carefully written and clearly expressed. The author is inclined to agree with Buhl's statement, that in the catarrhal form of pneumonia, occurring as a sequel to capillary bronchitis in children, the nodules of pulmonary consolidation frequently consist almost entirely of bronchial secretion, and hence the term "pneumonia" is not strictly applicable. In regard to the etiology of interstitial pneumonia, Dr. Green doubts the correctness of the view entertained by many pathologists, that a fibroid change may occur in the lungs as a primary and independent affection, and that, consequently, this form of pneumonia occupies the same pathological position as the indurative processes in the liver and kidneys.

The chapter on pulmonary phthisis is perhaps the most carefully written and valuable in the book. Its pathology and etiology are particularly well condensed and clear, and yet not too short for a careful consideration of the subject. The whole chapter is a valuable epitome of the established views of later pathologists.

In the chapters devoted to the "Changes in the Blood and Circulation," the description of the organization and composition of a thrombus is especially good.

The book closes with a brief account of the more common methods of preparing and mounting specimens for microscopical examination.

In conclusion, we cordially recommend this work to students and the profession generally, as a specimen of hard work and careful observation in a field of which too little is still known.

C. S. B.

ART. XXXIV.—*Diseases of the Hip, Knee, and Ankle-Joints, and their Treatment by a New and Efficient Method.* By HENRY OWEN THOMAS. Pp. 101. Liverpool: T. Dobbs & Co., 1875.

During the past few years we, on this side the Atlantic, have been almost forced to believe that, if anything good in the way of treating diseased joints was known, our own countrymen were not only the originators but the most successful exponents of the methods.

It is true that Bouquet has written much on this subject, and from him emanate most of the original ideas now in vogue; yet with his writings the busy practitioner is unfamiliar. Barwell and other Englishmen treat of joints and methods for relief, yet they have had no special splint that cared all arthropathies, and the treatment without splints, we are taught to believe, is antiquated.

The book now before us comes from Liverpool, and is in good shape for a library. The type, moreover, is large, the words often widely separated, and the chapters are profusely interspersed with large plates, making it altogether a very readable work. The author in his effort to make a book has wisely excluded all that does not bear directly on the special point he aims to bring before the profession. In a word, it is his splint which he has used for ten years, and now, for the first time, brings before the medical public.

The hip splint consists of a thick bar of malleable iron, extending from the lower angle of the scapula to the calf of the leg, first moulded to fit over the sound limb. A band of hoop iron, riveted to the upper extremity, grasps the lower portion of the thorax in four-fifths of its circumference, a second band at middle of thigh extends over half its circumference, while a third band at lower extremity half encircles the calf.

During the first three or four months the patient is confined to bed, and the splint is used continuously; being fastened to the limb and body by means of straps and bandages. This is called *the first stage* of treatment, and during this period he claims ability to bring the limb into normal position. He insists on the absolute dorsal decubitus while the splint is being modified or readjusted. Under no circumstance must the sitting posture ever be tolerated.

The second stage of treatment begins when the patient leaves the bed. Then an iron patten, two or three inches in height, is attached to the shoe of the sound limb, while crutches are used in locomotion. This stage continues until "the limb is well atrophied around the great trochanter."

In *the third stage* the splint is removed at night and replaced during the day, the crutch and the patten being still used "for a certain period."

In *the fourth stage* the splint is discarded altogether, while the crutch and the patten are still retained until the surgeon is satisfied of the permanence of the cure. "If the case does not progress to the surgeon's satisfaction, some of these stages must be prolonged."

Such is the apparatus, and the advantages claimed by the author are its cheapness and its ability to secure perfect *immobilization*, the principle which forms the basis of his whole treatment, and which, in his experience, effects a "resolution of all inflammation in nearly every case, and insures a perfect cure in most instances." He further claims that the prolonged arrest of a joint's movements, for even an unnecessarily long period, certainly never does harm, while motion of an inflamed joint promotes ankylosis. This is contrary to the accepted teaching on this subject, and of it the author seems aware, devoting considerable space to the proof of his statement. While his arguments are not conclusive, they are worthy of much attention, and direct one to a question of great scientific interest. A discussion in this connection is not in order, and those interested are referred to the work itself.

The knee splint consists of an ovoid ring well padded, and through this the limb is placed, while the perineum receives the weight of the body. To the ring are attached two upright bars, joined some two or three inches below the foot by a patten. Between the bars is stretched an apron of basil lather, perforated at two points opposite the knee for the insertion of a bandage. As in hip-joint disease, so in this, a patten is used on the shoe of the sound limb. For diseases of the ankle-joint the same instrument is used.

A review of the chapters seriatim will best bring out the merits and demerits of the treatment, and this shall be done as briefly as possible.

Chapter I. treats of hip-joint apparatus, and a plate accompanying gives Charrière's modification of Bonnet's "Grand Appareil," condemned on account of its cumbersome and high price; H. G. Davis' "Perineal and Side Splint, with Counter-Extension;" Sayre's modification of the Davis splint; Taylor's modification of the Sayre splint; Washburn's appliance designed for the poorer classes of patients, and identical in principle with Davis'; and Hutchinson's variation of Taylor's—all of which he condemns because they permit motion at the joint, although claiming to cure the disease by relieving pressure. "Mr. Thomas claims to know from "practical experience" that a cure free from defect with these splints is impossible. He admits, however, on the following page, that on rational grounds he was opposed to Dr. Davis' splint, and did not venture to use it. In this country that is not what we call "experience."

On page 6 we find two remarkable paragraphs:—

"Since the visit of Dr. Sayre to England, and the exposition of his method to the London surgeons, I have seen several instances in which his apparatus

was skilfully applied, and, from personal knowledge, I am satisfied that in not one of these cases was the disease benefited or even corrected.

"The best commentary upon this method is the remarkable frequency with which its principal advocate has had to perform excision. Persistent use of his instrument tends to the conditions necessitating this operation."

As regards the first paragraph, his "personal knowledge" checks at once all comment. As regards the second, and especially the last sentence, his statement is purely gratuitous and unsubstantiated by any proof. Such statements enable us to exclude him from the list of scientific Englishmen. Dr. Sayre claims that the majority of his excision cases have never been treated with his apparatus. The author should have been acquainted with histories of the reported cases.

On the same plate are given the splints of Drs. Andrews, Bannar, and Hamilton, the first of which he has tested in practice, and found the results unsatisfactory. The second, being a modification of the first, he has not tested, but condemns untried. Professor Hamilton's apparatus is dismissed as being "not of much value," owing to the upper and lower levers being too short. Of Mr. Barwell's splint he "made a persevering use," and with adults he had some success, with children little or none. Friction, he asserts, is a greater evil than pressure, and any contrivance which does not perfectly immobilize the joint is defective.

Chapter II. discusses superficially diseases of the hip-joint, and embodies a report of ten cases. The first few pages are given up to an exposition of "my new method of diagnosis." If this be the first time the author has made it known to the profession, he will fail to impress Americans, at least, with its novelty. The patient is placed in the dorsal decubitus on a hard table, the spinous processes made to touch, the sound thigh flexed on the abdomen and held as a lever, while a failure to bring popliteal space of suspected limb to the table (in other words, to completely extend) is pathognomonic of hip disease. Any student who has attended Bellevue College during the past five or six years is familiar with "my new method." There is one point, however, which our author makes, and that of itself should admit him into the ancient order of clairvoyancy. He can tell how many weeks or months the disease has existed by the amount of flexion; for instance, an angle of *about* 160° enables him to say six weeks, 150° five months, 90° twelve months' duration. Now that is very remarkable. In one case reported, by applying "my diagnostic method," he concluded three months. The parents denied strenuously, but after a few days' consideration came around to his belief. One of our distinguished teachers once remarked, in speaking of a certain case on which he wished to lecture for another disease than the one the patient had, "that's the advantage in having it all our own way."

The reported cases give, on analysis: one received in first stage, duration and angle of flexion not specified, length of treatment twelve months, the first three of which required the horizontal position in bed, with an ultimate cure for the result; four in second stage, two of which were of five months' standing, indicated by an angle of flexion of 150° , the other two, three and four months' standing respectively, not indicated by any given angle of flexion; three were "cured," one "recovered," one kept in bed three months, one five months, one nine months, and one twelve months; five were received in the third stage, and in three relief was afforded, one recovered in three years' time, and one died twenty days after an excision.

Chapter III. is devoted to the knee-joint. Position and the weight of the limb are sufficient, he asserts, to remedy any deformity not the result of true

anachylosis. Twelve cases are introduced, one or two of which "as having been crucial tests of the efficacy of this method of cure." The duration of the disease varied from six months to thirteen years. Six gave flexion at an angle of 90° , two at 140° , one at 120° , and one at 160° . In every instance this flexion was overcome like magic, the shortest period in accomplishing which being ten days, the longest four months. In five, the recovery was perfect, and one of these had numerous sinusses and "kidney disease" as complications. Four recovered with stiffened limbs, while three were greatly relieved.

Chapter IV. is short, and is devoted to a brief consideration of disease of the ankle-joint. Success was great.

In Chapter V. occurs the discussion of anachylosis and its causes, to which reference has already been made.

The number of cases of joint disease treated by the author since the adoption of his new method is one thousand, an analysis of which would have greatly enhanced the value of the book. On the whole, the method thus advocated is worthy of trial, and, if relief can be given to that unfortunate class of sufferers, no stone should be left unturned.

V. P. G.

ART. XXXV.—*The Pathology and Treatment of Childbed. A Treatise for Physicians and Students.* By Dr. F. WINCKEL, former Professor and Director of the Gynæcological Clinic at the University of Rostock. From the second German edition, with many additional notes by the author, translated by JAMES R. CHADWICK, M.D., Clinical Lecturer on Diseases of Women, Harvard University. 8vo. pp. 484. Philadelphia: Henry C. Lea, 1876.

FIVE years ago we published a review of this work, and entered at some length into an examination of its merits. At that time, there was no systematic treatise upon the subject in our language. That want has since been supplied by a very excellent work, and now comes this translation as a companion volume for the benefit of the student and as a counsellor to the practitioner.

Dr. Winckel's work is the standard manual upon diseases of the puerperal state in Germany, and in the review formerly published we fully recognized its great merits, and gave the views of its author upon the leading subject of this branch of medicine—puerperal fever.

Little, therefore, remains for us now to do except to welcome the appearance of the translation, unless it be perhaps to point out some of the peculiar features of the work.

In regard to the pathology of the febrile puerperal affections the author is a representative and exponent of the German school which recognizes the local affections as the point of origin of the general disease, and contagion as the chief if not only factor in the propagation of the latter. The key-note of the work may be found in this paragraph:—

"The idea that a general dyscrasia of the blood can be entertained as a remote cause of the more severe puerperal affections, must be abandoned in proportion as we gain a deeper conviction that purely local disturbances of nutrition lie at the foundation of all diseases. The truth of this statement is made evident by the fact that cases are becoming less and less common in which the autopsy reveals an entire absence of local organic affections, and also for the reason that in cases where blood-poisoning can be clearly proved, the source of infection is usually local, and may be traced to the genital organs."