

*cal Science* have gained for that periodical its reputation as *the surgical journal (par excellence)* of the English language.

The first of the pamphlets the titles of which we have given above, contains a "Case of Injury of the Spine" (which was originally published in the *Dublin Journal*); a "Case of Popliteal Aneurism, treated by Compression;" and "Cases of Strangulated Femoral Hernia."

The case of spinal injury is of great interest. The vertebra affected was the seventh cervical, and the post-mortem examination (the patient lived fourteen days) showed that had any operative treatment been employed, it would necessarily have resulted in failure. In the case of popliteal aneurism, a cure was effected in a few days by pressure completely arresting the circulation, and forced flexion; the patient being kept most of the time in a state of anæsthesia.

The cases of strangulated hernia were three in number, recovery following the operation in two, and the third terminating fatally. In all the cases the hernial sac was opened. The truths conveyed in the following sentences are so important, and yet so commonly ignored, that they cannot be repeated too often: "The more one sees of hernia, and especially of femoral hernia, the more, I think, one becomes impressed with the necessity for early operative interference. It is not the operation, but want of operation, that proves fatal. Ill-directed, and too often repeated efforts at taxis, conjoined with unnecessary delay, are only too frequently the fatal elements present in hospital cases of hernia."

2. Dr. MacCormac's second pamphlet is a reprint from the number of the *Dublin Journal* for August, 1868. The case of amputation of the thigh for disease of the knee-joint, which forms the text of the paper, is well told, and is illustrated by a fine lithographic plate. Dr. MacCormac's remarks upon the comparative advantages of excision and amputation are sensible and judicious, and are expressed with the modesty which always accompanies true independence of judgment. The Irish school of surgery has been of late years so committed to the superiority of excision, through the influence of Mr. Butcher's writings, that it is quite refreshing to hear from the Belfast Hospital a word on the other side of the question.

J. A., JR.

ART. XXXVI.—*Klinik der Ohrenkrankheiten. Ein Handbuch für Studierende und Aertze.* Von Dr. S. Moos, *praktischer Arzt und Docent an der Universität in Heidelberg.* Mit 26 in den Text Gedruckten Holzschnitten. 8vo. pp. 348. Wien: Wilhelm Braumüller, 1868.

*Clinic of the Diseases of the Ear. A Manual for Students and Practitioners.* By Dr. S. Moos, Practitioner of Medicine, etc. With 26 Wood-cuts. Vienna, 1868.

DURING the few years that have elapsed since Dr. Moos translated into German Toynbee's work on the diseases of the organ of hearing, so many important advances have been made in the knowledge of the pathology of those diseases, and in an acquaintance with their proper management, that instead of incorporating them in a new edition of the translation of Toynbee, he decided upon preparing an independent work—presenting to the student and young practitioner, in continuous narrative, a fair exposition of the present condition of aural medicine, derived from his own observations and those of the most authoritative of those who have made this branch of the healing art their special study.

Dr. M. has well fulfilled his task, and presents, in the volume before us, a very useful and reliable manual, adapted as well to the wants of the young practitioner as those of the student. He has described with great clearness the true character of the different morbid conditions to which the several portions of the auditory apparatus are liable, the symptoms to which they give rise, their most common causes, with their usual course and terminations, at the same time indicating a general outline of the plan of treatment, which experience

has shown to be most successful in their amelioration or cure. The acquaintance of Dr. M. with the writings of the best authorities on the diseases of which he treats is shown by his frequent and appropriate references to them.

The consideration and treatment of the diseases of the ear are, for the most part, made, by European practitioners, and to a certain extent also by those of our own country, a strict specialty, especially by such as are located in large cities. In our new settlements, however, these diseases must necessarily fall to the care of the general practitioner. To prepare these for their correct diagnosis and treatment, a manual like the one before us is well adapted. We have little doubt that a translation of it into English would be favourably received.

D. F. C.

ART. XXXVII.—*A Manual of the Pathology and Treatment of Ulcers and Cutaneous Diseases of the Lower Limbs.* By JOHN KENT SPENDER, M. B., Lond., Surgeon to the Mineral Water Hospital and to the Eastern Dispensary, Bath. 8vo. pp. x., 89. London: John Churchill & Sons, 1868.

SIR WALTER SCOTT tells us somewhere of a certain country practitioner, who in the treatment of disease relied almost exclusively upon "the two simples—calamy and lodomy." We are involuntarily reminded of this worthy son of *Æsculapius*, by a perusal of the slender volume, the title of which we have given above.

"Chalk ointment," and a tight bandage made of "domette flannel," are the simple means with which Mr. Spender proposes to revolutionize the treatment of almost all the surgical ills which the human leg is heir to. The former acts by producing an artificial scab, and the latter, in the author's words, "approximates the structures to their natural form and functions, and thus introduces the healthy action required."

Mr. Spender's pathology is as compendious as his therapeutics. "It is possible," he says, "to arrange all ulcers of the lower limb under two orders, determinable by the existence or non-existence of phlebotaxis"—or, in other words, some ulcers are dependent upon varicose veins, and the rest are not. For the former, the only proper treatment consists in the use of a solution of nitrate of silver and the application of chalk ointment and a tight bandage (always made of domette flannel); and for the latter, the same, with the administration of bichloride of mercury and iodide of potassium (with or without iron) in cases accompanied with a syphilitic taint, and the same drugs, omitting the mercurial, in those dependent on a strumous condition.

Wounds are to be treated with the nitrate of silver solution, chalk ointment (in this case combined with benzoate of zinc ointment) and a domette flannel bandage; burns and scalds, on the other hand, may be best cured with a domette flannel bandage and chalk ointment.

As Mr. Spender devotes five pages to a minute account of how he applies a bandage to the leg, we are led to suppose that this is a point upon which British surgeons generally are ignorant. Indeed, we have our author's assurance that the successful bandaging of a leg is by no means a feat of easy accomplishment, "and probably this difficulty is the chief reason why preference is often given to adhesive plaster, as this sticks and remains wherever it is put."

Strange as it may appear, every ulcer does not at once get well, even when treated with chalk and domette flannel. "The most insuperable hindrance to the healing of an ulcer of the leg arises out of that universal degradation of tissue which is associated with chronic alcoholism. Any drunken, dissolute fellow, who asks a surgeon to cure a number of sloughy green holes on the skin of his leg, may as well be told at once that it is nearly impossible."

The last chapter of Mr. Spender's manual is devoted to "a sketch of diseases of the skin as they affect the lower limbs," and we scarcely need say that the most successful treatment for many of these consists in the use of chalk ointment and the application of a domette flannel bandage.