physical and chemical examination of the stomach contents, both in health and disease. The various tests, both qualitative and quantitative, for the different constituents of the gastric juice are fully discussed, and the author gives many useful hints as to the methods best to be employed. A chapter is devoted to a consideration of the mechanical and electrical modes of treating the diseased stomach. Following this is a chapter by Dr. John Thomson on the application of these methods to young children.

The volume is clearly written, well illustrated, and we have to congratulate the author on it production.

A Laboratory Manual of Physiological Chemistry. By E. W. Rockwood. Philadelphia: The F. A. Davis Company. 1899.

This admirable little book fully attains, in our opinion, the object with which it has been written, viz., "the imparting of accurate knowledge through the student's own observation." The author deals with the various substances the examination of which constitutes a laboratory course of physiological
chemistry, and a number of extra experiments for advanced students are detailed in small type. In addition, there are inserted here and there blank pages for note-taking. The sections dealing with gastric tests are well worthy of study from the clinical point of view, and the same may be said of the directions for the examination of the urine. The plates at the beginning of the volume, chiefly devoted to urinary sediments, are good. The expression "pustulous," as applied to urine (p. 176), is one which we are not quite at home with, but we must not carp at parts in a case where the whole is so excellent.

The Edinburgh Medical Journal. Edited by G. A. Gibson, M.D., F.R.C.P. Ed. New Series—Vol. VI. Edinburgh and London: Young J. Pentland. 1899.

If there is nothing very striking in this volume, it at least continues worthily to represent the Edinburgh school of medicine, though it is satisfactory to find that it draws contributions from good men who are not Edinburgh graduates. The summaries of recent advances in medical science strike us as particularly well done.

ABSTRACTS FROM CURRENT MEDICAL LITERATURE.

M E D I C I N E.

Aneurysm of the Aorta.—Moritz Schmidt (Verhandlungen des XVII Congresses für Innere Medicin zu Karlsbad, 1899) remarks on the favorable position in which laryngologists are placed with regard to the diagnosis of aortic aneurysm, by reason of the frequency with which laryngeal palsy occurs as an early symptom; and he further alludes to two more recently recognised diagnostic aids, namely, tracheal tugging and the data afforded by transillumination by Röntgen rays. In the last eleven years Schmidt made the diagnosis of aortic aneurysm in 54 cases. In 38 of these there was complete or partial paralysis of the left recurrent nerve; in 5 cases there was right-sided and in 1 case bilateral palsy. There were 52 males and 2 females. It was probable that only 5 of the patients had been liable to severe bodily effort. In 19 out of 31 cases observed during the last five years tracheal tugging was noted. Schmidt recommends Oliver's method of pressing the cricoid upward as better than that of Cardarelli, who says that if the larynx be pressed towards the left, tugging towards the right will be felt. Schmidt urges the routine employment of Röntgen rays. In connection with Rosenberg's postulate that for the