

ANALYTICAL AND BIBLIOGRAPHICAL NOTICES.

ART. XXII.—*Bellevue and Charity Hospital Reports.* 8vo. pp. 415. New York: D. Appleton & Co., 1870.

THE appearance of this volume has been for some time looked for with much interest, as the Profession have been well aware for more than two years that the medical staff of the Bellevue Hospital were preparing for publication the first of a series of Reports similar to those issued from many of the London hospitals, and the medical community were prepared to give it a hearty welcome, and nowhere more so than in this city. Whether or not this volume fulfils all the anticipations that were formed of it our readers will be able to decide from the analyses which we shall give of the papers; we cannot, however, forbear expressing disappointment that of all the eminent physicians who are attached to the hospital only Drs. Flint and Hammond, and the gentlemen who make the Report of the Pathological Department, have thought it worth while to contribute papers. A volume of hospital reports professes, to a certain extent, to be the exponent of the views and practice of the different members of the medical staff, and this is scarcely the case in a book where so large a part of the purely medical papers has been furnished by one gentleman.

The first paper in the volume contains an account of the origin and growth of the present hospital, most of it being taken from an address delivered by Dr. B. W. McCready at the opening of a new wing in 1857.

The following statement is taken from the annual report for the year 1868, and exhibits the capacity of the hospital, and the results of treatment:—

The number of patients remaining in hospital Jan. 1, 1868, was	691
The number of admissions during the year, was	5800
The number of births during the year, was	594
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Total number of patients during the year	7085
The number of patients discharged, cured or relieved during the year, was	5597
The number of deaths during the year, was	795
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	6392
Total number of patients remaining in hospital under treatment December 31, 1868	693

We shall first call attention to the medical papers—

ART. II. *On the Analytical Study of the Pulmonary Physical Signs furnished by Auscultation and Percussion.* by AUSTIN FLINT, M.D.—The special object of this paper is stated to be "That the differential characters, by means of which the signs severally may be recognized and discriminated from each other, shall have been rendered as distinct, simple, and reliable as possible." As many of the views expressed in it are to be found in Dr. Flint's work on "Diseases of the Lungs," we shall only indicate those which strike us as peculiarly the author's. In speaking of pectoriloquy he says that attention to the pitch of the sound will frequently enable the auscultator to say whether it comes from a cavity or from the bronchial tubes. "If," he says, "the transmission of speech be accompanied by the characters of bronchophony, namely, elevation of pitch and proximity to the ear, the pectoriloquy is bronchophonic; it may be due simply to solidification of the lung. If, on the other hand, the trans-

mission of speech be not associated with these characters of bronchophony the pectoriloquy is cavernous." By attention to the same points the bronchophonic whisper may be distinguished from the cavernous. An elevation of pitch is also said to indicate that râles proceed from a considerably solidified lung.

Art. VI. *On the Diagnostic Characters, Mechanism, and Pathological Significance of the Mitral Direct or Obstructive Cardiac Murmur, and on the Occurrence of a Tricuspid Direct Murmur*, by AUSTIN FLINT, M.D.—Dr. Flint is inclined to believe that mitral obstruction more frequently gives rise to a murmur than is generally admitted. The murmur precedes the systole and generally ends with the first sound, being, as it were, suddenly cut short. The quality of the sound is rough, not soft, as he thought at the time he published his book on Diseases of the Heart, and a very good idea of the character of the sound he thinks is given by the word *blubbering*. "The lesion," he says, "which especially gives rise to this murmur is the union of the mitral curtains so as to cause the button-hole contraction, the curtains remaining flexible. In this form of obstruction, the mitral curtains, on their auricular aspect, present a funnel-shaped space, the communication with the ventricle being through a slit, which is more or less narrow. Under these circumstances, the current of blood forced through the aperture by the contraction of the auricle, throws the flexible curtains into vibrations, as the lips or the tongue may be made to vibrate by the current of expired air." The occasional occurrence of the murmur in cases where no mitral obstruction is found after death, but in which aortic regurgitation has existed during life, is thus explained. "Assuming that free aortic regurgitation takes place, the quantity of blood returned into the left ventricle, immediately after the systole, may be sufficient to float and bring together the mitral curtains, an effect of filling this ventricle with liquid, as shown by the physiological experiment of injecting liquid into it from the left auricle. At the time of the auricular contraction, then, the ventricular cavity already containing considerable blood, and the mitral curtains being in apposition, the mitral direct current throws the latter into vibration as the lips are made to vibrate with the expired breath, and the murmur is produced."

Dr. Flint records a case in which in addition to the signs of mitral disease, a murmur was heard at the ensiform cartilage and to the right of the latter, and in which after death a button-hole contraction of the tricuspid orifice was found.

Art. VII. *On the Mode of Obtaining the Venous Hum and the Value of this Physical Sign*, by AUSTIN FLINT, M.D.—The occurrence of the venous hum, Dr. Flint regards as the infallible evidence of the existence of anæmia, and he places more reliance upon it than the pallid condition of the external integument or of the mucous membranes. We were, however, somewhat surprised at the statement which he makes that he was led accidentally to discover that the murmur is generally most distinctly, and sometimes only heard when the head of the patient is strongly inclined away from the side examined. We have heard this fact so often alluded to and have seen it so often demonstrated that it is rather remarkable that it should be unnoticed by some of the authorities on auscultation. Attention has been called to it by Dr. Davies, and in the excellent *Manual of Barth and Roger*, 5th edit. p. 512, we find the following, "*Généralement, le murmure est d'autant plus fort que le col est plus tendu, la tête plus renversée en arrière et plus inclinée du côté opposé à celui que l'on ausculte; il diminue, au contraire, et même peut disparaître si les muscles du cou sont dans le relâchement ou si la tête est penchée sur la poitrine.*" A similar statement is to be found in Newbigger's translation published in 1842.

Art. IX. *A Clinical Report based on an Analysis of one hundred and two cases of Bright's Diseases of the Kidneys*, by AUSTIN FLINT, M.D.—This is decidedly the most valuable of Dr. Flint's contributions to the volume, and one which we think will prove of great value to all engaged in the study of diseases of the kidneys, but it is unfortunately of a character which does not admit of condensation, and we can therefore only indicate its importance and interest.

The points of inquiry are managed under the following heads: 1. Morbid appearances after death; 2. Fatality and cases of recovery; 3. Antecedent circumstances and previous history; 4. Symptoms and complications; 5. The

progress and duration of the disease, together with the immediate causes of death; and 6. The treatment.

It will be observed that Dr. Flint has adopted as the title of his report, "Bright's Diseases of the Kidney," in this respect following the example of Dr. T. Grainger Stewart.

Art. XII. *Report of the Pathological Department of Bellevue Hospital*, by J. W. SOUTHACK, Jr., M.D., E. G. JANEWAY, M.D., and FRANCIS DELAFIELD, M.D.—This report contains particulars in regard to 277 autopsies made at the Bellevue Hospital between June 16th, 1866, and October 8th, 1867.

The following is the classification adopted:—

- I. Brain and spinal cord with membranes.
- II. Heart and vessels.
- III. Larynx, trachea, lungs, and appendages.
- IV. Oesophagus and alimentary tract.
- V. Liver and spleen.
- VI. Kidneys.
- VII. Genito-urinary organs.
- VIII. Bone.
- IX. Cholera.

Art. XIII. *On some Effects of Excessive Intellectual Exertion*, by WILLIAM A. HAMMOND, M.D., etc. etc.—There is every reason, Dr. Hammond says, to believe that during great mental activity, an increased amount of blood flows through the cerebral vessels, which induces, if the condition be a prolonged one, over distension of the vessels, and profound interstitial changes. The symptoms of course depend, to a certain extent, upon the stage of the disease. Among the most prominent in the stage of congestion and over-distension of the blood-vessels is wakefulness, and this will frequently be for some time the only symptom from which the patient suffers. Before long, however, there will be added to it some confusion of ideas, some loss of memory in regard to recent occurrences, indecision, a loss of the power of concentration, and illusions, which are frequently, however, recognized as such. Among the physical symptoms, vertigo, heat, pain, fulness of the head, and occasionally noises in the ears, and flashes of light are complained of. An ophthalmoscopic examination will generally show the vessels of the retina to be enlarged. Together with the above symptoms there is more or less loss of motion and of sensation, and sometimes difficulty of articulation.

When the brain has become impaired in its nutrition the symptoms indicate great rapidity of the action of that organ, at the expense of strength and completeness, just as a weak heart beats with great frequency and but little force. Thus it is not uncommon to see patients displaying great cerebral activity who are incapable of intense thought, subjects being taken up and then dropped without being thoroughly mastered, and this sickleness is also shown in the ordinary pursuits of life. The special senses are more or less impaired, and so is the motorial, an action necessitating long-continued muscular contraction being impossible. The retina, if an ophthalmoscopic examination be made at the time, will be found to be anæmic.

The treatment will be without avail if the importance of entire rest be not duly impressed upon the patient. Travel, where circumstances permit it, will generally be of service. Bromide of potassium, the property of which, to diminish the amount of blood in the brain, may be inferred from the property which it has of rendering the retina anæmic, is of service. Strychnia and phosphorus should also be given, and are especially indicated where there is evidence of nutritive changes in the brain, and the same remark is true of cod-liver oil. In addition to these remedies Dr. Hammond says: "Great benefit is to be derived from the prudent use of the primary galvanic current, both in contracting the diameter of the bloodvessels, and in improving the nutrition of the brain. To produce the former result, the positive pole should be applied over the sympathetic nerve in the neck, and the negative to the nucha. The same effect is also caused by placing one pole over each mastoid process, and thus passing the current directly through the brain; the instant the circuit is closed in either case, but especially in the latter, a feeling of vertigo is expe-

rienced. If the retina be viewed with the ophthalmoscope at the time, the vessels will be seen to become smaller and less numerous. The employment of the current so as to improve the nutrition of the brain is best effected by placing one pole on the nape of the neck and the other on the forehead. Not more than sixteen elements should be used, and cure must be exercised even with this number that the passage of the current be stopped as soon as the least sign of fatigue is experienced." J. H. H.

Eight of the fourteen papers contained in this handsome volume are more or less distinctively of surgical interest, and to them we shall now invite the attention of our readers.

Art. I. *On Amputation of the Cervix Uteri in certain forms of Procidencia, and Remarks on the Complete Eversion of the Cervix Uteri*, by ISAAC B. TAYLOR, M.D., etc. etc., is a paper of sixty-seven pages, and is illustrated with seventeen wood-cuts, and a moderately good lithographic plate. Dr. Taylor goes very fully into the literature of his subject, and describes the various operations which have been proposed for the cure of the distressing affections to which his paper refers. He gives details of a number of cases, each of considerable interest, and sums up the results of his investigations in the following "Conclusions," which we quote in full, and which may serve as a fair specimen of the author's style:—

"1. That the opinion of M. Huguier—that the affection designated under the names of prolapsus or procidentia of the uterus, and which appears to be completely out of the pelvis [*sic*], and is exterior to the vulva, is rare—is correct, though not as frequent [infrequent?] as M. Huguier supposed, being in the proportion, according to my own investigations, as 1 to 12½, instead of 1 to 32 of M. Huguier.

"2. That there exists very seldom a true hypertrophic elongation or pathological change of structure of the supra-vaginal portion of the cervix; but that there is an elongation which, in a great many cases, varies from 1 to 4, 5, and 6 inches, though usually 4½ to 5.

"3. That the elongation is principally in the *isthmus* or intermediate part of the supra-vaginal portion of the cervix, and that this elongation is aided and sustained by the gravity of the cervix consequent, in a great measure, on the changes which have occurred during gestation or parturition.

"4. That the assertion of M. Huguier—that the fundus of the uterus remains in the pelvic cavity as high as the superior strait or superior part of the symphysis [*sic*] pubis generally—is not verified; but that the fundus or body of the uterus is usually found retroverted or retroflexed, with the cervix in part external, or, as it is not infrequent, the uterus is procident, and retroflexed *in toto* externally.

"5. That the infra-vaginal portion of the cervix is sometimes hypertrophied; but that it is in many instances a true and complete eversion of this part, measuring from 2½ to 3½ inches.

"6. That it is not necessary to remove as large a conical part of the cervix as described by M. Huguier; but the simple circular method will, in some cases, suffice, though, in other cases, the adoption of the other methods, as proposed, may be resorted to, according to the nature of the case.

"7. That the only operation which fulfils the principal and correct indications in *this affection*, for the radical cure of this affection, is the amputation of the cervix uteri.

"8. That the contraindications of M. Huguier, which have been referred to, do not forbid the operation, but require it.

"9. That, to obtain a more perfect success in the treatment, the operation of episio-perineoraphy¹ should be performed."

¹ *Episioraphy* (Fricke's operation) consists in removing strips of mucous membrane from the labia, which are then brought together with sutures; *Episio-perineoraphy* (Baker Brown's method) is a modification of the former operation, the incisions being extended on the perineum [pp. 37–38].

Art. III. *On Entire Excision of the Os Calcis*, by F. A. BURNALL, Jr., M.D., etc., is a paper of considerable interest, giving a table of 49 cases, in all but one of which the entire bone was removed. Of the 48 cases of complete excision, 33 recovered, 4 died, 7 required subsequent amputation, and 4 were still under observation when the report closed. Dr. Burnall advises complete extirpation except where the disease is very limited in extent, under which circumstances partial excision or gouging may suffice. The best operative procedure is that recommended by Mr. Holmes, in which "a horizontal incision is made from the inner edge of the os calcis, severing the tendo Achillis and going down to the bone, to midway between the heel and the projection of the fifth metatarsal bone, where the calcaneo-cuboid articulation is situated. A vertical excision [incision?] leads from the extremity of the first to just within the sole, stopping short of the grooved internal surface of the os calcis where the vessels lie. The flap thus formed is dissected back, the calcaneo-cuboid joint opened, and the attachments of the bone to those adjacent severed." Dr. Burnall justly lays stress upon the importance of the after-treatment, for which the indications are "perfect rest of the part [by means of a plaster of Paris bandage], a free exit for discharges, and the support of the patient's strength."

This paper (which has evidently been prepared with a good deal of care) would fill a gap in surgical literature, had it not been anticipated by the very exhaustive memoir of M. Polaillon, which was published in the numbers of the *Archives G n rales de M decine* for September and October, 1869, and of which a brief abstract appeared in the quarterly summary of this Journal for January, 1870, pp. 264-266.

Art. IV. *On the Serious Consequences which result from the Neglect of Slight Injuries of the Ankle-joint. Illustrated by Cases*, by LEWIS A. SAYRE, M.D., etc. etc.—This paper, which is in the form of a clinical lecture, is of considerable interest, and may, we think, be profitably read by surgeons. Dr. Sayre commends very highly the use of a seton of oakum as an application to various joints and sinuses, and gives the details of six cases in which he has used this mode of treatment in dealing with various ankle-joints, the disease in each instance following upon a sprain or other injury which at first caused but little anxiety. Dr. Sayre first gouges out with a strong, wedge-shaped, and rather dull knife, all the curious bone and disintegrated tissue that can be reached through the various sinuses, carefully preserving the periosteum, and then draws "completely through the joint and also through the other sinuses a large seton of oakum, saturated with Peruvian balsam, letting the ends extend beyond the ulcers for some inches." The foot, being then placed in a suitable position, is fixed "by an anterior splint of plaster of Paris, from which arms extend around the foot and leg below and above the wound, so as to leave the latter entirely free for daily dressing." When the plaster has set, the joint is to be surrounded with a thick pad of oakum and firmly bandaged.

We can add our testimony to the efficacy of the oakum seton in cases of caries and of indolent sinuses from whatever cause. We have repeatedly used this mode of treatment during the last eight years, having learned it, we may add, from a former house surgeon of Bellevue Hospital (Dr. Lewis Fisher), who had, doubtless, seen the good results of the practice in Dr. Sayre's hands. Fifteen wood-cuts accompany this paper.

Art. V. *A Method of dressing Fractured Clavicle*, by LEWIS A. SAYRE, M.D., etc. etc.—"The dressing is prepared by cutting from strong adhesive plaster—that spread on Canton flannel or jeans, is the best—two strips four to six inches in width, and larger by half than the circumference of the chest. These are to be applied as follows: Begin by fixing the end of one strap upon the inside of the arm of the injured side, opposite the insertion of the deltoid. Carry the strap across the belly of the biceps and around the back of the arm, bringing the arm well back. Continue the strap horizontally across the back and around under the nipples. In fixing the end to the arm, care must be taken not to begin too far back, lest the arm be girdled and the circulation be arrested. This first bandage is the peculiar characteristic of the dressing, as it serves as a fulcrum by which the leverage of the other bandage is brought to bear. Into the axilla a pad of proper size should then be placed, and the

elbow pressed to the side, which carries the shoulder well *outward*. The hand should then be carried upon the sound shoulder . . . and the elbow supported at the desired point, while the second strap is applied as follows: Begin in front of the sound shoulder and carry the strap over the shoulder, diagonally down and across the back, so that its upper edge shall cross the injured arm about at the junction of the middle and lower thirds. The plaster is then moulded to the back of the arm and elbow, and dorsal and ulnar surfaces of the forearm, and finally drawn firmly over the back of the hand and overlaps the other end of the plaster on the top of the shoulder. It is well to fasten the coils together by a pin, which prevents the possibility of slipping. At the elbow the plaster should be made to fit accurately by cutting nicks in the edge and overlapping them. . . . If the fragments show a tendency to tip forward, I place over them a pad which is held in position by an adhesive strap passing from the back of the shoulder over the point of fracture and around the forearm, like a sling. The weight of the arm makes sufficient pressure upon the displaced fragments to keep them in position."

This mode of treatment, which Dr. Sayre considers superior to any other, was first suggested to him, he says, by a surgeon residing in Western New York, whose name he does not remember. Two wood-cuts accompany this paper.

Art. VIII. *Cases illustrating Strangulated Abdominal Hernia, with other Abdominal Hernia, not Strangulated, of Unusual Character, etc. etc., in all, seventy-three Examples; accompanied with Practical Remarks*, by FRANK HASTINGS HAMILTON, M.D., etc. etc.—This is a paper of 78 pages and is divided into chapters, sections, and subsections. It contains an account of seventy cases, derived principally from Dr. Hamilton's own practice, and from the records of the Bellevue and Charity Hospitals, though a few cases (of ovarian hernia) are taken from other writers. The nature of this paper is such as to preclude our giving an analysis of its contents, and we shall therefore merely refer to a few points of statistical interest with regard to the results of the cases. Thirty-one operations for strangulated inguinal and femoral hernia gave 15 deaths and 16 recoveries; the fatal cases being 12 out of 19 of non-congenital indirect inguinal hernia, and 3 out of 7 of femoral hernia; four cases of congenital and one of direct inguinal hernia all recovered. Three cases in which the omentum was cut away recovered, but a fourth in which it was first tied and then cut away, died. "Most or all of the cases, in which an enlarged omentum was returned, died also." Thirteen cases of strangulated hernia, reduced without operation, recovered; three cases died with the rupture unreduced; and one recovered with a temporary artificial anus. Prof. Hamilton calls especial attention to the value of posture as an aid to taxis, particularly in cases occurring among children. Two cases of incarcerated hernia were successfully reduced by operation, and one by prolonged rest, etc. This paper contains a large amount of useful material, and forms a valuable record of surgical experience.

Art. X. *Amputations performed at Bellevue Hospital*, compiled by F. J. METCALFE, Acting Junior Assistant.—This paper contains a table and summary of 55 cases of amputation and re-amputation performed at Bellevue Hospital between 1864 and 1869. Mr. Metcalfe classifies the cases which he records under four heads, viz., "immediate, or within twelve hours; primary, after twelve, and before the expiration of forty-eight hours; intermediate, after two days, and before the expiration of three weeks; secondary, after three weeks." No distinction is made between operations for traumatic causes and those for disease, the latter being included under the heading of secondary amputations. This circumstance, and the fact that the few cases recorded "represent but about one-sixth or one-eighth of the entire number" for the period named, diminish the value of Mr. Metcalfe's table for purposes of statistical reference.

Art. XI. *Report of Cases of Anæsthesia at the Bellevue Hospital, with the Use of a New Inhaling Apparatus*, by D. H. GOODWILLIE, M.D., D.D.S.—This paper gives a table of 50 cases, showing that with Dr. Goodwillie's apparatus, "as an average . . . it appears that two ounces and five drachms of ether would produce anæsthesia in five minutes and one second, and keep it up for twenty-seven minutes and four seconds, in a patient aged twenty-eight

years and six months." The apparatus, of which a wood-cut illustration is given, contains an arrangement of valves for inhalation and exhalation, with an index showing the relative quantities of air and vapour inhaled at any particular time. The advantages claimed for this mode of administering ether, are increased safety; lessened coughing, struggling and sickness; more rapid recovery from anesthesia; and greater economy in the quantity of the agent employed.

Art. XIV. *The History of Eight Cases of Ovariectomy*, by T. GAILLARD THOMAS, M.D., etc. etc.—Prof. Thomas has no pity upon those persons who still look with doubt upon the operation in question, declaring that it "at the present time has reached a position so sure and unassailable in the esteem of the profession, that no one who desires to see his name stand in the list of those who favour advance in medical science ventures to depreciate it. It is true," he adds, "that here and there will be found those who even now declare that the procedure is one too hazardous in its steps and too fruitless in its results to warrant its adoption. But these will almost invariably be found to stand upon the same level with the men who systematically vilify the speculum and anesthesia, and depreciate the value of the microscope and ophthalmoscope." Prof. Thomas looks upon ovariectomy, however, somewhat as the Father of Medicine did upon lithotomy, and suggests that the operation should not be "performed by men inexperienced in the diagnosis and treatment of ovarian tumours."

Prof. Thomas' own cases (a ninth having been added while the paper was being printed) give four deaths and five recoveries. "Out of the four unfavourable cases, two were instances of so-called alveolar cancer, one a solid tumour, and one a cyst, the whole of which could not be removed."

In dealing with the papers above-noticed, we have analyzed and quoted, rather than criticized, believing that by so doing we should best serve the interests of our readers, who can readily, from the abstracts furnished, form their own estimate of the comparative and intrinsic merits of the several articles contained in the "Reports." Should this volume be followed by others (as we sincerely hope it may), we trust that the list of contributors in succeeding years may embrace a larger number of the well-known names of the physicians and surgeons of Bellevue Hospital, so that the "Reports" hereafter may actually, as well as nominally, represent both the individual and the collective experience of the medical and surgical staff.

J. A., Jr.

ART. XXIII.—*Medico-Chirurgical Transactions*. Published by the Royal Medical and Chirurgical Society of London. Vol. LII. 8vo. pp. lxiv., 399. London: Longmans, Green, Reader and Dyer, 1869.

THE present volume of this most valuable series contains twenty-one papers, and is adorned with four plates and several wood-cuts. Eleven papers are of special interest to surgeons, and to these we shall first invite the attention of our readers, grouping together separately those papers which refer more particularly to the practice of medicine.

Art. I. is *On Excision of the Larger Joints; with a Table of Cases*, by HENRY LEE, F.R.C.S., etc.—This paper has already been brought before our readers in the Quarterly Summary of this Journal for April, 1869. Mr. Lee's remarks upon the operation of excision, as applied to the several joints, are judicious and interesting; we must protest, however, against his attempt to compare the operation statistically with amputation, upon the basis of the very few cases here presented. Surely the fact that twelve excisions of the knee gave only two deaths, while ten amputations of the thigh for chronic joint disease gave the same number, cannot be taken to prove anything with regard to the respective risks of the two operations. For statistics to be useful they must be not only accurate, but founded on a large number of cases.

Art. II. *The Results in thirty-nine Cases of Excision of the Knee*, by GEORGE MURRAY HUMPHREY, M.D., F.R.S., etc., is a paper of very great interest. It was,