

In regard to the cure of hydrocele by the introduction of red precipitate, we feel compelled to hesitate before recommending it. With the tincture of iodine in this affection, unlike invagination for hernia, we have been uniformly successful during an extensive experience with it. Red precipitate does and will salivate.

The book is handsomely gotten up, and is in every way a very readable one.

W. S. F.

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ART. XXXIII.—*On Hare-lip and Cleft Palate.* By FRANCIS MASON, F.R.C.S., Surgeon and Lecturer on Anatomy at St. Thomas's Hospital, etc. With sixty-six illustrations. 8vo. pp. viii. 134. London: J. & A. Churchill, 1877.

RARELY indeed can any medical book be read with greater comfort than this. Heavy paper, large type, wide margins, clear, illustrative, and numerous woodcuts, all combine to lighten the labour, while the very excellent character of the matter arouses and keeps alive the interest for the hour or two its reading demands. The two essays on kindred subjects appeared in St. Thomas's Hospital Reports for 1875-6, and are appropriately dedicated in the present form to the memory of the late Sir William Fergusson as the memento of a long friendship. Not much that is really new will be found in the book, but as a *résumé* of our existing knowledge and as a record of the opinions of one whose practical experience lends weight to these opinions, it is a most excellent book. He who can combine the suggestions of many minds as to any given topic and so formulate the practical conclusions drawn from them as to interest and instruct always does a good service to the cause of truth, and this service Mr. Mason may fairly claim as his own.

He points out the fact that in most cases of hare-lip involving the jaw there is an absence of one or both lateral incisors, *i. e.*, the intermaxillary bone does not then possess all four of the incisor teeth. He gives several instances of maternal impressions which were alleged to be the cause of the deformity, but does not place much reliance on the statement. Not only is it occasionally hereditary as in Demarquay's instance of eleven cases in three generations, but, as Fergusson first pointed out, a partial but similar defect is generally found in one or both of the parents. Very properly and in accordance with almost all later teaching, he advocates an early operation, and in those cases in which nutrition will be impaired by delay, the earliest practicable operation. Not only do they suck better, but a wide cleft palate, if it exist, may be so narrowed that the edges in time may almost touch. All the ingenious and singularly varied operations are then detailed. In describing the ordinary operation he gives the excellent advice to beware of removing too thin a piece from the margins of the fissure, since this is a cause of the V-shaped dip so frequently left on the lip.

Although staphylorrhaphy was done in this country by Warren as early as 1820, and by a few others at an earlier date, yet the real success of the operation is a matter of the last twenty years. Unless there be good reason for doing the operation earlier (not unfrequently both advisable and successful), he thinks that generally it should not be undertaken before the age of five or six years, especially on account of the thinness of the tissues. The use of nitric acid in some cases gives good results, but he prefers in general the knife with subsequent division of the palate muscles, in describing which procedure he gives due credit to Pancoast, Mütter, and Warren. Warren's brilliant success in closing cleft of the hard palate by uraniscoplasty, and Langenbeck's operation by mucio-periosteal flaps (an opera-

tion really done eight years before, in 1852, by Mr. Avery), and Dieffenbach's operation by osteoplasty with their various later modifications, are all minutely and clearly described. The mucro-periosteal flaps if they do not give a bony roof, which is very doubtful, do give so firm a roof as to be practically as useful, and is not followed by any exfoliation of bone as in osteoplasty. Hence as a rule he gives this decidedly the preference. Where both the hard and the soft palate are involved he rather leans to a complete operation at once, though most authors prefer to close only the hard palate at the first operation. To meet the emergencies of nursing in cleft of the hard palate, he has devised an ingenious nipple with an artificial roof attached to it.

W. W. K.

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ART. XXXIV.—*Circular Orders No. 3, War Department, Surgeon-General's Office, August 20, 1877. Report on Lister's System of Wound Treatment.*  
By ASSISTANT-SURGEON ALFRED C. GIRARD, U. S. A. pp. 12.

WHILE travelling in Germany and England, Dr. Girard used his opportunities for professional observation to most excellent purpose, and has placed not only the medical corps of the army, but the entire medical profession, under deep obligations by this modest yet thoroughly useful report. Within twenty minutes' reading he has given the most complete *résumé* of the application of the antiseptic system of surgery that we are acquainted with. Were it possible, we should like to see his brief pamphlet reprinted in our leading medical journals, and spread broadcast throughout the profession, that no one might be without the opportunity of testing its advantages.

His paper is divided into two parts: in the first he relates the manner in which he was convinced of the advantages of the system; and in the second he gives a brief but complete description of the materials used, their mode of preparation from the simple means readily found by every one, and the details of their application. Somewhat of a sceptic at first by his relations with the opponents of the system, he was forced into its support by seeing accumulating evidences of its value in travelling from one Lister hospital to another; some of them hospitals used for centuries, and hot-beds of infection, in which nearly every case was sure to be followed by grave accidents, and every method had failed, till the use of Lister's method, with *all* its precautions, had banished them. Nussbaum, for instance, who had lost even eighty per cent. of his patients from pyæmia, has seen it absolutely disappear. No one has stated the possibilities of the method more clearly, and we believe more truthfully, than the author in the following:—

“Who, before this, would have fearlessly opened the knee-joint for suppurative arthritis, as I saw done under the spray, the patient recovering in a few days with a sound joint? Who would have expected an ovariotomy, with general adhesions, in a woman of seventy-five, to heal in eight days without a symptom of reaction, or a laparotomy for the liberation of incarcerated peritoneal hernia in a moribund patient healing in six days, or a resection of the ulna in nine days? I observed several hip-joint resections recovering in the most favourable manner, numbers of compound fractures of the extremities knitting under Lister's dressing like simple ones; even comminuted ones, which formerly would have induced renewal of the limb, united without an unfavourable symptom. Cancers which had been removed with great loss of substance united by first intention; other tumours were extirpated, and the operation caused no more inconvenience than a simple incision. The smell of putrefaction was banished from wards where scores of patients were lying with grave injuries and severe wounds.”

Surely before what he well calls such “remarkable clinical results attained by Lister and his followers,” it is imperatively demanded that the system, which