and contains abstracts of 104 cases of the two diseases. The following are the conclusions which the authors think justified by the analysis of these cases:—

“We find,” he says, “that the attempt to separate from diphtheria a membranous croup, in which the fauces remain entirely free from false membranes, is beset with difficulties. The cases (which must then be called diphtheria) in which the air-passages are attacked, the palate and tonsils being but slightly affected, occur almost exclusively in children; and they are seldom, if ever, infectious, whereas pharyngeal diphtheria is highly infectious. But when one has admitted that the different forms of diphtheria present different degrees of infectiousness, and that each of them occurs with special frequency at a particular period of life, one is debarred from insisting on the sporadic character of membranous laryngitis, and the fact that it never arises in the wards of a general hospital, as proof that it is distinct.”

Dr. PAUL HENRY STOKOE, in his article *On the Use and Administration of Sedatives*, lays down certain rules which he believes will be found to be useful guides in prescribing digitalis, opium, belladonna, and aconite in diseases of the heart. In the latter part of his paper he speaks of the use of these remedies and of chloral and bromide of potassium in various nervous maladies.

A paper entitled *The Nervous System in Diabetes* is the joint production of Drs. FREDERICK TAYLOR and JAMES F. GOODHART, and is an attempt to show that the appearances described by Dr. Dickinson (see number of this Journal for April, 1870) so far from being peculiar to diabetes, are found in a great many other conditions. Indeed it is most probable that they are normal. The paper which seems to have been written in a scientific spirit, is founded upon the post-mortem appearances in nine cases of diabetes.

The pathological lesions in the cases of *Acute Poisoning by Phosphorus*, reported by Dr. THOMAS STEVENSON, do not differ from those already put on record by numerous other observers, and consisted principally in fatty degeneration of the liver, kidneys, and heart. The symptoms were, however, rather more insidious. For the gastric irritation which followed the ingestion of the poison passed away, leaving the patients apparently in their usual health, there being not even any peculiarity of the health to attract attention. In a day or two, however, thirst, dryness of the throat, and slight jaundice appeared, and were soon followed by prostration, nervous symptoms, albuminuria, and finally by death.

From Dr. J. C. STEELE's *Statistical Analysis of the Patients treated in Guy's Hospital during the year 1876*, we learn that the number of patients who were received in the year 1876 amounted altogether to 81,781, of whom 5722 were under treatment in the wards.

J. H. H.

ART. XXVIII.—*St. George's Hospital Reports*. Edited by W. HOWSHIP DICKINSON, M.D., F.R.C.P., and TIMOTHY HOLMES, F.R.C.S. Vol. VIII., 1874-6. pp. xvi. 580. London: J. & A. Churchill, 1877.

SINCE the publication of the last volume, two well-known St. George's men have passed away—Dr. Robert Lee and Dr. Francis Sibson. In the Preface, after some preliminary remarks, the editors allude in fitting terms to this irreparable loss, and briefly sketch in outline some of their more prominent characteristics.

In accordance with our custom, we will first notice the surgical papers and then the medical.

Two papers on analogous subjects open the volume, the first on *The Physical Development and the Proportions of the Human Body*, by CHARLES ROBERTS, F.R.C.S.; the second, *Notes on the Development and Growth of Boys between 13 and 20 years of age* (not 13 and 14 years, as stated in the table of contents), by G. CARRICK STEEL, F.R.C.S. The subjects here discussed are seldom brought to the notice of the community; and yet they are of great importance to the physiologist and the physician in solving the problems of growth and vigorous health, to the military surgeon in examining recruits, to the artist in fixing his proportions, to the statesman and the student of social science, in relation to the growth and employments of the population, to the insurance officer in the, as yet, nascent department of assurances on minors' lives, and we might add, to the sporting man in his judgment of athletes. The data which have been assumed by artists (and they have given more study to this subject than any others) have been uncertain, and, so far as is known, have not been derived from the rigid or scientific investigation of any large series of facts. Even in the fundamental relation of the head to the entire height, they have varied widely, Raphael sometimes making the head one-sixth of the entire height, while most artists make the height seven or eight heads, and some even nine. Moreover, so far as we know, their canons of proportions have been determined almost exclusively for the adult man and woman. It is an extremely curious fact, that among all the statues and portrait busts of the antique, there are few, if any, of children. The famous "Young Augustus" is an adolescent and not a child. Even in an age of wealth and luxury, when portrait busts of adults were frequent, children were never so represented. Of the two papers Mr. Roberts' is the most valuable, and is the most extended in its subjects and its length. He rejects the "module" of the body which Carus chose, "the vertebral column, which is, so to speak, the real organic ell divided into twenty-four inches," and rightly, for there can be neither philosophical nor physiological value in an arbitrary selection of the twenty-four free vertebræ, or rather, the distance between their spinous processes, to the exclusion of the fixed vertebræ. He endeavours, with Quetelet, by numerous measurements and the application of the binomial law of Newton to obtain the proportions not of the "average" but of the "mean" or typical man, a distinction of terms which has been observed also by Gould and Baxter in this country. He considers the total height, the length of the head, the neck, the trunk, the upper extremities and the lower, the girth of the chest, and the weight, and in many of his tables adds to their value by differentiating the "labouring" and "non-labouring" classes.

It is impossible to follow out all his valuable deductions and observations. We simply call attention to two or three. The "mean adult man" has a height of 67.5 inches, a chest girth of 35.5 inches, and a weight of 137 pounds.

"It is probably to the greater or less development about the time of the accession of puberty that the final difference in height of individuals is in a great measure to be attributed; hence the influences which promote or retard it at this period are most deserving of study. In boys puberty occurs later and is less regular and decided than in girls. The transition from boyhood to manhood extends over a period of three or four years and is accompanied by increased physical development of the body; but girls develop into women in a few months, and with the complete establishment of puberty growth in height is much diminished and often ceases altogether. There appears to be a wider range in the heights of adult women than adult men in this country, and this difference is due in a great measure to the suddenness of the accession of puberty and the check it gives to the growth. I have found that puberty has been attained later in tall women than in short ones, and if we would improve the physique of our women, and through them the general population, we must study how we can best postpone this important period."

The upper extremity quadruples its length from birth to maturity, but while the arm only increases 3.78 times, the forearm increases 4.26 times. The lower extremity increases 5 times in length in the same period, but while the leg from the patella to the malleolus grows but $4\frac{1}{2}$ times, the thigh, measured from the trochanter to the patella, grows 5 times, and from the fork to the patella 7.31 times in length. The bearing of these data on the importance of diseases of the joints and on operative interference, especially at the knee and the wrist before maturity, are so obvious that the facts need only to be stated.

Mr. Steel gives the results of the examination of 3695 boys from 13 to 20 years of age as to height, weight, strength, and chest girth, and he again calls our attention to the importance of favourable hygienic surroundings at puberty (15 to 17 years), and that freedom from overstrain, wholesome food, and appropriate work are necessary for a proper physical development.

Mr. WARRINGTON HAWARD contributes a paper *On Ozæna*, in which, while there is nothing striking or original, yet he has done a real service to the sufferers from this distressing malady, by calling attention to the simple and often efficacious operation of Rouge, of Lausanne, by which free access may be had to the nasal cavity for the removal of polypi or other tumours, or of dead bone, which is the persistent cause in the majority of cases of long standing ozæna. The soft parts are separated from the bones by an incision through the mucous membrane, and the lip and nose are lifted together towards the forehead. The nostrils can then be freely examined, any necessary operation can be done, and when the parts are readjusted no scar is visible. He adds an often neglected bit of practical advice, "to wash out the nose by means of the nasal douche before examining the cavities." It is well also to bear in mind the fact, that a fatal result may follow a too free interference with the ethmoid bone in the nose, death having occurred from meningitis in one of Rouge's eight cases. Four instructive cases are related.

Mr. EDGCOMBE VENNING follows in some *Remarks on the Discussion on Syphilis at the Pathological Society in February, 1876*. Following out the suggestion of a writer in the *Lancet* of November 27, 1875, in order to get the profession out of the fog, which is usually as dense at the end of a "field day" at any one of the societies as it was at the beginning, "that the debate should be wound up by an authoritative statement embracing the views of the various speakers . . . in such a manner as would enable the profession to arrive at a reasonable and just verdict, and to feel satisfied that their conclusions were right," he attempts an analysis of the opinions of the various speakers on 1. The duality of syphilitic poisons; 2. The relationship of its various stages; 3. Whether the tertiary stage is a blood disease, and 4. The relationship between syphilis and scrofula. On the first point, out of 21 speakers, 11 ignored the question, 3 (Paget, Wood, Robinson) agreed with Mr. Hutchinson as a Unitarian (pathologically and not theologically be it observed), while 7 (including Henry Lee and Hill) were opposed to him, and so "no real decision was arrived at on the theory of dualism." As to the second point only 8 members spoke on the analogy of syphilis to the specific fevers, most of whom gave a frank or a qualified assent, but "there was much divergence of opinion" as to the relation of the stages of syphilis and the relegation of the tertiary symptoms to the "sequelæ" of the disease as proposed by Mr. Hutchinson.

On the answer to the 3d point, "Is the tertiary stage a blood disease?" depends our advice as to marriage. Mr. Hutchinson considered that when the secondary symptoms become unsymmetrical the disease has become local only, but "that the risk of contagion appears to cease long before the risk of hereditary transmission." All those who spoke on this subject were against him. But to tilt against so careful and wary an opponent as Mr. Hutchinson is no trifling work.

On the 4th point most of the speakers were in accord with Mr. Hutchinson in believing scrofula and syphilis as distinct from each other.

We cannot see that the fog has yet lifted.

Dr. HEYWOOD SMITH presents a paper *On a Form of Non-Malignant Induration of the Cervix Uteri*, the "areolar hyperplasia of the cervix" of Gaillard Thomas. He describes clearly its symptoms, its differential diagnosis from cancer, with which it is most frequently confounded, considers "impregnation and subsequent sub-involution the all-important factor in its production," and after proper preliminary treatment advises the application of caustic potash for its cure. He concludes by calling attention also to the usefulness of Paquelin's petroleum or thermo-cautère, an instrument which many who attended the International Medical Congress in this city will remember to have seen, and which can now be obtained at our instrument makers. It promises to be a most excellent instrument. We must object, however, to such barbarous English (?) as "*hyperplased* connective tissue." (p. 203.)

"A young contributor," Mr. M. MACDONALD MCHARDY, furnishes some remarkable *Clinical Contributions*. He first declined to contribute "on the ground that his personal experience was too limited to be worthy of record, but a grateful sense of the value of information (!) and the importance of some of the clinical experience he has gained," overcame his modesty, and he "offers his mite." His paper opens with a case of pistol-shot wound of the heart, under Dr. Sands's care in Bellevue Hospital, in which the patient lived for six days, and ends with a case of ruptured perinæum operated on, also in New York, by Dr. Stimson, after the procedure of Dr. Willard Parker. Between these two he presents some remarks on three cases of death from chloroform, though only two are narrated. The first was a fine healthy girl of sixteen on whom he operated for strabismus. On the completion of the operation her pulse ceased, and her colour became leaden. The second was an intemperate man of fifty, who presented the same symptoms after reduction of a dislocation of the shoulder. That we may do Mr. McHardy no injustice we quote his own words, describing his conclusions and his methods in such cases; the italics are our own.

In the first—

"Full deep inspirations followed as a *reflex response* to forcible drawing forward of her tongue; but beyond this no sort of vital action could be restored though *galvanism* was freely applied along the course of the *pneumogastric* nerves. Artificial respiration was practised, though without good effect, as death was so clearly due to cardiac failure, and reflex inspiration could readily be induced upwards of half an hour after the fatal event." (p. 258.)

In the other case—

"Lest the shock of the operation in his very slight degree of anæsthesia might have made the patient faint, having secured his tongue forward I inverted him. Artificial respiration was tried for the satisfaction of my colleague, though I had even less hope from that than from *acupuncture of the heart*, which I tried without result." (p. 260.)

What was done in the third case on which he has reflected is left to the imagination, but should he ever have another he proposes—

"When complete failure of the heart occurs from the administration of chloroform to *try the effect* of the immediate injection of *strong liquor ammoniæ* into a vein as has been so successfully practised in some cases of snake bite." (p. 262.)

Verily the litany should be a trifle lengthened!

The English Hospital Reports are to a certain extent *ex cathedra* statements both as to principles and practice, and the editors should see that such papers as this are excluded unless peradventure they be intended as warnings. When "young contributors" have any scruples they ought in general to be respected. More-

over it is out of place in a St. George's Hospital Report to make up a paper from two American cases not under the author's care, and two English cases which unfortunately were, but not in the hospital.

Next follows a paper of thirty-five pages by Mr. TIMOTHY HOLMES *On the Amputation Book of St. George's Hospital*. In 1866, in the first volume of these reports, he analyzed 300 cases of amputation in the hospital, and he analyzes 200 later ones and reviews the 500 all together, adding also some remarks on antiseptic dressing.

It is impossible to follow him either in his reasoning or his results in a brief notice, such as we must here give. Suffice it to say that he has made a searching and discriminating analysis of the cases recorded, not resting content with fallacious percentages, but judiciously showing what these mean and how they should be read. He does not believe in hospitalism, and thinks that Miss Nightingale and others have exaggerated the relative importance of hospital construction, ventilation, air-space, etc., when compared with the question of most careful after-treatment. "It was a true surgical instinct that led Prof. Lister to look to the after-management of the case for the means of diminishing as far as might be the mortality in an unselected series of amputation; and I think we can trace a sensible diminution of the mortality since 'the antiseptic method' has come into vogue." He does not believe Lister's theories, nor does he practise his frequent washing out of the parts, deeming it too great interference, nor follow out all his minute details; but he does insist on ample drainage, as little interference with the wound as possible, scrupulous cleanliness, antiseptic coverings, and personal attention to the wound by the surgeon himself.

Reports follow giving the brief histories and tabulated operations of the surgical cases for 1874, 1875, and 1876, respectively, by Messrs. Rowland, Thrupp, and Morgan.

For two years' work of the surgeons of St. George's Hospital we consider this volume a very meagre harvest.

W. W. K.

We shall now notice the papers which more particularly interest the physician.

Dr. ROBERT BARNES, in *A Clinical Study of Retro-uterine Tumours*, has given a contribution to gynecology of great practical value, in which he discusses a matter of present interest, not merely to the specialist, but also to every one who may be called upon to assume the responsibility of conducting a case of labour to a successful conclusion. The style of writing and manner of discussing the subject are at once so clear and condensed, that any review short of a republication would necessarily fail to do justice to the paper or its author; but a brief outline of the argument may be attempted. The article is written in order to call attention to the various abnormal products that may occupy the *cul-de-sac* of the peritoneum, the so-called "Douglas's pouch," and to indicate their points of differential diagnosis, and also by furnishing illustrative cases to suggest their rational treatment. Pressure from a foreign body in the embrace of this recto-uterine fold, has vesical irritation as its first pressing symptom, because the remaining pelvic viscera which transmit the force to the bladder, have less urgent functions to perform, and the pressure, ordinarily, is not sufficiently severe to completely interrupt those functions.

"Hence it is that the first warning we get of some pathological event taking place in Douglas's pouch is often distress of the bladder. For the moment, probably, every other trouble is of minor importance. To this our attention is necessarily drawn; to relieve this is our first imperative duty; but remembering the great clinical fact that obstruction of the bladder in women is almost invariably the consequence of disease or mechanical pressure, external to the bladder, our next indication is to go in search of the external obstructing cause.

"Premising that, as an anatomical fact, the left retro-ovarian pouch is deeper and more capacious than the right, in sympathy with the close relation to the rectum on that side, it follows from this disposition that smaller effusions or solid bodies always finding accommodation in the left pouch are felt on vaginal and rectal exploration to be on the left of the uterus, and not directly behind it. It is only when the intruding mass becomes larger that it extends to the retro-uterine and to the right retro-ovarian compartments."

It is subsequently mentioned, as an important practical application of this fact, that in opening a retro-uterine abscess "the trocar or knife must be plunged in on the left side of the cervix uteri, and not directly behind it, in order to enter the centre of the inflammatory focus."

The consideration of the various morbid causes of retro-uterine tumour are then taken into consideration, and are divided for convenience into groups, each being illustrated by notes of cases.

Group I. Retroversion of the gravid uterus has one notable example: A lady, three months pregnant, had a fall, which caused retroversion, and ten days later came under treatment with retention of urine and stillicidium. Six pints and four ounces were drawn off from the bladder by the catheter, and the process was subsequently repeated, several times daily, until the bladder could be emptied by natural effort. No treatment was directed to the uterus, save the insertion of a large Hodge pessary. The patient completely recovered, and was delivered at full term of a healthy child. This case is supplemented by another of retroflexion of the gravid uterus, followed by abortion after the application of a lever-pessary. Complete reposition of the uterus could not be satisfactorily achieved until the organ had thus relieved itself. The distinction existing between retroversion and retroflexion of the gravid womb is next dwelt upon, the importance of the diagnosis lying in the fact that in retroversion the cervix is thrown upwards and forwards, while in retroflexion the os looks downwards in the normal direction, a feature common to most or all of the cases in which the uterus is pushed bodily forward by some foreign body getting behind it; and further—

"It may be laid down as a general rule, that in retroversion and retroflexion of the gravid uterus, but more especially in retroversion, owing to the leverage movement, the *os and cervix* are *lifted higher up* behind the symphysis, whilst in most cases of displacement from foreign bodies pushing the uterus forwards, since the mass comes down upon the uterus from above, this organ is *pushed downwards as well as forwards*. Thus it is common to find the os uteri near the vulva, or at least near the lower edge of the pubic arch. But there are exceptions to this rule."

Group II. comprises two cases of extra-uterine gestation. One patient, in the fourth month of pregnancy, had many of the symptoms of retroversion, and unsuccessful attempts were made at restitution. A month later, after the discharge of several portions of decidual membrane, a sound was passed into the womb, a correct diagnosis made, and the retro-uterine cyst tapped with the aspirator. This operation was repeated several times, and a permanent opening formed, into which iodine injections were thrown. In the detritus several small bones were found, and others were subsequently extracted. Two months later the patient had almost entirely recovered. The second case of tubal pregnancy strongly simulated pelvic hæmatocele, as it was apparently attributable to a fall from a chair, the accident being immediately followed by hemorrhage, which continued, more or less, for four months. The patient subsequently (six months after the first) had another fall, with again a profuse discharge of clotted blood, lasting one week. Four months after this she came under treatment, and died a month later of peritonitis. At the autopsy a five to six months' fetus was discovered

in the recto-uterine pouch, the placenta being adherent to the posterior surface of the cyst.

Retro-uterine hæmatocele, with two cases, forms Group III. ; and Group IV. contains four instances of dermoid cysts, one of which obstructed labour and required tapping, and two suppurated after labour, one of which perished of pyæmia, and the other recovered after a tedious illness. Retro-uterine, or peri-uterine abscess, indurations from plastic deposit, fibroid outgrowths from the uterus, myomatous, and malignant disease, are all considered in this interesting paper, which we heartily commend to our readers for further study.

The Causes and Outcome of Nerve Degeneration, by Dr. G. F. BLANDFORD, is the substance of the "Introductory Address" delivered at St. George's Hospital at the opening of its last session, being contributed to this volume at the request of the Medical Committee. After calling attention to the increase in neurotic affections in sympathy with the development and evolution of the human organism under the stimulus of our rapidly advancing civilization, which makes such constant demands upon brain and nervous system, the author takes up, seriatim, some of the prominent causes of nervous degeneration, which he declares belongs in a great measure to the list of "preventible diseases." Among these active influences he considers, first, insufficient and improper food. Another predisposing cause is declared to be unhealthy habitations. Occupation must also have its effect on offspring. That which makes a great and incessant call on the mind, which shortens sleep and relaxation, and entails perpetual worry and responsibility, must affect the children as well as the individual. On the other hand, the blank idleness of the mind, which rests for want of occupation, is nearly as bad.

The importance of due hygienic care of the mother, especially during pregnancy, is pointedly dwelt upon; for "if women combine the bearing of children with the work, anxieties, and responsibilities of callings, which, as a rule, are undertaken by the other sex, the children will unquestionably suffer." This is considered a prolific source of idiocy and nervous degeneration.

Intemperance, especially among those who are already tainted with nerve-disorder, is stigmatized as "the most potent and most prevalent" cause of nerve degeneration; but the great source and origin, the *causa causarum*, of nervous disease, is hereditary taint. By the side of this all others fade into insignificance, and this brings up the question of fitness of the descendants of insane families for marriage, which is thus very judiciously disposed of:—

"The way to stamp out insanity is to prevent the propagation of insane children. It is not to be supposed that insanity will never occur in our highly complex civilization. There must be losses and anxieties, reverses of fortune, poverty, and misery. It will be long before we see the extermination of drunkenness; but if we could confine the primary insanity to its victims, and prevent its being handed on to the next generation, we should go a long way towards diminishing its present rate of increase."

With regard to those others who possess evidences of a neurotic temperament, but who give no evidences of unsoundness except precocity, mental and sexual, and proclivity in early life for telling lies and wrong-doing of all kinds, it is said:—

"We may not feel that the individual is one whom we can positively forbid ever to marry; but it is of the utmost consequence that he should not unite himself to another of the same kind or a relative. Married to a strong and sensible helpmeet, he may escape himself, and his children may inherit the constitution of the stronger parent, and throw off the neurotic taint."

Dr. T. CLIFFORD ALLBUTT contributes an article entitled *Cases of Menière's Disease*, in which he gives the clinical notes of nineteen cases of labyrinthine vertigo or Menière's Disease, and dwells on the fact that it occurs more frequently than is generally supposed, and that the diagnosis is quite easy. He gives the following as the symptoms by which the disease may be readily recognized:—

"The limits of age in my experience are from about twenty to seventy years. Its chief symptoms are vertigo, vomiting, a reeling gait, and noises in one or both ears, the ear or ears being also affected with deafness as to skull vibrations, and generally also to aerial vibrations. It differs from cerebral disease in the greater continuance and recurrence of very intense vertigo, vertigo often worse than that occasioned by any other malady, by the absence of loss of consciousness, save in rare and doubtful instances, and by the concurrence of this vertigo with remarkable noises in the ears. These noises are for the most part described as roaring, though they may be of other kinds. They are always, however, very troublesome and permanent, and often distracting. As regards prognosis it is stated that Menière's disease is not dangerous to life, not even indirectly so by extension of inflammation, or by complication; but it is of very long duration, and may embitter a great part of life. The cause of the symptoms is now known to lie in an affection, irritative or destructive, of the semicircular canal of the inner ear—the malady has therefore received the name of 'labyrinthine vertigo.'"

In a paper on *Croup and Diphtheria*, Dr. E. L. FOX contrasts the two affections, and incidentally mentions several fatal cases of non-membranous laryngitis, which are sometimes spoken of as instances of croup. He points out the familiar points of difference in characteristic cases, both in clinical course and treatment, and draws the following conclusions:—

"1. That a form of croup exists non-membranous, often terminating in the pouring out of pus, and often fatal.

"2. That membranous croup is a disease by itself, attacking the air passages mainly, if not solely. The tendency to it is often hereditary.

"3. That diphtheria is a specific disease, attacking mainly the parts above the glottis, or denuded surfaces of the skin, and somewhat rarely the larynx, trachea, and bronchi; and that in most cases the affection of the air passages is later than that of the other regions.

"4. That exceptional cases of diphtheria occur in which the air passages are first affected, and the parts above the glottis later. And, perhaps, in the course of an epidemic an occasional case of diphtheria will be met with, attacking the air passages only.

"5. That the general character of the false membrane in the larynx and trachea may be very similar in both diseases.

"6. That in its etiology, in many of its symptoms, in its sequelæ, in the regions most usually affected, in the treatment necessary, in its mode of destroying the patient, and in its contagious properties, diphtheria is distinct from membranous croup.

"7. That, nevertheless, the diagnosis is not always easy."

It is presumed that many will be found willing to acquiesce in the final proposition, who may not give such ready assent to some of the others.

Dr. A. W. BARCLAY, in a *Report of the Analysis of the Urine in Three Cases of Acute Rheumatism treated with Alkalies and Quinine, and Two Cases treated with Salicylate of Ammonia*, concludes that the alkaline treatment is valuable, as it not only neutralizes any excess of acid in the system, but its free administration also gives rise to diuretic action, by which the elimination of waste material is considerably promoted, and that to secure this effect it is desirable to push the remedy till copious phosphatic deposit in the urine is obtained. The addition of quinia to the treatment is declared to be not in any way injurious, and it is said that "it has no influence over the urinary secretion beyond that of occasionally rendering it less alkaline in its reaction; and that the alkali is not neutralized by

any excess of either uric or phosphoric, but some other acid." In comparing the analysis of the urine of these cases with others treated by salicylate of ammonia, it is remarked:—

"One cannot fail to observe that the alkaline treatment has a diuretic power which salicin does not at all possess; and that there was comparatively little change in the characters of the urine secreted, when the action of the salicylate of ammonia was pushed to its utmost limit, and the pain had wholly subsided, without any recurrence or relapse. Then again it is to be observed that the excretion of uric acid was in these two cases very much larger in proportion to the other constituents of the urine than is to be found in the cases treated with alkalies. Not only so, but the actual quantity got rid of in twenty-four hours was also considerably greater. Important as these facts may be with reference to our knowledge of the action of these two substances, they do not seem to throw any light on the treatment of acute rheumatism, and afford no explanation of the rapid and powerful influence of the salicylic salt. . . . I cannot but call attention to the circumstance, which seems to me deserving further study, that the acidity was so little affected either in the way of increase or diminution during the rapid cure of a disease which is so remarkable for its acid secretion. It certainly, too, throws a doubt over the conclusions which some observers have arrived at that the symptoms are mainly due to acid present in the system, circulating in the blood, and irritating the tissues. It seems doubtful whether this acidity be more itself than a symptom of the disease, if, as in these cases, its secretion remains almost unchanged, while the patient passes from a state of extreme pain to one of perfect freedom."

DRS. T. WHIPHAM and R. T. POOLE COLLYNS furnish an article *On the Effects of Salicin, Salicylic Acid, and its Salts in the Early Manifestations of Rheumatism, with an Appendix showing the Results of their Administration in a Case of Disease of the Hip-joint, Erysipelas, Diphtheria, and Tuberculosis*. The results of the experiments tend to prove that in some cases of rheumatism at its onset, the disease yields after a few doses, and that in others the pains are relieved in a few days, but the remedy should be continued in smaller doses for some days after the remission in order to prevent a relapse.

In the following paper on *Cases of Rheumatism treated by Salicylate of Soda*, by Dr. JOHN CAVAFY, similar good results are reported. The clinical notes of a number of cases are appended, in the majority of which "the pain was abolished and the fever subsided simultaneously, and mostly within twenty-four to thirty-six hours after commencement of treatment." It is recommended that pains be taken to obtain the drug chemically pure, as it is liable to be contaminated with carbolic acid.

Dr. T. WHIPHAM also contributes *Notes from the Skin Clinique of St. George's Hospital*, in which the diagnosis and clinical course of the various every-day forms of skin affection are lucidly described, with full notes of cases, the directions given for treatment being apparently in accordance with sound therapeutic principles.

Intertubular Changes in Renal Disease is the title of a paper by Dr. H. HOWARD MURPHY, in which it is asserted from the study of the specimens obtained from nineteen cases of Bright's disease, that the large white and granular kidneys are both accompanied by intertubular growth.

Research on Fat Absorption is the title of a paper by Dr. HERBERT WATNEY, which, like the preceding article, was presented as a graduating thesis. The microscopic anatomy of the mucous lining of the small intestine is carefully studied, with a view to determining the physiological process of fat absorption, for in the absorption of fat from the alimentary canal the fat traverses a definite tract; this tract corresponds to a certain tissue; it is therefore probable that this tissue (the reticulum observed in the stroma of the villus) is the path by which absorption takes place.

Dr. J. C. J. FENWICK gives a list of the *Cases of Scarlatina in St. George's Hospital* occurring in twenty years. The total number of cases admitted was 456, with a mortality of 49. Thirty-eight cases occurred in the institution, of which only two died.

"The most notable feature in the above table is the difference in the rates of mortality of the two divisions. In those cases that were admitted with the disease, the mortality rises as high as 10.7 per cent., whilst in those cases that occurred in the house it only reaches 5.1 per cent. This, no doubt, is to a great extent accounted for by the early recognition of the disease in these cases. It is also worthy of note that during the whole twenty years only two cases died of scarlatina caught in the hospital, and one of these was attacked in a surgical ward, the poison in that case very probably imported by visitors. Surely these facts require grave consideration from those who strougly advocate the total exclusion of cases of scarlatina from general hospitals."

Dr. J. C. J. FENWICK, in the *Report of Medical Cases* admitted during the years ending December 31, 1874, and December 31, 1875, contributes the notes of a number of cases of more than usual interest, with the post-mortem results.

The *Report of Medical Cases* for 1876 is made up by Dr. ISAMBARD OWEN, but is rather more extensive, and is very carefully compiled on the same general plan as was adopted in preceding years.

The *Report of the Maternity Department*, by GERALD S. HARPER, Esq., for five years ending December 31, 1876, concludes the reports. In it are given the details of presentations, complications, and deliveries, and the clinical notes of several cases of puerperal pyemia and convulsions. During the period named 2399 children were born in 2377 labours, with only 62 still-births, about 2.5 per cent. As an illustration of the imperfect manner in which the valuable aid of the forceps is regarded, and of the dread of instrumental interference, we quote the following faint praise:—

"The forceps have been applied twenty-four times; in no case did the mother suffer any injury. In two instances the child was dead when extracted; but there is no record as to whether death had taken place previous to the use of instruments."

How many hours of suffering, and how many lives might have been saved by a timely resort to the friendly aid of the forceps is not distinctly declared, but may be inferred from the statement made regarding the number of still-births:—

"In thirty-seven of these cases the vertex was the presenting part, and there is no reason given to account for the loss of life."

We think we have suggested an efficient reason.

A tabular statement of the cases of confinement for twenty years concludes the report, in which there were 7952 cases, with 74 twin births. In these 8026 deliveries the short forceps were used 53 times and the long forceps 9 times! The operation of craniotomy was performed 20 times in all, and 5 times upon one patient with contracted pelvis, which may be regarded as an illustration rather of the perseverance of the saints than of the survival of the fittest. F. W.

ART. XXIX.—*Medical and Surgical Reports of the Boston City Hospital.* Second Series. Edited by DAVID W. CHEEVER, M.D., and F. W. DRAPER, M.D. 8vo. pp. xxxv. 316. Boston: Published by the Board of Trustees, 1877.

THE first series of the *Medical and Surgical Reports of the Boston City Hospital* appeared in the year 1870, published in a large octavo volume, which was noticed