as a text-book of medicine this work does not still rank highest.

Dr. Bristowe deserves great credit for the painstaking manner in which he sets to work to improve his treatise. Although it has run through two editions in four years, he has yet been able to give so careful and extensive a revision to the third edition that it is as much better than the second as this was than the first. The chief feature of the present edition is the introduction of an article on insanity, extending over nearly fifty pages. It is right and proper that this subject should be treated of in works of general medicine. The subject is one which, though of vast importance, is almost entirely neglected by the ordinary student. The excuse that it concerns him not, for his text-books are silent on the subject, can no longer hold; and if, taking Dr. Bristowe's summary as a guide, he seeks practical acquaintance with mental disease by studying its phases in an asylum, he will qualify himself for practice in a far more thorough manner than is the fashion. Now that attention is being once more called to the medical curriculum, it would be well for those who seek to restrict rather than expand its limits to consider the very great and obvious need there is for compulsory education in mental disease. Another feature of this edition is the introduction of many additional woodcuts, and, although these might be almost indefinitely extended, the number already given add greatly to the utility of the work, which, as it stands, is thoroughly representative of modern medicine. If the next edition could be brought out, even more profusely illustrated, especially with pathological drawings, and if at the same time the work could be conveniently divided into two volumes, it would leave nothing to be desired.

But if Dr. Bristowe's work might well be distributed over two volumes, what should be said of the ponderous tomes of which Dr. Aitken's older and well-established treatise now consists? It contains matter sufficient to fill four volumes, and these of considerable size. The author has certainly aimed at making his book encyclopædic. Whether it has become more readable by the process is matter for doubt; but its value as a standard work of reference has been *pro tanto* enhanced. A great part of the book has been rewritten, especially that which required most rewriting—viz., the nervous system; and here free use is made of the writings of Jackson, Gowers, Charcot, and others. Dr. Aitken is most careful and candid in giving authorities for all his statements—the text fairly bristles with their names. There is so much that is excellent in these volumes that it is with regret we feel compelled to admit that the work is less suitable for the student than any of the others we have above noticed. To the physician, however, Dr. Aitken's work is most valuable; and it is a book which should be on the shelves of every medical library. Besides, it contains much information not usually met with in works of this class.

Health Lectures. Delivered in Manchester, 1878–79–80.

Printed by the authority of the Manchester and Salford Sanitary Association. Manchester and London: John Heywood. 1880.

THE Association under whose auspices were delivered the lectures collected in this little volume has for its objects—1. "To promote attention to personal and domestic cleanliness, and to the laws of health generally. 2. To aid the constituted authorities in the promotion of sanitary improvements." The first of these objects is worthily fulfilled by these lectures, which are all written in plain and simple language, and enforce the vital truths of hygiene. Reproduced in a cheap form (each separate lecture can be obtained for one penny), they should have a wide circulation among the classes most in need of such instruction. The subjects

are well-chosen—water, drainage, alcohol, food, ventilation, nursing—these and other topics are dealt with in a practical manner, and mostly with arguments appropriate to the audiences before which they were delivered; and when it is added that the lecturers include Drs. Dreschfeld, Ransome, Simpson, Holgate Owen, Irwin, Humphreys, Tatham, Ashby, and Sutton, it will be seen that the medical profession of Manchester have taken a great part in this good work of preaching the gospel of health.

NOTE ON THE DIAGNOSIS OF CAVITY IN THE LUNG.

To the Editor of THE LANCET.

SIR,—Would you permit me to refer briefly to the physical sign alluded to in your issue of Dec. 18th by Mr. Solomon Charles Smith of Halifax, under the title of "Note on the Diagnosis of Cavity in the Lung." Mr. Smith describes a sign which he has found present in cases of lung cavity—viz., a blowing sound audible in the trachea synchronous with the first sound of the heart. This tracheal bruit—which is evidently an expiratory sound—was described and demonstrated by me as occurring in cases of thoracic aneurism, before the Northumberland and Durham Medical Society early in October, and was noticed by some of the medical journals—viz., *Medical Press and Circular*, Oct. 27th, p. 359, and the *Dublin Journal of Medical Science*, November, p. 464.

Since first observing this sign, now about eight months ago, I have carefully looked out for it, and have only found it to be well marked in cases of aneurism of the thoracic aorta. I first discovered it in healthy individuals after violent exercise, and subsequently noted its existence in aneurism when the patient lay quietly in the recumbent position. It is best developed by making the patient inspire deeply, and then closing the mouth to expire slowly through the nasal passages.

In aneurism—for I do not deny its existence in lung cavity, though I have not found it myself—I think it is to be explained by the sudden systolic expansion of the sac pressing upon the lung or air-tubes, and expelling air from the chest cavity, thus causing a puffing sound synchronous with the systole, and audible in the larger tubes and trachea.

In healthy people the sound is produced by the sudden "over-distended" arch pressing in a similar way as the result of exercise.

I think Mr. Smith's explanation of the sign, even supposing it to exist in cases of pulmonary cavity, is scarcely tenable. He says, "obviously produced by the impact of the contracting ventricle against a neighbouring cavity." For surely the impact is directed forwards and away from the site of lung cavities; and, again, systolic contraction of the ventricle means a diminution in the size (bulk) of the heart, thus inducing occasionally, as is well known, a short inspiratory puff, the result of the rushing in of air to the parts of the lung adjacent to the heart.

I remain, Sir, your obedient servant,

DAVID DRUMMOND, M.A., M.D.,

Physician to the Newcastle-on-Tyne Infirmary,
Lecturer on Physiology, Durham University.

Newcastle-on-Tyne, Dec. 21st, 1880.

COLLEGIATE PRIZES.—It is stated that only two essays have been sent in for the Jacksonian Prize of the Royal College of Surgeons on "The History, Principles, Practice, and Results of Antiseptic Surgery;" the time for sending in essays having expired on the 31st ult. For the present year the subject for this prize is, "The Pathology and Surgical Treatment of Diseases of the Hip-joint." The subject for the Collegial-triennial prize, to be awarded in 1883, is "The Relations between the Radicles of the Lymphatic System and Capillary Vessels." The prize consists of the John Hunter Medal, executed in gold to the value of fifty guineas, or at the option of the successful author of the Dissertation of the said medal executed in bronze, with an harmonium of £50. The competitions for both are confined to members of the College.