is true, however, that in whooping-cough, in consequence of the great distension of the right ventricle, which occurs during the paroxysms of coughing, such permanent injury may be inflicted upon the heart as to render recovery impossible. Deformities of the chest also, when of such a nature as to occasion serious obstacles to the circulation, are not infrequently accompanied by disease of the heart.

Certain symptoms, which in the adult are constant accompaniments of organic disease of the heart, are frequently absent even when there exists a serious valvular lesion, and much stress is laid on the frequent want of a due correspondence between the general symptoms and the physical signs by M. Blache. This absence of constitutional symptoms, he explains by the integrity of the muscular structure of the heart in early life. Hence it is that in children secondary congestions of internal organs and diminution of the peripheral circulation, are so infrequent. But if the general symptoms are unsatisfactory at this time of life, the physical signs are even more positive than in the adult. Thus we find that bulging of the pericardial region is more marked (the reason for this is sufficiently obvious), and pericardial friction and valvular murmurs more distinct.

A few cases are reported to show that both pericarditis and endocarditis may occur in utero. One case is given in detail, in which a loud systolic murmur indicating mitral insufficiency disappeared in course of time, and other cases in which murmurs became much less intense; from which Dr. Blache infers that under favourable circumstances valvular lesions in children are capable of relief, if not cure.

We have thus given a very hurried review of this little *brochure*, hoping by it to put our readers in possession of the author's views. We cannot say that there is much that is absolutely new in the book, but it certainly contains the reports of a great many interesting cases, and may be regarded as a very excellent *résumé* of the subject of which it treats.

J. H. H.

ART. XXX.—*Renal Diseases; A Clinical Guide to their Diagnosis and Treatment.* By W. R. BASHAM, M. D., F. R. C. P.; Senior Physician to the Westminster Hospital, and Lecturer on Medicine, &c. pp. xiv., 244. London: John Churchill & Sons., 1870.

The same. With illustrations, pp. 297. Philadelphia: Henry C. Lea, 1870.

THE subject of the urine in its physiological and pathological relations has been so exhaustively treated of late years in numerous easily accessible works, that an additional volume, without new investigations, can be of value only when issued in the immediate interest of clinical teaching. Dr. Basham's purpose is to promote practical knowledge of renal diseases, and his large experience in bedside instruction has enabled him to make this guide to their diagnosis and treatment an appropriate sequel to his former extended publications. He follows the classification adopted for many years in his lectures on medicine, and divides the subject matter into three parts. Part 1 treats of the first group of kidney affections, those "marked by symptoms more or less of an inflammatory character," under the general head of *nephritis*. The first section is devoted to their *causes and pathology*, and discusses the following modes of development and the resulting conditions: idiopathic (doubtful); external injuries; substances taken internally, including turpentine, cantharides, and others acting directly, with lead and phosphorus remotely; febrile poisons; cold and wet; gout (calculus nephritis and pyelitis); tubercle in the kidney or its outlets; cancer; peri-nephritis; parasitic ova; pregnancy. Section second gives the *symptoms, diagnosis, and treatment* of the above.

Part 2 presents the second group, non-inflammatory diseases, as *chronic nephritis* or *chronic albuminuria*, and subdivides them into four forms according to the structural changes. Of these we shall speak below. The causes

described are pre-existing blood poison (certain fevers); strumous taint; syphilitic taint; gouty taint; mineral poisons; alcoholized blood; obstructed states of the circulation; purulent drain; congenital hydro-nephrosis. The closing section on the *symptoms, diagnosis, and treatment* of these progressive degenerations, is followed by part 3, which contains a comprehensive and intelligible account of the significance of physical, chemical, and morphological changes in the urine. A few illustrations of urinary deposits have been very properly introduced by the American publisher. As the contents of these chapters consist chiefly of known facts and of opinions generally accepted, we dismiss them from farther consideration, with the remark that the easy descriptions and compact modes of statement render the book pleasing and convenient. The peculiar classification of the forms of structural change deserves, however, a passing notice; especially as the author while giving his own views, introduces incidentally full references to those of Johnson, Dickinson, Grainger Stewart, and the German writers. A concise account is thus presented of the subject which students usually find most obscure and perplexing. Dr. Basham recognizes seven forms of pathological change in the kidney; three types of alteration resulting from an inflammatory process, and four from more chronic degenerations. The three former represent merely three successive stages of a continuous process. First, the purplish-red kidney of acute Bright's disease. Second, the heavier kidney of uncured acute Bright's disease, of yellowish flesh hue, the early stage of the large, white, smooth, anæmic kidney, which is the third and last variety.

The chronic forms are:—

1. The granular contracted red kidney (granular and fatty), color reddish-yellow with characteristic granulations.
2. The granular enlarged, pale, mottled kidney with similar granulations.
3. The amyloid, waxy or lardaceous kidney.
4. The atrophic, gouty or contracted kidney.

Dr. Basham insists upon the independent character of the first variety, and associates with it rather than with the fourth the term *cirrhotic*. He believes that it is never the sequel of either the "large smooth kidney," or of the "enlarged, pale, mottled kidney." He also denies its identity with the fourth form, which he says is found in cases of gout only, and is the direct result of the deposit of urates in the fibrous structure of the organ; while the granular contracted reddish-yellow kidney occurs also in patients who are not afflicted with gout. The condensation of fibrous tissue is much less and the granular change in the cells more marked. It is admitted that the symptoms in the two instances are very similar. That a granular or fatty change of the cells is frequently associated with increase and contraction of the fibrous elements is a fact familiar to all; but we cannot consider either the anatomical or clinical characters of this condition sufficiently distinctive to justify its designation as an independent kind of degeneration. In other respects the views of Dr. Basham correspond to the simpler arrangements of other authors.

E. R.

ART. XXXI.—*A Treatise on Syphilis*. By WALTER J. COULSON, F. R. C. S., Surgeon to the Lock Hospital and to St. Peter's Hospital for Stone and Urinary Diseases. 8vo. pp. xx., 373. London: John Churchill & Sons, 1869.

THIS work, as we learn from the preface, is founded upon a course of lectures delivered by the author to the students of the Lock Hospital. Certain alterations and additions have been made, and it is now offered to the profession as "a compendious, yet . . . sufficiently complete treatise on syphilis." Mr. Coulson is an enthusiastic "dualist;" that is to say, a believer in the essential difference between the lesion, which in this country is usually called the *chancre* or *simple sore* (but which he calls the soft or non-infecting chancre), and the initial lesion of syphilis, for which should properly be reserved the name of *chancre*, but which is designated by Mr. Coulson as the infecting