white spot. On the following morning it appeared as a roseola, well marked.

In six cases of roseola that Mr. F. M. Mackenzie has seen, no opium had been given.

ST. GEORGE'S HOSPITAL.

ANEURISM OF EXTERNAL ILIAC ARTERY; LIGATURE OF VESSEL WITH SILVER WIRE; DEATH FROM BRONCHITIS.

(Under the care of Mr. POLLOCK.)

THE plan adopted in the two following cases was new to this country, although it has been employed, we believe, in one case in America. Two objects were aimed at in the substitution of silver for silk or hemp in the ligature: 1st, to encourage healing of the wound by the first intention, never altogether practicable where the end of a ligature passes through it; 2nd, to lessen the risk of the occurrence of secondary hæmorrhage. The first of these objects was not attained in either of these cases, since inflammation took place in the track of the wound. As regards the other point, however, the condition of the artery after death in the fatal case must be considered favourable. The coats were not cut through; circulation had been stopped by lessening the calibre of the vessel. Mr. T. Pick, pathological registrar, has obliged us with notes of the first case:—

George H.—, aged fifty-one, painter, admitted on the 11th of September, 1865. Six months ago he fancied he strained himself while opening some sheets of lead, for he felt pain in the groin at the time, and the following morning he noticed a pulsation in this situation. He has continued his work since "on and off," and a week ago he noticed a swelling at the seat of pain.

On admission there was a circumscribed, pyriform swelling in the right groin, about three inches long by two broad. It was situated under Poupart's ligament, and extended from about one inch above to two inches below it, in the course of the femoral artery, from which it could not be moved. There was a very distinct and forcible pulsation, consisting of a dilatation from above downwards; there was no distinct bruit to be heard. Pressure on the external iliac above the tumour almost, but not entirely, stopped the pulsation. The tumour could be emptied by pressure, but speedily refilled. Pulsation was much stronger in the posterior tibial of the left side than the right. There was a slight aortic murmur with the systole of the heart.

Sept. 14th.—The patient having been placed under the influence of chloroform, a semilunar incision was made just above Poupart's ligament, and the various layers of the abdominal wall having been cut through, the artery was exposed. It was then encircled by a loop of silver wire, which was tied; this completely commanded the circulation in the tumour. The ligature was cut off short, and the wound brought together with silver sutures.

15th.—Last evening he complained of pain in the belly; it however soon passed off, and he slept pretty well. He now complained of rheumatic pains in both knees and ankles, otherwise he was comfortable. Pulse was 120, full; skin warm; tongue white. The wound was perfectly quiet, and the leg, which had been swathed in cotton wool, was warm. About noon he began to complain much of cough, and his countenance began to assume an anxious expression. Mucous râles could be heard over both lungs.

16th.—His pulse was 136, thrilling; respirations 44 in a minute; mucous râles over both lungs. The wound looked quiet; no redness, but a little discharge. The tumour was consolidated. The foot felt extremely hot, and there was a discoloured vesication on the top of the great toe.

17th.—He lay in a semi-conscious state, with extreme dyspnoea. Respirations 54 in a minute; pulse 128, running; mouth dry; tongue dry, brown, and furred; skin hot; face flushed. There was considerable diffused cellular inflammation around the wound, and a hard, brawny place in right flank; skin over it of a dusky red. The spot on the toe was rather less discoloured. An incision was made into the inflamed cellular tissue, and one of the sutures was removed from the wound. He was ordered brandy. His breathing became more and more oppressed, and he died the same afternoon.

On examining the parts after death, there was found to be a

tubular dilatation of the whole calibre of the external iliac artery just at the point where it becomes femoral. The aneurism was about the size of a peach, and on its lining wall was a very considerable deposit of laminated fibrin, whilst its centre was occupied by a clot. About an inch above the aneurism the vessel was tightly embraced by a silver ligature, which, however, had not in any way cut through or destroyed the coats of the artery. The vessel between the ligature and the aneurism, as well as above the ligature for some distance, was filled with decolorized clot, which was partially adherent to the lining membrane of the vessel. No other parts were examined.

POPLITEAL ANEURISM; LIGATURE OF FEMORAL ARTERY WITH SILVER WIRE; RECOVERY.

(Under the care of Mr. HOLMES.)

For notes of the following case we are indebted to Mr. J. H. P. Wilson, acting surgical registrar.

J. W.—, aged forty-three. In 1862, while carrying a piece of timber, he fell with his leg under him, and strained his knee, for which he was laid up fourteen weeks. About a fortnight before admission he noticed a kind of jumping pain in the popliteal space of the right leg, which was relieved on his sitting down, but was greatly augmented in walking or moving the leg at all. The heart-sounds are natural, and he has never suffered from any illness except the accident above mentioned.

On admission, there was a large, egg-shaped, pulsating tumour, about the size of an ordinary fist (larger from above downwards than from side to side), situated in the popliteal space of the right leg. On applying the stethoscope, a distinct aneurismal bruit could be heard. The pulsation of the post-tibial artery was weaker than in the left leg.

On Nov. 2nd, Mr. Holmes first commenced flexion of the limb for two days; but on account of the severe pain it caused the patient it was discontinued, without any marked improvement having taken place.

Nov. 4th.—Digital pressure was tried for fourteen hours; but this again caused such severe cramping pains that it was discontinued. Some little deposit had, however, commenced in the sac, and the tumour was rather more circumscribed.

6th to 14th.—The tourniquet was applied for periods of three to six hours daily, with marked benefit, the tumour being much more circumscribed and consolidation evidently going on.

16th.—The tourniquet was discontinued on account of the parts of the thigh becoming so lax and the artery so movable that it was constantly becoming displaced.

Various forms of compression were tried in succession, but none were found applicable. The patient then learned to compress the artery himself, but it produced no visible effect. Then the aid of fellow-patients, assisted by the students, was called in to compress the artery for twenty minutes out of each half-hour during twelve hours per diem. At first this was thought to be producing coagulation rapidly; then the disease seemed stationary, but the bruit always continued as loud as ever. At length it became evident that the tumour was increasing in size along the popliteal space of the femur, and then it was determined to tie the vessel.

Accordingly, on Dec. 28th, Mr. Holmes cut down upon the femoral artery at the apex of Scarpa's triangle, and ligatured it with silver wire. The wound was sewn up with three silver sutures, the leg wrapped in cotton wool, and a bandage of flannel bound round it.

29th.—Pulse 126, thready. Passed a bad night. Leg painful; wound healthy; no pulsation in tumour.

30th.—Pulse 116; tongue cleaner; foot quite warm; no pulsation in tumour, which is smaller; slight redness and tenderness at the upper and inner border of wound.

31st.—Pulse 96; wound red, but not so hard or tender; foot warm; tumour smaller and more consolidated.

Jan. 2nd.—Pulse 88; wound probed, and a large quantity of pus let out; linseed poultice to be applied.

4th.—Wound nearly healed; no more pus exuding; tumour consolidated.

12th.—The wound is quite healed. The patient to get up. There is a good deal of thickening about the ligature, owing very likely to an effusion of lymph.

22nd.—The tumour is gradually decreasing in size, and he can walk with a stick. He is to go into the country for a month.

June 23rd.—He was seen by Mr. Wilson, who remarks:—"The thickening about the ligature has disappeared. There is a tumour, about the size of an egg, in the popliteal space, very hard. No articular arteries can be detected about the joint.

He still keeps the leg wrapped up in a flannel bandage, as he says it always feels cold. He is able to walk a considerable distance without limping, and has been at work for the last three months, and is now doing very heavy work—viz., pulling down a house."

Reviews and Notices of Books.

The Homes of the Working Classes: with Suggestions for their Improvement. By JAMES HOLE. London: Longmans.

MR. HOLE treats, in this handsome volume, of one of the most difficult and urgent of our social questions, and he treats of it with thorough knowledge, and with the earnestness which, in such a case, knowledge can scarcely fail to inspire. His book must do good, because it will give almost everyone who reads it a more lively conception than he had before of the horrors of ordinary working-class homes, and a stronger sense of the importance of providing for the better housing of the masses. We cannot say that Mr. Hole does much towards the solution of the difficulties which beset the subject; but not a little is gained when the difficulties are perceived, and the necessity of overcoming them is acknowledged.

The evils which are to be got rid of, as everybody knows, mainly arise out of the deficient supply of pure air, light, and water, which Mr. Hole unthinkingly (for he is contradicted by the facts he is dealing with) declares ought to be amongst the most accessible of all things. The masses have not breathing space in their homes; their windows admit but little light, and are seldom opened to let in the air; they have to go some distance for water, and therefore they use it as sparingly as possible; and in the majority of cases their houses are drained badly or not at all. They know not the importance of the blessings they do not enjoy; neither, in general, do the men who build and own their houses, nor even the municipal authorities, whose duty it is to prevent the creation of conditions prejudicial to the public health. But this is not a case in which ignorance is bliss; for the overcrowding, the bad drainage, and the want of ventilation, produce disease and intemperance amongst the adults, and a terrible mortality of the children. It is not too much to say that a host of diseases could almost be got rid of if proper sanitary conditions could be established in the homes of the people. But though of late years there has been a marked improvement amongst the more respectable of the artisans, things, on the whole, are steadily getting worse and worse. The rapid growth of town populations, the progress of public improvements which diminish the amount of house-accommodation, the more complete separation of the residences of the rich and the poor, are the chief causes of this deterioration. However far the declension may go, apparently the requirements of a portion of the population may be trusted to sink to the same level.

How to change all this is the question to which Mr. Hole addresses himself; and to a certain extent his way is clear enough. A great deal may be done by preventive means; and indeed much good may be expected from the use of the powers embodied, since Mr. Hole's book was written, in the Sanitary Act of last session. The consolidation of all the existing sanitary statutes is urgently required; and when the law is simplified by such consolidation, some power must be charged with the duty of seeing that it is enforced by local authorities. Mr. Hole has no faith in local government apart from State supervision; and he puts foremost among his conclusions a recommendation that a central authority should be established. Then he recommends that medical officers of health should be appointed throughout the country—appointed and paid by the central authority. He also urges the passing of a general Building Act, laying down conditions for house-building in towns; and an extension of the laws relating to common lodging-houses. It is when he comes to the means of providing better accommodation that his perplexities begin.

Mr. Hole is of opinion that, though skilled workmen can well afford to pay for decent housing, unskilled labourers cannot; and he has not, so far as we have observed, even suggested any means of dealing with the difficulty which he has thus set up. He seems, indeed, to trust somewhat to the economical doctrine that wages must in the long-run rise to the point at which labourers obtain everything they consider necessary to their comfort. But this is only true if the growth of population be arrested, whilst, in fact, our population is constantly being increased, and will probably be so more and more, by accessions from the sister island. But even in providing accommodation for those who can pay a considerable rent, difficulties are to be encountered; and with all the talk about model dwellings, very little has yet been done. Model dwellings, indeed, leaving out a few exceptional cases, have not been made to pay. Mr. Hole believes that by the aid of Government loans at a low interest a sufficient per-centage may be realised. This is his solution of the matter, and, as Parliament will scarcely be induced to go beyond a system of loans, we trust it may prove a sound one. The plan of providing houses at the public expense, which Mr. Torrens embodied in a Bill last session, must have occurred to Mr. Hole, but he has shown good judgment in confining himself to proposals which are likely to be adopted.

Cholera: what it is, and how to prevent it. By EDWIN LANKESTER, M.D., F.R.S., Medical Officer of Health for St. James's District. London: Routledge and Sons. The Broadway, Ludgate.

WE have been very much pleased with this little book. It has, of course, the faults of all popular statements of medical truth. But this is almost unavoidable, and, with this qualification, it is a very happy statement for the public guidance of what we know upon the subject of cholera. There can be little doubt that the apparent success which has followed the attempts to curtail and suppress the present epidemic of cholera is to be largely traced to the co-operation of the public with the medical profession. And this co-operation has been more thorough and intelligent than on any previous occasion. We attribute this fact to the circulation of sound truth on the subject of cholera in popular and easily-intelligible forms. Cholera is eminently a calamity calling for the efforts of both the profession and the public. There is much in the history of cholera that even to the public is most curious and instructive; and they will find all this in Dr. Lankester's brochure most clearly and practically stated.

In any future editions, we think the publishers might expend a little more taste and a little less ink upon the exterior.

On Visceral Rheumatism. By BENJAMIN BALL, M.D., Professeur Agrégé of the Paris Faculty of Medicine. Paris: Asselin.

IT is only within the last twenty years that the fatal effects of the rheumatic diathesis on the heart and bloodvessels has been clearly established. How far the same diathesis affects the lungs, the nervous system, the muscular organs, and the digestive apparatus, is still matter for discussion which may lead to important discoveries; and we advise those who wish for a lucid epitome of what is known on that score to study Dr. Ball's interesting volume. It is one of the many valuable contributions to medical literature which owe their origin to the French system of competitive examination; and while congratulating our countryman on having succeeded in so hard a contest, we must also compliment the professors of the Paris Faculty for the enlightened liberality with which they have received an Englishman into their ranks.

THE Lisbon Board of Health has issued orders declaring the ports of Dutch Guiana infected with yellow fever from the 4th of August, and the port of Neath infected with cholera morbus from the 15th of August.