Part Second.

REVIEWS.

Contributions to Obstetrics and Gynecology. By Alexander Russell Simpson, M.D., Professor of Medicine and Midwifery and the Diseases of Women and Children in the University of Edinburgh. Edinburgh: Adam & Charles Black: 1880. Pp. 347.

This work consists of a collection of the various papers published by the author during the last twenty years in the medical journals, arranged under particular headings, and subjected to revision. They are consequently found to be of very unequal merit, the earlier productions of the author being scattered throughout his more matured papers. The first part of the work is devoted to the consideration of obstetrical subjects, the latter to diseases of women.

The first paper in the work is entitled "Emmenologia," and contains a brief but exceedingly well put résumé of the more important facts connected with menstruation at the various periods of life. In this article the author, rather rashly, as appears to us, expresses a decided leaning towards the peculiar views of ovulation advocated by Lowendhardt, Kundrat, Williams, etc. Several short papers follow on intra-uterine and congenital conditions of the fetus, the more important being those on congenital goitre and on hydronephrosis, which are accompanied by records of cases. Dr Simpson thinks, from his own observation, that hydronephrosis is not infrequently the result of obstruction caused by the folding upon itself of the ureter, probably as the result of a limited peritonitis.

A short paper devoted to the placenta is introduced, with a note upon dimidiate placenta, and is followed by the record of two cases of placenta praevia in primiparous, one of which was observed by the author and the other by Dr Hart. Some interesting remarks on the probable reason why the accident is so much rarer comparatively in primiparous than in multiparous cases, its special fatality in them, and the peculiarity of the third stage in placenta praevia, are then given. The author, with some warmth, supports the utility of the treatment by partial separation of the placenta, as recommended by Sir James Y. Simpson and Dr Barnes, as a means of arresting bleeding. It occurs to us, however, that his argument founded upon bleeding continuing from vessels when partially torn, and ceasing when they are completely divided, when applied to the placenta, is very like attempting to cut the end off a stick. It is very doubtful whether, when a portion of the placenta is torn off completely by an operator, a fresh portion
of vessels is not partially opened into at the same time. In that
case, where can the gain be? It looks well on paper to speak of
the placenta being made up of independent cotyledons, as demon-
strated by anatomists, but how can an obstetrician follow out the
limits of these cotyledons in his efforts of separation, even granting
that such separation would be useful if he could? Would he not
certainly open up fresh cotyledons at every effort to obliterate
others? We agree with the author that every case of placenta
previa needs special consideration in regard to its treatment, and
that the treatment even frequently needs to be altered at different
steps of the same case; we are also glad to agree with him when he
states that most efficient aid to delivery in such cases is derived from
the early use of Barnes's indiarubber dilators. But the more we see
and know of this complication, the more we feel assured that all
attempts at partial separation are worse than useless, and that
complete separation is an operation which no imaginable circum-
stances could warrant. For if it is possible to separate the whole
placenta, it is possible to deliver by turning without doing so; and
if there is not room to deliver by turning, it is simply idle to talk
of being able to separate the placenta completely. It cannot be
done.

In post-partum hemorrhage Professor Simpson regards the
perchloride of iron as a useful remedy in certain cases.

Under the heading, "Morbid Conditions of Pregnancy," we find
paper on hydramnios and on extra-uterine pregnancy; but these
hardly appear to require comment. An interesting case of fatal
chorea gravidarum, which occurred in the practice of Dr Longmuir
of Bathgate, is then recorded by the author. The patient was a
primipara, and died in the fifth month of utero-gestation. The
convulsive movements were, as usual, bilateral. This chapter ends
with a statement of the author's views regarding the treatment of
abortion. The chief point in it is a plea for the use of the volsella
to depress the uterus in abortion cases, which fails to commend
itself to us as either necessary or specially safe in such cases.

Under the title "Head-flexion in Labour" a case is recorded in
which the author endeavours to substantiate in their entirety the
views of Lahs of Marburg, not only on that subject, but on the
theory of delivery in general. In introducing the subject to his
readers, the author somewhat spoils the effect of the paper by
referring with unwarranted acerbity to the opinions of those who
explain the position of the foetus in utero chiefly as the effect of
gravitation. In this matter, though we have carefully read all
that Lahs has to say on the subject, and most of the French
opinions, such as Pinard's, referred to by the author, we feel con-
vinced that nothing which has been advanced materially weakens
the position that gravitation is one of the essential elements in
determining the position of the foetus in utero. Before this theory
can be proved a "ghost," we think Newton's laws must be proved

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incorrect, and the principles of flotation in fluids depending upon them would need to be also altered. But as that is not a result likely to be speedily accomplished, we think it better to adhere to the old view in the meantime. This is the position taken up by the best German authorities, such as Spiegelberg, Schr"oder, etc.

It is not astonishing that the French school strive to maintain the theory of accommodation, as it was with them that the theory of small volitions originated, which the late Sir James Simpson improved upon by explaining the results by reference to the doctrine of reflex action. We have failed to get hold of Martel's paper referred to by Professor Simpson; but it certainly does not appear to us that his reference to Hubert's work is altogether warranted. On referring to that author we find that the ordinary stock arguments against the gravitation theory, which have been again and again refuted, are advanced as though they were impregnable. But this author only argues against gravitation being the only agent in determining the position of the foetus in utero. In proof of this assertion we beg to refer our readers to pages 63 and 64, vol. i., of Hubert's Cours d'Accouchement.

Lahs we regard to be rather fond of proving too much. Like some other excellent workers, he seems to proceed as if everybody was in the wrong who wrote upon the theory of labour till he chanced to come upon the scene. His assumptions as to the relative diversity between the foetus and liquor amnii are very loose to begin with. The liquor amnii, as every one knows or should know, is of very varying density, and is frequently of quite as high a specific gravity as the foetus. In that case, if the quantity of liquor amnii is relatively considerable, it is inconsequent to argue that the foetus could rest, by any process of accommodation or other arrangement, out of that position which gravity determines for it.

In respect to head-flexion Dr Simpson adopts, as already stated, the views enunciated by Lahs. Indeed, the paper, so far as the causation of head-flexion is concerned, is merely an attempt to apply Lahs's views to a particular case. Lahs, throughout his Theorie der Geburt, maintains that the expulsive power of the uterus is always directed to the establishment of a uniform general internal pressure, and consequently denies that even in the second stage there exists a foetal axis pressure, or oval interpolar pressure, distinct from the general contents pressure. In this position he differs from most authorities on the mechanism of parturition. Setting out with this assumption, he endeavours to account for the various phenomena in the passage of the foetal head through the cervix and pelvis by the effect of this uniform general contents pressure acting on the foetus before or after the escape of the waters, assuming the foetus to be practically a viscous mass. He accordingly maintains that the resultant of the uterine forces is always expended upon the plane that is bounded by the line of contact of the presenting part with the dilating os or vagina. This plane Lahs calls the plane of
the girdle of contact. The effective force of the uterus, he maintains, must always act perpendicularly to this plane, and with equal intensity on every part of it. It has been usually held that the pressure is more intense along the line of the dorsal spine of the child, as that is the more resistant part of its body.

Lahs further maintains that the presenting part lying in this girdle of contact, if wedge-shaped as the head is, will, when pushed through the dilating cervix during a pain, be caught by this girdle of contact in such a manner as to compel the occiput to descend faster than the forehead. For, with equal displacement of the line of contact of head with dilating os, the occipital end of the head, having a steeper slope, will of necessity make greater perpendicular advance through this girdle of contact than the frontal end of the head, which has the longer slope. As he assumes that the effective force of the uterus is always perpendicular to the girdle of contact, after each advance of the head as a whole the uterine force becomes more and more favourable for producing head-flexion. The elastic force of the soft parts forming the girdle of contact, as the pain passes off, have also a certain effect in causing and maintaining the head-flexion. He also allows the difference between the weight of the foetus and the weight of an equal bulk of liquor amnii as a force acting along the spine of the child which may augment or diminish head-flexion. It would augment it if the patient is placed so as to put the fundus above the level of the girdle of contact. It would diminish it if the fundus uteri were below the level of that girdle. The direction in which the head will move is to be determined, according to Lahs, by drawing two tangents to the head at two opposite points of the girdle of contact, and two parallels to the direction of the uterine action at the same points. These lines are, of course, to be drawn in the same plane. The tangential lines make, of course, an angle each with the direction of the uterine force. According to Lahs, the end of the diameter whose tangent makes the smaller angle with the direction of the uterine force will always descend faster than the end whose tangent makes the greater angle with that direction.

Now, while granting that the shape of the head and the resistance of the soft parts have possibly not received the amount of attention they deserve, and that the views of Lahs are original and highly suggestive, we are far from believing that the state of matters is so simple as he puts it. In the first place, we do not believe with Lahs that in determining the action of the expulsive powers of labour we can neglect the foetal axis pressure in the second stage, during which, moreover, the flexion movement is chiefly developed. Besides this, Lahs appears to us to err in taking little or no account of the effect of the osseous pelvis, and explaining all the mechanism with reference to the soft parts alone. Besides, he assumes that the girdle of contact is always subject to uniform dilatation, which is not necessarily the case, and yet
unequal dilatation of it would alter the rate of descent of the wedge-shaped head. The case recorded by Professor Simpson is favourable to the view taken, as the foetus, being so immature, could certainly be squeezed through the dilating rigid os as a molluscous mass. But surely it is not safe to argue from the pathological to the physiological, as is done in this instance.

Again, the moulding associated with delivery must of necessity seriously alter the shape of the foetal head, and would, one would expect, lead to much more frequent derangement in the flexion movement than really takes place if the slope of the wedge-shaped head were all that determined this phenomenon.

The friction, also, of the various surfaces of the head upon the pelvic tissues cannot be inconsiderable, and must have a decided effect in modifying the development of such a phenomenon as the flexion movement. In his mechanism Lahs appears to take no account of this. It is true that factor cannot be great until after the membranes have ruptured; but in the passage of the head through the pelvis it must be usually very considerable and important.

In fine, whilst we gladly admit that Lahs opens up a quite original view in regard to the mechanism of the various movements of the head in its passage through the pelvis, we cannot help thinking it is, after all, a very imperfect one, and that much careful investigation is still needed regarding the exact mechanical conditions involved in determining the various propulsions, resistances, rotations, and mouldings to which the foetal head is subjected in its passage through the pelvis, before we can definitely accept or reject the doctrine propounded by him.

Such considerations as these compel us to believe that we must still look upon the greater pressure propagated along the dorsal spine of the child during the pains, and acting nearer the posterior than the anterior extremity of the foetal head, as one of the most essential elements in the production of the flexion as well as of the rotation movement of the foetal head. Much credit is due to Dr Simpson, however, for drawing the attention of British obstetricians to the investigations of Lahs upon the subject.

Under morbid conditions of labour, dorsal displacement of the arm as a cause of delay in delivery is discussed, as also the postural treatment of presentation of the funis, and the expression methods of delivering the placenta. Then follows an interesting case of rupture of the uterus, in which, apparently in consequence of disease of the uterine muscle, the rupture ran up from the cervix, along the left side of the organ, to within half an inch of the left Fallopian tube. This rare case forms a valuable contribution to the literature of this subject.

The management of delivery in uniformly contracted and flat pelves recommended by the author is the usually accepted method of forceps in the former and turning in the latter. The reasons
for these proceedings are well given. But we think the illustrative cases are so imperfectly recorded as to be totally useless in throwing any fresh light upon the doctrines meant to be supported. We desiderate in this connexion sadly any hints as to pelvimetry, so much needed by British obstetricians. How are practitioners to be expected to distinguish between such varieties when teachers indicate no points to guide them?

In the gynecological part of the work the best papers are those on sarcoma uteri and on the treatment of carcinoma of the cervix and body of the uterus, in which the advantage of radical and palliative operative treatment is insisted upon, and illustrated by appropriate cases. The treatment of fibroid tumours is also handled at considerable length.

A paper upon forms of sterility contains some curious writing. The author's successful case of oöphorectomy is recorded in full, along with interesting observations upon the object of this operation, the indications for it, the results hitherto attained by it, and the methods recommended. We note that in a tabulated list of thirty-five cases mentioned in this paper it is stated that the results were as follow:

| Death in | 13 cases. | Very good, | 1 case. |
| No improvement, | 2 | Fair, | 1 |
| Good, | 8 | Great improvement, | 4 |
| Somewhat improved, | 2 | Cured, | 4 |

Considering the many considerations that make the most conscientious operator put a couleur de rose on his results, this table certainly does not present the operation in a very favourable light.

Observations on a method of case-taking in gynecology are a useful contribution to the teaching of the subject, as it cannot fail to aid the student in mastering the first steps of this important subject.

The book terminates with a paper devoted to basilysis, in which a description of a peculiar form of perforator invented by the author to break up the bones of the base of the skull is given. The paper seems to have become dislocated from the obstetrical part of the work, to which it certainly belongs. It appears to us almost unnecessary to hunt after more of those disgusting instruments, seeing especially that the feeling of the profession, following the teaching of the late Sir James Simpson, is going so strongly against the operation of craniotomy, and settling more and more down in favour of substituting it by Cesarean section, after the ordinary or the Porro method. Besides, it is difficult to see how a basilyst could be used without endangering the mother's parts by the risk of the point of the instrument perforating the bone of the skull and passing into the uterus.

The instrument suggested by the author is certainly a less lethal-looking weapon than that of Hubert, which suggested it,
and we dare say could effect the purpose proposed, although not without risk to the patient. But we rather think the ordinary method of breaking down the skull and making the face present, in a specially narrow case, would be sufficient, and even safer for the patient.

The work contains a large number of well-executed engravings, which largely add to its value.

In bringing our remarks upon the volume to a close, we have to state that the work appears to us to suffer through containing too great a multiplicity of separate subjects. In consequence, many of them are treated in a manner that is too sketchy and fragmentary. Besides this, an attempt to systematize the subjects has led to mixing up contributions of very unequal merit, the products of the author's more mature thought and experience being thus jumbled together with his earlier efforts. Had Professor Simpson seen fit to exclude the shorter papers and fugitive contributions to society debates, and to restrict himself to half-a-dozen or so of the more important subjects treated of in the work, and had he at the same time taken pains to elaborate and work out these in some detail, we feel he would have produced a book more worthy of his undoubtedly ability and learning, and which would have done much more for the advancement of midwifery and gynecology.

Though we differ with the author in several of the positions maintained by him,—sometimes, we regret to notice, with what appears to us an undue acrimony towards his fellow-workers who happen to differ in view from him,—and have expressed our views frankly on these points, we nevertheless feel bound to state that the perusal of the work has afforded us much pleasure. It exhibits evidence of being the production of a well-stored, acute mind, possessed of decidedly critical ability. Furthermore, it gives evidence of continuous intellectual growth in its author, and of much energy and devotedness to the advancement of gynecological science. We recommend it strongly to the attention of our readers.

A Handbook on Diseases of the Skin, with especial reference to Diagnosis and Treatment. By Robert Liveing, A.M. and M.D. Cantab., F.R.C.P. London, Physician to the Department for Diseases of the Skin at the Middlesex Hospital, etc. Second Edition, enlarged. London: Longmans, Green, & Co.: 1880.

Two years ago the first edition of this little work appeared, and already it has been republished in an amended and improved form. The book was sure to be popular, for it well supplied an acknowledged want, while it was written in an easy and attractive style. Its scope was then, however, too limited, for it dealt only with the discrimination of skin diseases; yet diagnosis is but the pre-
liminary to treatment, and its author has acted wisely in conforming to the suggestions of some of his critics—ourselves among the number—in making it more complete by this addition. The book is one which contains much valuable information in a compact form. It is thoughtfully written, without evidence of hurry, and its sentences run smoothly and easily. Dr Liveing is a disciple, but not a slavish one, of Hebra and Jonathan Hutchinson, masters worthy of all imitation. Some of the chapters are valuable as intelligent criticisms of dubious and as yet scarcely settled questions. Such are the pages devoted to hydra, to herpes gestationis, eczema, and impetigo. Others are remarkably clear descriptions of common, though often puzzling, diseases, as urticaria, eczema, and prurigo. The article on eczema is particularly good, and could only have been written by one who had read largely, and had personally studied the subject with much care. In this edition, besides the treatment, the etiology of this disease is also noticed; and here some remarks are made which, if not altogether new, deserve careful attention, more especially those which relate to the constitutional causes of eczema. He regards as perhaps the most common internal cause "an impaired digestion and imperfect assimilation of food." "It can hardly be doubted that the symmetrical character of eczema points to a constitutional origin; and whether we regard this as due to faulty innervation, impurity of the blood, to defective excretion, or to some other cause, we yet in all cases acknowledge some general defect in the system. But there is this important fact, which cannot be too strongly impressed on those who have to treat eczema, namely, that an eruption, which at the outset was due to constitutional disturbance, often lasts long after that disturbance has subsided, and then becomes a strictly local affection, to be treated chiefly by local means. As long as fresh crops of symmetrical eruptions continue to appear, we may be sure that some faulty condition of the system remains, and we must direct our especial attention to the internal treatment; but when the recurrence of new spots has ceased, we may with advantage adopt active local means of cure. In practice the two forms of treatment may often go on pari passu with advantage, but the distinctions I have pointed out should always be kept in mind." We have quoted this paragraph in full, since it seems to us to strike with much sharpness the key-note of the correct management of many cases of eczema. The section which succeeds this, on the treatment, leaves nothing to be desired. The directions are full, plain, and judicious. We must enter one protest, however. In acute eczema, Dr Liveing remarks "that it is sometimes advisable to administer a calomel and colocynth pill every night, followed by a saline draught in the morning. The most convenient purgative for children is a calomel lozenge." It is to this last sentence we demur. In the case of adults it may do little harm; indeed, we agree with Dr Liveing that it may sometimes be advantageous to continue, for a time, the
nightly administration of calomel in small doses; but with children it is otherwise. As Dr Chambers long ago pointed out, mercurials are destructive, not constructive remedies, and their continued use during the period of growth (the case of syphilis excepted) must be hurtful. And there is another reason, a further development of this, which we learned the other day in conversation with a well-known physician of much acumen. The teeth of West-Indian-born persons do, or at least used to, drop out from a gradual recession of the gums without caries. This, our friend explained, was owing to the pernicious habit which West Indian practitioners had of administering small and repeated doses of mercurials to children and young persons as a supposed alterative or liver stimulant, or in West Indian fevers. If such is the case, we think that the exhibition of such a convenient but dangerous medicine as a calomel lozenge to children should be discouraged. Since the time of Horace, if not before it, shoemakers have often been the subjects of satire, no doubt very much from the painful corns which their tight or ill-fitting shoes had the reputation of occasioning. A ray of comfort which this much-abused race may employ to ease their consciences emanates from Dr Liveing, for he is of opinion that another element in the production of corns is probably small irregularities or exostoses on the bones of the foot, over which a corn will readily develop. An excellent chapter in this volume is the one which concludes it, dealing with therapeutics. We have here presented to us, first, a short description of those spas of Europe which are most easily accessible, and are of repute in the treatment of skin diseases. Notwithstanding its reputation, Dr Liveing has not found Aix-la-Chapelle so suitable for eczema as several other spas. And he adds, when speaking of Homburg, the useful hint that mineral laxative waters which owe their efficacy to chloride of sodium are not the best for cases of simple eczema. Hence, of the imported waters Pullna is better than Friedrichshall, and so is Hunyadi Janos. An admirably selected series of formulæ, and directions for artificial baths, suitably terminates the volume. Whoever reads this little work with care, and carries out the treatment recommended, will not be disappointed in the results obtained. One other feature of the work which much enhances its usefulness is that to the description of most of the diseases there is appended a list of the plates which best represent it.

**Surgical Enquiries, including the Hastings Essay on Shock, the Treatment of Surgical Inflammations, and numerous Clinical Lectures.** Second Edition. By Furneaux Jordan, F.R.C.S., Surgeon to the Queen’s Hospital. London: J. & A. Churchill: N. D.

When, some years ago (Sept. 1874), this work in its first edition
was noticed in our pages, we had much pleasure in pointing out
the great originality, freshness, and practical character of Mr
Furneaux Jordan's teaching. In this second edition, which prac-
tically is a new work, these characters will still be found exhibited
in added material as the result of added experience. The Hastings,
Essay on Shock, and some most valuable instructions on the path-
ology and treatment of surgical inflammation, are prefixed to the
more isolated clinical cases and lectures.

Some of the observations on shock, especially the thermometric
ones, are very curious. One regarding the sudden fall of temperature
observed at the moment of sawing the bone in great amputations
would require further verification, but, if it is fact, is a most
inexplicable one.

Royat (les bains) in Auvergne; its Mineral Waters and Climate.
By G. H. Brandt, M.D. London: H. K. Lewis: 1880.

This little work is introduced by a short, modest, commendatory
preface by Dr J. Burney Yeo, F.R.C.P., who has spent some time
at Royat and its neighbourhood. It has two great merits, brevity
and condensation. It tells all that is really needed in twenty-nine
pages; it presents an inviting view of the place, a railway map,
and what appear to be trustworthy tables of the chemical analysis
of the various springs. (It may here be noted that one of these
springs contains a very appreciable quantity of arsenical salts).

The vicinity is distinctly volcanic, and peculiarly rich in interest-
ing Roman remains, indicating that its health-restoring character
was recognised and appreciated by that great people twenty
centuries ago, during their occupation of Gaul.

Royat stands 1480 feet above the sea, in a beautiful valley
surrounded on all sides except the east by mountains of various
heights. The climate is temperate, dry, and bracing. The vegeta-
tion is conspicuous, abounding in fruits of all kinds and very
superior in quality. Its roses are famous.

Dr Brandt does not fall into the common absurdity of averring
that all diseases are benefited by the waters; but he speaks
emphatically as to their efficacy in chronic arthritic affections,
those particularly of the respiratory organs and of the skin.

Every modern appliance seems to be made use of at the baths.
The hotels are good; villas may be hired; there are great facilities
for locomotion, and the place itself is of easy access by the railway
from Paris to the Mediterranean. The journey may be accom-
plished in nine hours, including the two miles between the nearest
station and Royat. We doubt not that, when better known, this
pleasant locality will attract many visitors who have been dis-
appointed elsewhere. The season lasts from the middle of June
to far on in October; so that patients who contemplate wintering
in the south of Europe may probably find Royat a convenient and suitable climate of transition from the less genial climate of Scotland.

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**Part Third.**

**MEETINGS OF SOCIETIES.**

**MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.**

**SESSION LX.—MEETING II.**

*Wednesday, 1st December 1880.—Dr P. H. Watson, President, in the Chair.*

I. *Dr Braikenridge showed two patients.* The first was a man 43 years of age, who suffered from an aneurism of the transverse portion of the arch of the aorta. The tumour was situated in the upper sternal, suprasternal, and adjacent clavicular and infraclavicular regions. The interesting point in the case was, that the aneurismal sac had managed to press upon the innominate, the left common carotid, and left subclavian arteries, in such a manner that in all of these arteries, and in their branches, pulsation was quite abolished. Hence no pulsation could be felt on either side in the carotids, subclavians, brachials, radials, or ulnars. At the same time, while pulsation was thus abolished, there was abundant evidence that the circulation was fairly well carried on in all the districts supplied by these vessels. There were no cerebral symptoms. The face, hands, and arms were warm and well coloured; and when the return of blood through the veins was checked by pressure, they filled up rapidly. The pulsation in the femoral arteries was quite normal. The other pressure symptoms present were very slight. The second patient was a servant girl, 19 years of age. She was the subject of a peculiar and interesting cataleptic condition of the right forearm and hand, which had continued in the same state for nine and a half months. The first indication of nervous weakness in her constitution had manifested itself when she was a child. According to her mother's statement, vaccination had been followed by a weakness in the left arm, which was still present to some extent. Since her father's death about eleven years ago her mother had treated her with great cruelty. She was sent out to work in the fields when she was ten years old, and her diet consisted chiefly of tea and bread. This state of matters continued for seven and a half years, or until eighteen months before her admission, when she became general servant to a family in C——, where she again had work to do which she felt was too heavy for her. Her present illness had commenced eleven months before her admission into