RESEARCH.

Die Krankheiten der Wärmenden Länder: Ein Handbuch für Arzte.
Von Dr B. Scheube. Jena: Verlag von Gustav Fischer: 1896.

A reliable text-book dealing with tropical diseases has long been wanted. A considerable number of monographs on various diseases have recently been published, but, with the exception of Davidson's Hygiene and Diseases of Warm Climates, which was published in 1893, no modern handbook has been published giving an up-to-date account of our knowledge of tropical diseases. Although Davidson's work takes justly a very high place in the literature of tropical disease, yet in our opinion it fails by giving too much "ancient history" and too little treatment. This book by Dr. Scheube fulfils, as far as we know, the desideratum which has for long existed. The author was formerly a professor in a medical school at Kioto in Japan, and therefore had personal acquaintance with many of the subjects with which he deals. He has also, it is evident, widely read the subjects of his book, for an extensive and well-chosen bibliography is adhibited to each section of his work.

We are not, on the whole, enamoured with German text-books, because they are so often very diffuse, but in this case we are bound to admit that the author has erred, if at all, on the side of conciseness. To show his method, we may take yellow fever.
He first gives a concise definition; then follow symptoms, the history and geographical distribution of the disease; then etiology, symptoms, pathological anatomy, diagnosis, prognosis, prophylaxis, treatment, and literature.

It is not needful to give an extended review of all the author’s views. They are well up to date, and the bacteriological sections are very clear and in sufficient detail. Dr Scheube thinks that leprosy is contagious, but that its contagiousness varies in different places, being most contagious where the disease has been most recently introduced. The tubercular form of leprosy he considers more contagious than the anaesthetic form. With regard to its hereditary character, he seems to think that its spread is more due to contagion than to direct heredity, for where isolation is in vogue heredity seems to play little part in its production. He points out three important considerations which are against its hereditary nature:—1. No foetal form of leprosy is known. 2. The generative organs are rapidly damaged and sterility induced. 3. The rapid disappearance of the disease in some districts, e.g. the Faroe Islands and on the west coast of Sweden. The author holds that the nature of the beri-beri poison is not yet known, and that so far observers have not found the specific micro-organism. Still he believes that the disease is infectious. He gives us little light on the “sleeping sickness” of West Africa, although what is known of the disease is concisely stated. Dr Scheube does not think that the “blackwater” fever is an endemic form of yellow fever, but that it is due to malaria. Chloroform is strongly advised in the treatment of that disease, and also the inhalation of oxygen (but how is that to be obtained in the regions where the disease obtains?). The author does not think that we are yet certain what micro-organism causes dysentery, yet he is sure that it is caused by a microbe, and considers that calomel and ipecacuanha are the sheet-anchors in treating the disease, both drugs having a specific effect upon it. He personally prefers ipecacuanha.

The work is well up to date, and British investigations are not left out of account, as witness the numerous references to Dr Manson. The author may not regard it as a compliment, but we may say that the volume might have been written by an American or Briton, and we can strongly recommend it to all practitioners who have either patients from abroad with whom to deal, or who are themselves proceeding to a tropical country. Perhaps the best recommendation we can give to the volume is to hope that it may be translated, or that some one, taking Dr Scheube’s work as a basis, may give us something in the same style in our own tongue.

The Physiology and Pathology of the Cerebral Circulation. By Leonard Hill, M.B. London: J. & A. Churchill: 1896.

In this volume the author has developed and summarized the
results of interesting researches in which he has been for some time engaged, and lays before the profession information as regards the physics of the brain and of the cerebral circulation, which is of great practical importance to the physician and surgeon. The work is one which does not entail much time or effort to read through and understand, and on this account will be all the more readily perused by men in practice.

In it the author first discusses the causes of the pulsations of the brain, the subject of the cerebro-spinal fluid, and the process of absorption of fluid from the cranial cavity, and then passes to a careful consideration of the phenomena of the cerebral circulation properly so-called. His main method of experiment in this connexion was to obtain records of pressure at one and the same time in brain substance, torcular Herophili, right auricle, and carotid artery. In this way he was able to note the changes which alterations of pressure in any of those produced on the others; how, for example, changes in arterial pressure affected that of the brain substance and veins, how alterations in brain substance pressure affected the pressure in the arterioles and veins, etc. As regards vaso-motor nerves in the brain, his experiments indicate that they do not exist—a conclusion with which we have no hesitation in agreeing; and he shows that the blood-pressure in the brain as a whole must vary with the general blood-pressure as controlled by the vaso-motor centre. He next discusses the influence of the force of gravity on the brain circulation, and devotes some pages to the consideration of what is commonly designated as "shock."

Chapters on Cerebral Anaemia, Cerebral Metabolism, and Cerebral Compression follow, and the practical bearing of these on epilepsy, apoplexy, brain tumours, and other pathological conditions is demonstrated in a very interesting manner. Whilst holding that there is much more in connexion with cerebral physics than the experimental method can ever show, we have no hesitation in cordially recommending this book to the practical physician and surgeon.

Die Krankheiten des Gehirns und seiner Adnexa im Gefolge von Naseneiterungen. By Dr R. Dreyfuss, Specialarzt für Hals, Nasen, und Ohrenleiden in Strassburg. Jena: Verlag von Gustav Fischer: 1896.

The affections of the brain and its membranes following upon suppuration of the middle ear are well recognised, and there exists abundant surgical literature to demonstrate not only the results of such infection, but the paths by which it spreads, and the methods that may be adopted for surgical treatment. The author of this monograph has sought to deal in a similar manner with the affections of the brain and its membranes consequent upon suppuration in the nose and its accessory cavities, and he has done well in thus
putting before the surgeon and the specialist the possibility of brain abscess arising from this source. The work is short, but clear and concise, and considerable pains have been taken to make it a complete resumé of the subject. All the fatal cases that have been recorded in literature are briefly detailed, and a very complete bibliography is appended.

Dealing first with fatal cases from meningitis and cerebral suppuration following upon such operations upon the nose as cauterization, the removal of mucous polypi, and superficial injuries to the mucous membrane, he records next the cases of suppuration in the maxillary sinus, frontal sinus, ethmoidal cells, and sphenoidal sinus, which had proved fatal from secondary affection of the brain or its membranes. Of these, the largest number of deaths is consequent upon frontal sinus suppuration.

The paths of infection are next discussed, these consisting in dehiscences and defects in the bones and in the blood and lymph streams. It is especially interesting to note the course of infection in the five fatal cases following suppuration in the antrum of Highmore: in the first, there was thrombosis in the veins of the pterygoid plexus, orbital veins, and cavernous sinus; in the second, suppuration extended to the ethmoidal cells, and, perforating the lamina cribrosa, gave rise to an abscess in the frontal lobe; in the third, the pus perforated the posterior wall of the antrum in its upper part, and a temporo-sphenoidal abscess was developed; in the fourth, there followed from direct continuity periostitis and ostitis of the floor of the orbit, inner wall of orbit, ethmoid bone, and frontal bone, with a resulting abscess in the frontal lobe; while in the last case the course was somewhat similar to the preceding one, but in addition there was a perforation into the sphenoidal sinus. The case proved fatal from subdural abscess and abscess in the frontal lobe.

In conclusion, the indications for surgical interference in accessory cavity suppuration are dealt with, a study of which will repay the reader interested in the treatment of these conditions.

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Notes on the More Common Diseases of the Eye. By Robert W. Doyne, F.R.C.S. London: H. K. Lewis: 1896.

Dr. Doyne in his preface disclaims any intention of writing a book upon ophthalmology, and only aspires to publish some brief notes on the more common eye troubles which shall be of help to a general practitioner who, perhaps, does not see sufficient eye cases to encourage or require him to study the subject closely and systematically. This purpose is well served in forty pages of plain, sound, practical good sense.
Five years have elapsed since the fourth edition of this admirable work appeared. Much progress has been made in the area and in the technique of abdominal surgery in that period; so great, indeed, has been the progress that some subjects are new, the relative importance of others has been altered, and the whole field of work is enormously enlarged; and its literature is loaded with records of cases and statements of opinion often of the most contradictory kind.

We welcome with much pleasure this new edition, which is practically a new work. Two volumes instead of one makes it more handy to hold, and, like its former editions, it is full of information and of help. No surgeon, however experienced, but is the better of knowing what Prof. Greig Smith has done, and what methods he has found helpful himself in his work in the abdomen. Some men write systematic treatises in which history is laid under contribution, and the journals of the day are ransacked to afford detailed information as to the different methods that have been tried and suggested for treatment, and the reader is allowed to take his choice. Other works are written apparently to let the profession and the public know how many cases their authors have treated, but give little information as to exact methods. The practical surgeon who wishes hints for his own help turns to Greig Smith’s work, and gets what he wants described in simple language, and with a marvellous absence of the capital letter which stands for the first person singular.

The chief additions in the new edition are articles on the Surgery of the Abdominal Parietes, on Symphysiotomy, on Subphrenic Abscess, and on the Surgery of the Ureters. Great increase of size and novelty of instruction are to be noticed in the articles on Hysterectomy for Myoma, on Enterectomy, on Gastric Ulcer, and on Appendicitis. The latter subject requires forty-three pages in the new edition in place of twelve in the old, and the chapter is fully illustrated by woodcuts by Treves, Lockwood and Rolleston, and by the author.

On certain moot points Mr Smith gives his opinion frankly, yet modestly; he is not an admirer of Murphy’s button, and in cases where apparatus is required prefers the decalcified bone plate or bobbin. He does not dogmatise, but prefers coelio-colotomy to lumbar colotomy, though owning that the statistics of operations during the last five years are not yet available. The various methods of gastrostomy are described with care; the author likes to feed the patient by the wound as early as possible, and he aims for the formation of a comfortable fistulous opening at “implanting that part
of the stomach which is to form the fistula on the broadest possible surface of rawed wound.” We could make many extracts from this admirable book; suffice it to say that no operating surgeon, however eminent, can afford to be without its instructive pages, and that even when possibly disagreeing with the author’s conclusions, he will find it impossible to doubt the zeal for surgical improvement and single-eyed honesty of the author.

Traumatic Infection. Hunterian Lectures delivered at the Royal College of Surgeons of England. By Charles Barrett Lockwood, F.R.C.S., Hunterian Professor Royal College of Surgeons of England; Assistant-Surgeon to St Bartholomew’s Hospital; Surgeon to the Great Northern Central Hospital. Edinburgh and London: Young J. Pentland: 1896.

This reprint of lectures which are already known as having appeared in The Lancet, needs brief but warm commendation on its appearance in book form. The subject dealt with is, as Mr Lockwood observes, a most difficult one; and can only become less so by patient and close observation and recording, such as we have in the pages before us.

The subjects discussed in these lectures are—Septic Peritonitis and other local infections (Lecture I.), Septicaemias and Sepsis (Lecture II.), and various infective conditions (mixed infections, angina Ludovic, septic pneumonia, hectic) in the third lecture.

The methods of observation are referred to at the beginning, and the sources of error and lacunae in the results are constantly acknowledged. At the same time, certain most important practical conclusions are deduced from a consideration of the facts,—for example, as to the possibility of saving cases of diffuse septic peritonitis, and as to the proper treatment of cancerous ulcers before operation for their removal, with a view to avoiding infection of the wound.

The pages on bacterial invasion, septicemia and hectic, are full of suggestion, and points requiring elucidation have attention drawn to them. In a word, there is here material which no worker in this department can afford to ignore, and the lectures deserve careful study.

Food in Health and Disease. By I. Burney Yeo, M.D., F.R.C.P. New and Revised Edition. London: Cassell & Co.: 1896.

We have much pleasure in welcoming a new and revised edition of this most helpful work of Dr Burney Yeo. The present issue differs but little from the earlier ones. It includes, however, two new chapters.
Part I., dealing with "Food in Health," contains much that has long been familiar to us in such works as those of Parkes or Pavy; but the matter is put in a concise and readable form. It deals in a general and popular way with the nature of foods and their nutritive value. Dr Yeo does not attempt to enter fully into the strictly physiological questions of metabolism and the processes of digestion, but enough is stated to enable the reader to become fairly well acquainted with these subjects. In the chapter relating to the calculation of dietaries Dr Yeo is largely indebted to the tables drawn up by Dr Parkes. The mess tables for soldiers seem very meagre and unvarying, and it is a pity that exigencies of space have caused the author to leave out Colonel Burnett's interesting and valuable modifications in the soldier's dietary.

The second part of the book is, however, the more interesting from the practitioner's point of view. Dr Yeo has entered very fully into the question of "Food in Disease." Nothing could be better than his résumé of the feeding which should be adopted in diabetic conditions. In this chapter he has quoted largely from Dr von Noorden's work. In the treatment of all forms of albuminuria Dr Yeo seems to advocate, as most efficacious, a purely milk diet. He gives a full note on the Salisbury method of treating obesity and dyspepsia. In the two new chapters he deals with the diet to be followed in rickets, scurvy, affections of the circulatory and respiratory organs, rheumatism, cutaneous affections, nervous diseases; and in an appendix he describes fully the sterilization and Pasteurization of milk. We note that he lays much stress on the administration of raw meat or raw-meat juice in many forms of disease, and cites very fully Dr Balfour's rules for diet in the "Senile heart." The "select recipes" have been increased from 82 to 112.

Altogether, Dr Burney Yeo's book may be safely recommended as a trustworthy guide to all who seek to influence disease through diet.

Les Variations de la Mortalité à Paris, leur Cause Météorologique.
Par M. le docteur F. Chiais. Menton, 1895.

The author observes that the quantity of oxygen, nitrogen, and carbonic acid in the atmosphere remains about the same, while the variations in the amount of watery vapour are very considerable. The atmosphere contains much more moisture in summer than in winter. In 1894 it was noted at the Observatory of Parc St Maur there were 1 gramme and 20 centigrammes of aqueous vapour in 1 square metre of air, while on the 25th August there were 17 grammes and 40 centigrammes.

Dr Chiais has ascertained by exact experiments that there is more aqueous vapour in a room not heated than in the open air outside,
probably because the diffusion of strata of air of varying humidity is checked in a closed space.

After a very careful study of the death-rates and the public health of Paris and other places, Dr Cliiais has arrived at the conclusions that the mortality of diseases considered due to cold, such as inflammation of the air-passages, pleurisy, and organic diseases of the heart, increases when the quantity of watery vapour is below 5 grammes to the cubic metre, and that there is a suspension of such diseases and an increase in the mortality from diseases of the intestinal canal when the weekly mean of watery vapour is above 10 grammes to the metre. Dr Cliiais supports his views by careful statistics and meteorological observations. He wisely directs attention to the absolute amount of vapour in the air instead of the relative amounts to saturation at a given temperature, as indicated by the dry and wet bulbs. The air takes up moisture in proportion to its temperature; hence where there is any water to be evaporated there will be more in summer than in winter.

Dr Cliiais insists that there is no fixed proportion between the degrees of cold and the mortality from diseases of the respiratory organs, while this mortality remains at an almost constant cipher when the amount of vapour in the air is below 5 grammes to the metre. He holds that the temperature of the air does not penetrate deep into the air-passages, but that variations of tension in the watery vapour affect even the minute air-cells. The air entering into the lungs has its temperature raised to that of the body, and at the same time the expired air is saturated with moisture. Of course, if the temperature be low, it will draw more caloric from the body, and if the quantity of moisture in the inspired air be small, it will draw more moisture from the lungs before expiration. The quantity even of invisible moisture in the atmosphere has a decided effect in diminishing radiation. On this account a moist climate has a more equable temperature. It is thus difficult to separate the effects of heat from those of moisture. We hope that Dr Cliiais will continue and extend his interesting observations, which show much ability and sagacity.

Preliminary Report on the Tsetse Fly Disease, or Nagana, in Zululand. By Surgeon-Major David Bruce, A.M.S. Ubombo, Zululand, December 1895.

This is a report of investigations by Dr David Bruce at the request of the Government. It is addressed to the Governor of Natal and Zululand, and has been printed at Durban. The tsetse fly-disease was made known to the British public about forty years ago by the travels of Dr Livingstone. It is prevalent in some tracts of Zululand, and it is also said to occur in the Congo State. The disease is invariably fatal in the horse, ass, and dog, and few cattle
affected by it recover. The tsetse fly is an aggressive bloodsucker, like the mosquito, and attacks man without the same morbid effects as in these animals. It was previously thought that the disease was caused by the fly injecting some poison into the blood; but Dr Bruce holds that the insect acts as the carrier of a living virus which, finding its way into the blood of the animal bitten or pricked, propagates in the living stream. Dr Bruce has always found that this parasite was present in the blood wherever the symptoms of the disease appeared, and that it was absent in healthy animals. Injections of blood containing the haematozoon were found to cause the disease. A dog that had eaten a blood-clot from a horse who died of it became also infected. The symptoms described in the horse are a watery discharge from the eyes and nose, and a slight swelling in the belly and hind legs. The animal soon loses flesh; his hair turns harsh and thin; the eyes take a milky opacity; he becomes emaciated, and at last falls down. His breathing becomes shallower, until it ceases altogether. The appetite is not much affected, nor does the animal seem to suffer much during the course of the disease.

Dr Bruce holds that the fly is simply a carrier of the contagium; but up to the time that he had closed his preliminary report he had not succeeded in tracing whence the haematozoon originally came. The parasite, which has an eel-shaped appearance, is about one-fourth of the diameter of a red blood-corpuscle in thickness, and two or three times its diameter in length. In structure it "consists of a small mass of protoplasm surrounded by a limiting membrane, and without any differentiation of structure, except in so far as the membrane is prolonged to form the longitudinal fin and flagellum." The appearance of the haematozoon in the blood is accompanied by a rise of temperature, and its course is marked by a great diminution of the red corpuscles. Dr Bruce has found that the giving of some grains of arsenic daily has enabled a horse to retain its health while exposed to the bites of the flies. If this observation be confirmed by others, the tsetse will cease to be one of the most dreadfully scourges of the African torrid zone. It is needless to enlarge upon the interest and importance of these observations. Dr Bruce's report is written with much clearness and precision. It is illustrated with seven pages of lithographs, which give the figures of the haematozoon and the tsetse in its different forms. The drawings of the dog and donkey affected by the disease show much power of artistic expression.

Dr Bruce is already known to the medical world by his discovery of the microbe of Malta fever. The experiments which he is still carrying on about the tsetse fly disease cannot fail to add much to his reputation, and we doubt not that when the present investigation is over he will find other subjects in South Africa for his great powers of original research. We hope that no war alarms will disturb the surgeon-major's scientific inquiries.
The Spas and Mineral Waters of Europe. With Notes on Balneotherapeutic Management in Various Diseases and Morbid Conditions. By Hermann Weber, M.D., F.R.C.P., and F. Parkes Weber, M.D., M.R.C.P. London: Smith, Elder, & Co.: 1896.

This book, which is intended to supply some elementary knowledge respecting the Spas of Europe, the methods of treatment adopted there, and the diseases and morbid conditions which are most likely to be cured or ameliorated by them, well fulfils the object the authors have in view, and, apart from more ambitious works, is the best we know on the subject.

The first chapter deals with hydro-therapeutics in general; the second, with the constituents and classification of mineral waters; the third, with the action of mineral waters on the body in their external and internal employment. The authors think that hardly any waters absorb through the skin, that no salts pass through the healthy skin, and that the increased diuresis which follows baths must be caused by reflex vaso-motor effects, due to stimulation of the cutaneous nerve-endings, and this may be partly due to salts dissolved in the bath water saturating the epidermis and coming in contact with the outermost nerve-endings. They do not think that the gas in the water passes into the circulation to any appreciable extent, but that the special stimulating effect of "iron baths" is chiefly due to a mechanically stimulating action exercised by the bubbles of carbonic acid gas as they collect and move along the skin.

Chapter IV. deals briefly with change of air and diet, and habits in their connexion with spa treatment; and exercise and massage are briefly dealt with. We then come to several chapters describing the various waters, and giving brief accounts of the different spas, access to them, accommodation to be found in them, the length of the season, and the names of various doctors in some cases. This list is not complete, as it is doubtful whether such a selection is advisable, and this leads one to notice a remark of the author's, that it is advisable for a medical man to know the different spas he recommends; also the doctor to whom he sends his clients. It certainly has an advantage; indeed, a great deal depends upon it, and it is probably for this reason that spa treatment abroad is most successful in those cases where the family doctor knows the spa and the spa doctor to whom he recommends his patients. It is, however, out of the question that the ordinary medical man can know more than a limited number of foreign health resorts, and hence the value of books like this.

We think a little more detail might have been given with regard to access and accommodation, and space might have been gained by the omission of various unimportant spas.

We are glad to notice that the "after-cure" is mentioned, for half the good obtained by residence at a spa is lost because the
patient returns at once to usual occupations, whereas at least a week or two should be devoted to the important "after-cure." The bibliography is useful.

Strathpeffer Spa: Its Waters and Climate. By R. Fortescue Fox, M.D. Third edition. London: Adam & Charles Black: 1896.

Strathpeffer Spa seems flourishing, and in these days when we are so constantly attracted by the words "Made in Germany," it is as well to recollect that we have some successful health resorts within our own borders. If only a little more Continental life and civility and more moderate charges were introduced into our own health resorts, they would probably be far more successful than they are. We sometimes wonder that in these days of technical education instruction is not given in scientific spa management. We were recently in Strathpeffer, and were glad to notice that improvements were being carried on there. It is not necessary to say much concerning the book, as its appearance in a third edition shows that it has met a want. Dr Fox gives all necessary information regarding the meteorology of the Spa, the indications for the use of the baths and waters, and he calls attention to the fact that practically patients may be benefited all the year round, and thinks that Strathpeffer possesses in a marked degree the climatic qualifications belonging to a bracing winter health resort. "There are numerous cases of pulmonary disease—some incipient, others recurrent or advancing—in which the gradual influence of climate is certainly the most hopeful and perhaps the only curative treatment."

A good map and notes on the vicinity add to the usefulness of the little volume.

St Thomas's Hospital Reports. New Series. Vol. XXIII. London: J. & A. Churchill: 1896.

Very much the most important paper in this volume is the admirable and comprehensive one on Cerebellar Abscess secondary to Ear Disease, by Dr Theodore D. Acland and Mr Charles A. Ballance. The article is divided into three parts. The first describes the history, progress, and treatment of a case which was under the authors' care; the second discusses very fully the symptoms, differential diagnosis, and treatment of cerebellar abscess; the third contains statistics of 100 cases of cerebellar abscess, abstracts of 77 cases of the same condition, and a full bibliography. The paper has evidently been written with great care, and is a most valuable contribution to cerebral surgery.

There are also interesting short papers on the Radical Cure of Umbilical Hernia, by Mr Bernard Pitt; on Two Cases of
Severe Injury to the Head, by Mr Battle, and on a Case of Acute Intussusception, by Mr Stabb.

Dr Payne edits some curious anatomical and surgical notes taken by a young practitioner between 1674-77. Dr Cory writes on the Condition as to Vaccination of Persons scarred with Small-pox; and Dr C. J. Cullingworth on the Criminal Responsibility of the Insane. There is also an interesting Note on the Physiology of the Spinal Cord by Prof. Sherrington, and the report of a very doubtful case of Intra-uterine Rickets by Mr Makins.

There is an obituary notice of Dr Bristowe, with a lifelike photograph of him.

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Part Third.

MEETINGS OF SOCIETIES.

MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

SESSION LXXV.—MEETING XI.

Wednesday, July 1, 1896.—Dr William Craig, Vice-President, in the Chair.

I. Exhibition of Patients.

1. Dr Allan Jamieson showed a case of acanthoma. He had never seen a similar case, nor did he know of any illustration of a skin disease resembling it. A. E., 20, a native of Perth, admitted to Ward 38 on May 30, 1896. Family history good. She has always been rather delicate, is stunted in growth, and has never menstruated. For the last seven years has suffered from bronchitis in winter, and has still a cough. Her complexion is sallow, and she is thin. Hair has a dry and faded appearance, sandy in colour. Digestive and circulatory systems normal. Urine contains no abnormal constituents. Her skin disease commenced when she was six weeks old on arms, and thence spread over body. Though treated in various institutions with some benefit for the time, she has never been wholly free from the complaint. It has been much worse since she was fourteen. When admitted to the Royal Infirmary the cheeks, forehead, and upper lip had pinkish-coloured infiltrated and crusted oozing patches, indistinguishable from a moist eczema. Scattered over the back, scapular regions, at root of neck, down the flanks, but less over the spine, and on the arms and legs, were rose-pink patches not very distinctly margined, and feeling a little thickened on pinching. These were dry, scaly, and rough. Between these were numerous blotches of a pinkish hue, the skin itself being sallow. On the front of the trunk there were similar patches, which over the