ART. XXXII.—*On Varicose Disease of the Lower Extremities, and its allied Disorders, Skin Discoloration, Induration and Ulcer, being the Lettsomian Lectures delivered before the Medical Society of London in 1867.* By JOHN GAY, F.R.C.S., Surgeon to the Great Northern Hospital, etc. 8vo. pp. x. 171. London: John Churchill & Sons, 1868.

It gives us great pleasure to commend this book to the attention of our readers. Mr. Gay is already well known in this country, as well as in his own, as not only a skilful surgeon but as an earnest and successful worker in the fields of surgical literature. We willingly confess that we have learned, from reading the volume before us, a great deal about varicose veins of which we were previously unaware, and we are disposed to think that there are very few of our readers who might not derive both pleasure and profit from a careful study of Mr. Gay's production.

Our author gives us in this small book the results of no less than twenty-four dissections of cases of varicose disease which he has himself conducted, and in addition to his individual researches has collected with much trouble and care the views of other writers in all ages.

We cannot pretend, in this short notice, to follow Mr. Gay through all the ramifications of his subject, but must content ourselves with quoting his inferences and conclusions which seem to us to be well founded. Our author maintains: "1st. That varicose disease of the lower limb includes a variety of morbid phenomena, from its simplest form, in which these are limited to varicosity of a saphenous branch with some change—generally dilatation in the allied portion of the trunk vein—to its more complex, in which they involve as well the veins of the deep or subaponeurotic region.

"2d. That these phenomena indicate as their direct *cause* the expenditure, upon the saphenous as well as the deep venous system, of a powerful force, which differently affects their several orders of vessels, and issues in a compulsory re-arrangement of their bloodcourses, on an abnormal type.

"3d. That the re-arrangement or re-distribution of these channels, at first temporary, may, and does often become permanent by corruption of their walls and appendages as well as by the formation of thrombi within them.

"4th. That *sthenic* varicosity is a special disease of certain unvalved branches of the saphenæ which bring into direct communication with each other, either (a) distant portions of the same trunk, (b) the saphenous trunks themselves, or (c) these and the deep trunk veins.

"5th. That varicose disease originates in the branches of the saphenæ, from whence its course is to extend itself to the muscular system of veins.

"6th. That the saphenous trunks are prone to phlebitis; the deep veins to dilatation, with organic changes affecting principally their inner and middle coats; whilst those other and more severe morbid changes which constitute varicosity are limited to those especial communicating branches of the saphenæ which have just been alluded to. As the latter form of disease is irretrievable, its natural 'cure' is only effected by the diseased vein becoming plugged or otherwise obliterated, as the circulation becomes restored to its normal condition so as no longer to require its aid.

"7th. That whilst the formation of clot within the varicose vein is often a salutary act, it is not so to be considered in the deep veins in cases of varicosity. The channels of veins, however, that become thus obstructed may, after a time, be efficiently restored by the organization of the clot.

"8th. The *asthenic* variety differs from the *sthenic* inasmuch as while in the latter the disease is usually confined to the main branches, in the former it invades the tributaries to the smallest ramifications. Fatty degeneration of the muscular coat forms, I have reason to believe, its distinctive pathological feature.

"9th. Obstruction, direct or indirect, to the flow of blood through the trunk veins, is the immediate cause of varicose disease."

With regard to the best treatment of varicose disease, we quote the following:—

"1st. So long as varicose veins are capable of aiding in circulating the blood, though with comparatively trifling efficiency, we must (a) relieve the general circulation of the limb as far as possible from those causes of embarrassment in which their disease originated; (b) preserve the vessels in that state of usefulness to which they may have been reduced, or render them still more useful by giving artificial support to their deteriorated walls; (c) remedy any contingent disorder of the vein as far as it can be remedied; and (d) adopt such general measures as shall have the effect of indirectly imparting strength to its tissues. And 2d, (a) in the event of any portion of such vein becoming so hopelessly deteriorated that it can no longer aid in furthering the circulation, especially if it be irremediably painful on or without exercising the limb; or (b) if the vein shall have given way, or appears, from attenuation or other conditions, liable to burst without forewarning; under either of these circumstances the particular segment or entire branch must be obliterated."

In the rare cases in which Mr. Gay thinks it right to attempt the obliteration of varicose veins, he employs for the purpose "a fine needle of soft metal, crossing the vein with a silken or hempen thread, in the form of a figure of 8."

A few judicious and practical remarks upon the treatment of ulcers of the leg, conclude the volume.

Mr. Gay's book is a happy combination of original investigation and painstaking research into the history and literature of his subject. He has added five illustrations (lithographed by his own hand), which, while making no pretensions to elegance, amply serve the purpose for which they were designed, the elucidation of the doctrines contained in the text. J. A. JR.

ART. XXXIII. *Estudo sobre as Hernias Parietaes da Bexiga e sobre os Calculos Vesicaes Encarcerados.* Por J. J. Da SILVA AMADO. Premiado pela Escola Medico-Cirurgica de Lisboa em 1860, 1861, 1863, e 1864; Preparador e Conservador do Museu de Anatomia da referida escola; Primeiro Secretario da Sociedade das Sciencias Medicas da mesma cidade e Cirurgiao do Hospital de St. José. 8vo. pp. 61. Lisboa, 1867.

A *Study of Parietal Hernias of the Bladder and Incarcerated Vesical Calculi.* By J. J. Da SILVA AMADO. Rewarded by the Medico-Chirurgical School of Lisbon in 1860, 1861, 1863, and 1864; Surgeon of St. Joseph's Hospital, &c. 8vo. pp. 61. Lisbon, 1867.

THE author of this brochure believes that, until the present time, parietal hernias of the bladder have not been studied separately from other lesions—that no one has watched attentively their evolution, appreciating the causes which produce them, the mechanism of their formation, the anatomical varieties they present, the signs by which they may be recognized during life, the diverse terminations of which they are susceptible, the therapeutic agents which may prevent or remedy them, and, for want of information, on these points, their position in the scale of morbid entities has not been determined.

He says that hernias are dislocations in which the order of superposition of layers or planes of a determined region is altered. In regions in which hernias are formed there may be always observed a cavity inclosing or not solid contents, and a parietes establishing the limits of the cavity, constituted by the superposition of different layers. When there exists a contained and organized solid which is dislocated from the relation it holds with the layers which form its parietes, projecting from the cavity in which it is lodged, a *visceral hernia* is produced; these alterations have been carefully studied. When the different planes which constitute the parietes are deviated from the normal order of superposition, there is *parietal hernia* which has been much less studied. To the latter, when seated in the bladder, he now gives exclusive attention,