Reviews and Notices of Books.

Clinical Lectures on Paralysis, certain Diseases of the Brain, and other Affections of the Nervous System. By ROBERT BENTLEY TODD, M.D., F.R.S., Physician to King's College Hospital. Second Edition. London: John Churchill, 1856. pp. 474.

THERE are few diseases which tax the ingenuity of the physician more than those where the cerebro-spinal system is directly involved; and hence, knowing all the difficulties lying in the way of the correct diagnosis and satisfactory treatment of such affections, we cordially hail a second and improved edition of a book like this. Not only does the work tend to instil clear and distinct notions respecting cerebral diseases into the minds of the pupils for whom the Lectures were originally delivered; but it is evident that the pathological and therapeutical views contained in them, based as they are upon actual observation of cases, will serve as a valuable guide to practitioners of medicine.

Dr. Todd says, in the preface to the second edition, that "the object of the Lectures has been to teach, by examples, various important points in the natural history, pathology, and therapeutics of paralytic, cerebral, and other nervous affections;" and we may add, after perusing the Lectures, that, upon the points treated, hinges the proper method of viewing and managing these affections. The author speaks successively of lead palsy; of paralysis from pressure on a nerve; hysterical hemiplegia; paralysis depending on lesion of the brain; paralysis of the portio dura; white softening and apoplexy; cerebral symptoms from renal disease; and hemiplegia, central, peripheral, epileptic, and spinal.

These certainly comprise the cerebro-spinal pathological phenomena which we most frequently meet with in practice; and as Dr. Todd founds his views on actual cases, the student and practitioner have the advantage of following the manifestations of the diseases and the results of treatment in a strictly practical manner, under the guidance of a sound pathologist and successful therapist.

Our attention has been especially arrested by the cases of syphilitic disease of the dura mater connected with epileptic fits. The author enters fully into the pathological anatomy of these specific affections, and we are shown the cause of the fits noted in the progress of these cases. The remarkable effects of iodide of potassium are dwelt upon, and these are certainly of a most decisive description, both as regards the disappearance of the symptoms and the diagnosis. But we must say that the kind of *post diagnosis*, depending upon the effects of a therapeutical agent, has not much favour with us; especially when we recollect to how many errors such diagnosis, founded upon the apparent *effects* of mercury, misled Hunter, Abernethy, and others.

However this may be, Dr. Todd's cases are valuable, and we find them corroborated by others of the same nature, published by Dr. Schützenberger (*Medical Gazette* of Strassburg, March, 1850); and M. Sandras, in his work on Nervous Diseases. In *L'Union Médicale*, (October 31st, 1854,) M. Beyran has also given a case of paralysis of the motor oculi nerve depending on syphilis, where the specific treatment was completely successful; and M. Costilhes has inserted in the *Gazette Hebdomadaire* (March 30th, 1855), a case of syphilitic hemichorea.

Before concluding this glance at the second edition of Dr. Todd's valuable Lectures, we must distinctly express our approval of the efforts made, in recent times, to improve clinical instruction; and it is plain, from the care bestowed upon these Clinical Lectures, that Dr. Todd considers this branch of medical education extremely important. By publishing the Lectures, the author has conferred great benefit upon all practitioners of medicine and students.

Headaches, their Causes and their Cure. By HENRY G. WRIGHT, M.D., Physician to the Royal St. Pancras Dispensary. Second Edition. London: Churchill. 1856.

No better proof, if such were wanting, of the correctness of our estimate of Dr. Wright's little work, expressed on its first appearance only eight months ago, could be given now than the fact that a second edition has been already called for. Short, however, as is this period, its author has devoted a considerable amount of labour to literary research in connexion with his subject, and has added some extremely interesting matter, derived from records quaint and rare, the product of the fertile imaginations, no less than of the practical experiences, of many a learned physician of ancient time; and inasmuch as to this addition, approved and appreciated as it will be by every reader who possesses a taste for scholarship and a regard for antiquarian lore, he has added some portions belonging more strictly to the pathological part of his work, which tend to enhance its utility in a practical point of view, we have only to reiterate our satisfaction with Dr. Wright's essay, and to recommend it very cordially to our readers.

Maclise's Surgical Anatomy. Fasciculus XIII. Second Edition. London: Churchill.

THIS magnificent work concludes with the present number, which contains four plates, with a copious commentary. It also embraces a table of contents, title-page, &c. We can only repeat what we said some years since respecting the first edition—"We know of no work on Surgical Anatomy that can compete with it."

NEW EDITIONS OF MANUALS.

Manual of Materia Medica, by ROYLE. Edited by Dr. F. W. HEADLAND. Third Edition. London: Churchill.

Manual of Physiology, by CARPENTER. Third Edition. London: Churchill.

Manual of Chemistry, by FOWNES. Edited by Drs. JONES and HOFMANN. Sixth Edition. London: Churchill.

Handbook of Physiology, by KIRKES. Third Edition. London: Walton and Maberly.

OF the previous editions of all these works we have spoken favourably in THE LANCET. It is unnecessary to say more than that the present issues bring up the various subjects to the present time. Sufficient evidence of the esteem in which the above works are held may be found in the comparatively very short space of time in which several new editions of each have been announced.

New Inventions

IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

BANDAGE FOR UTERINE HÆMORRHAGE.

BY W. E. HUMBLE, M.D.

DR. HUMBLE says, in a communication to us:—

"I desire to call the attention of the profession to what appears to me an important addition to our stock of midwifery instruments. Without entering into the history of uterine hæmorrhage, I may observe that every accoucheur knows well that, in a large proportion of cases, post-partum hæmorrhage is best controlled by firm, well-adapted pressure over the uterus and lower part of the abdomen. For several reasons, the hand of the accoucheur would be best adapted to make this pressure, were it not that pressure by this means cannot be long sustained. Various contrivances have been devised from time to time to meet the difficulty, all more or less adapted to the object in view; but those which are best calculated to meet the requirements of the case are either so complex or so bulky

as to prevent their general adoption. Hence, in practice, the accoucheur relies upon such extemporaneous aids as he can obtain at the time of the occurrence of hæmorrhage, by tearing up sheets or tablecloths for the purpose of bandages, using napkins for pads, and such other imperfect contrivances as suggest themselves to his mind at the moment, and the result is that he loses much valuable time in the general confusion which attends the occurrence of flooding, if, indeed, he be able to obtain at all the assistance he requires. On this account, I have for many years been in the habit of taking with me a firm bandage, furnished at one hand with a strong steel buckle, by which, without difficulty or loss of time, I could make firm pressure over the region of the uterus. But I have recently had made an improvement upon this simple bandage or belt, by the aid of which the accoucheur is able to avail himself with the greatest facility of every advantage which the best-adapted pressure is able to afford.

"My instrument consists essentially of an ordinary tourniquet as used for amputations, but enlarged and made of proportionate strength. The bandage or belt is about a yard and a half in length, and about three inches in width, and made of firm woollen texture, such as is used for saddle-girths. For the sake of portability, the screw of the tourniquet is capable of being detached and put separately into the pocket, so that the instrument is even more portable than a pair of forceps; the tourniquet platforms and belt being put into one pocket, and the screw into the other; or, if desired, they may be placed in a small case for the purpose.

"The following is the mode of using the instrument:—The labour having been completed, the accoucheur discovers that hæmorrhage has been going on, and that firm pressure is required to control it. He immediately applies the belt round the pelvis, and buckles it tightly with the pad and tourniquet over the region of the uterus. Probably this may suffice, but if he finds that the pressure exerted is not sufficient, he turns the screw, and tightens the instrument to any extent he may desire. All this is done almost as readily and easily as it can be described; and during the time that would have been occupied in getting his bandages prepared, his napkins folded, and other arrangements made, (besides the difficulty of applying bandages under the circumstances,) he has placed his patient in a state of safety, without the slightest trouble or causing the least confusion. Should the severity of the case require the use of the plug also, a ribbon attached to the instrument in front, carried between the thighs, and pinned to the belt behind, will suffice admirably to retain the plug. It is well to remark that, to prevent the abdomen being pinched, and to adapt the pressure better, the belt should encircle the body from the upper platform of the instrument.

"The instrument, which I call 'Utero-Abdominal Tourniquet,' has been made, under my directions, by Mr. Bigg, of St. Thomas's-street. I feel that I can state confidently that it is as necessary and useful in post-partum hæmorrhage as the ordinary tourniquet in amputations."

COAGULATION OF THE BLOOD.

To the Editor of THE LANCET.

SIR,—When considering the subject of the chemical history of diabetes in the year 1853, I was led, amongst other things, to conceive a certain theoretical explanation of the spontaneous coagulation of the blood. Having just now read over and reconsidered my notes taken at that time, I must say that I still prefer my theory to the one recently promulgated by Dr. B. W. Richardson, which it resembles in some points.

The statement which I append below is copied nearly verbatim from the notes referred to, but I may premise that the part of the idea which applies to *vegetable* physiology is the only part to which I have given any publicity, as at the time when it occurred to me I considered the whole matter of little moment.

The albuminous or nitrogenous matter found in the young growing cells of a *plant*, is in an insoluble condition. But on its passage in the fluids to those cells it must have been in some manner held dissolved in water. So, when the young cells get old and woody, they no longer contain this albuminous matter. On leaving them for the younger parts, it must again have assumed the soluble state. It seems to me that this phenomenon may be accounted for by supposing the albumen to be dissolved by an *alkaline* condition of the fluids, and deposited in some manner by the development of an *acid* at the particular point required.

The same may occur with the fibrine of animal blood, more prone to such coagulation than albumen. In the circulating blood of an animal we find fibrine in the soluble state. In the tissues nourished by that blood it occurs in an insoluble form. But in the venous blood which carries away the effete products of those tissues, the fibrine is once more found in a state of solution. We are tempted to explain these facts in the same way as above: to suppose the fibrine held in solution by the presence of an alkali, and deposited in the insoluble form by the development of an acid. And, *in fact*, the blood is known to be feebly alkaline, (from the presence of the carbonate or basic phosphate of soda,) and the juice of muscle was found by Liebig to have an acid reaction.

But how is it that when the blood is withdrawn from the living body, its fibrine quickly assumes the solid or insoluble state—i. e., coagulates? By parity of reasoning, I suppose that this takes place again by the development of an acid, to such an extent as simply to neutralize alkalinity, not so as to precipitate the albumen: this acid I believe to be *lactic acid*. It has been lately shown that glucose is always present in the living blood; and further proved, as I believe, that this glucose is continually changing into lactic acid, which as fast as it forms is bound or combined with oxygen to support the animal heat. When the blood is isolated, this vital process of combustion goes on no longer, lactic acid accumulates, the alkalinity of the natural blood is neutralized, and the fibrine coagulates. A tendency to nitrogenous decomposition may hasten this process, by supplying a ferment to act upon the glucose. Blood drawn in fevers coagulates quickly. Diabetic urine, allowed to stand for a time, may lose its sugar, and contain lactic acid. Extensive coagulation of the blood in the living body may be caused by injecting a putrefying liquid into the veins.

Another time I propose to comment at length upon the theory of Dr. Richardson, and to state the motives which induce me to dissent from it. I am also planning a series of experiments, in order to put to a satisfactory test the truth of falsity of the hypothesis sketched above.

I remain, Sir, yours, &c.,

Guildford-street, Oct. 1856.

FRED. W. HEADLAND, M.D.

DERBYSHIRE GENERAL INFIRMARY.—The forty-seventh anniversary of this excellent institution was celebrated this week. In the morning the governors and friends of the charity assembled at the Town Hall, and proceeded in procession with the Mayor and Corporation to attend Divine service, as usual, in All Saints' Church. Amongst those forming part of the procession were—W. P. Thornhill, Esq., M.P.; Lord Belper; W. Mundy, Esq., M.P.; Sir H. S. Wilmot, Bart.; E. S. Chandos Bale, Esq.; Alderman Sanders; Alderman Dunncliffe, &c. &c. A very effective sermon was preached by the Rev. George Lea, M.A., Perpetual Curate of Christ Church, Birmingham, and Prebendary of Lichfield, and the sum collected on behalf of the institution amounted to £105 11s. 2d. Subsequently the annual meeting took place in the board-room of the infirmary, the President occupying the chair. The attendance of friends and subscribers was very large.