

conservative-surgery view of phthisis rests entirely upon a mechanical and physiological basis, without any reference to its general pathology, special peculiarities, its clinical history, or its medical treatment. The author refers only to the respiratory functions in reference to the assimilation of food, and the conformation and power of expansion of the chest in phthisical patients. Assuming these to be much below the natural standard, it follows, according to Dr. Davis, that "a condition of the vital powers favourable to the development of tubercle" exists; and the next point discussed is "the best and most effectual method of enlarging the chest, and thereby the lungs." The answer is found in the wonderful discovery of *special gymnastic exercises*, especially the *hand-swing*; as when the body is suspended by the pectoral muscles &c., these may, by acting upon the ribs, expand the chest to the fullest extent. "At first," observes Dr. Davis, "if the patient is feeble, place him in a warm room under the swing on a high chair, so as to save as much as possible the labour of rising. The more feeble and exhausted the patient is by the disease, the more urgent the necessity for effort. At first, for a few days, he may only be able to hold on the bar for one or two minutes, but it can be renewed again in five or ten minutes," &c.

As to the results of this treatment the author observes, at p. 304: "When the treatment of phthisis we here propose commences with the disease, and is pursued uninterruptedly, we have every reason to expect that every case will recover. When the treatment is used as a prophylactic, every case will be prevented." In proof of this, and referring to his own practice, Dr. Davis remarks "that, for thirteen years, we had not one case of phthisis, commencing, and terminating fatally, in the families upon which we attended." According to Dr. Davis, "there is no greater difficulty in healing a cavity in the lungs than one in a muscle, or in any other part, except that chronic diseases of the lungs occur in vitiated conditions of the system." A small *exception* of this kind, however, offers no obstacle to the success of the American doctor who develops air-cells, expands the chest, and increases the powers of assimilation at pleasure. We have said enough, however, in the statements quoted to impress the English reader both with the character of the book and the character of its author, which will not be enhanced by his conservative-surgery view of the nature and treatment of phthisis.

A considerable portion of the book is devoted to subjects generally included in what is called "Orthopædic Surgery"—such as the several varieties of club-foot, knock-knee, lateral curvature of the spine, &c.; and nowhere are the real deficiencies of the work more conspicuous than in these chapters. There is a total absence of original investigation; and the author is so far unacquainted with all that has been done in this country, that we may at once dismiss these chapters with the assurance that the student will find all the subjects better treated in any of the more recent surgical works published in England or Scotland. The author is an opponent of tenotomy, and believes that all cases of talipes may be cured by *continued elastic extension*. The various ways of applying this elastic force are described with some care, the object always being "to overcome the contracted and shortened ligaments and muscles;" and in order to compensate for weakened or paralytic muscles, the author observes: "We also make use of what we term *artificial muscles*." And this plan, he states, he has pursued "for the past fifteen years."

This treatment has of late years been brought before the profession in England by Mr. Barwell, who claims the credit of its invention. But our American author observes, at p. 108, "Dr. Barwell, in his work and in his first published papers, overlooks the fact that we had promulgated this principle and practised it for many years previous to his adopting it."

In the treatment of hip-joint disease, Dr. Davis's plan of treatment by continued elastic extension has recently been

adopted by several London surgeons, with great success; and we can ourselves bear testimony to its value as a means of relieving pain, and preserving the limb in a good position. In the recently published volume of reports from St. Bartholomew's Hospital a valuable paper with illustrative cases, by Mr. Marsh, will be found. An ingeniously contrived splint for the hip-joint, by which the plan of continued elastic extension is carried out, was invented by Dr. Davis in the year 1855, and published by him in April, 1860, in the *American Medical Monthly Journal*.

Whilst fully admitting the value of the extension-treatment in joint-diseases, we read with some surprise the statement that by this method "all dislocations, whether recent or of many years' standing, are entirely within our control." And the author adds, "We have reduced dislocated hips at all periods of time, from the recent up to that of fourteen years' standing." Probably, however, this may refer to cases of congenital dislocation of the hip, on which some very interesting observations are made, but to which we have not space here to refer; or to cases in which partial dislocation from disease has taken place. In both these classes of cases Dr. Davis has doubtless succeeded in bringing the head of the femur more nearly into its natural position; but we should doubt the reduction in the proper sense of that term, or the permanency of any advantage gained.

The chapter on Tuberculosis of the Spine, or Pott's Disease, is written from careful observation and extensive experience. Dr. Davis does not admit the necessity of long-continued recumbency, but urges the advantages of mechanical support, whilst the patient is allowed to take moderate exercise. On this subject our own experience corresponds with that of the author; and we cannot doubt that, when better known, the plan of mechanical support during the progress of the disease will be more generally adopted by the profession in England.

Whilst thus pointing out the uneven merits of different portions of the work under notice, we are glad to recognise the improvements in practice which Dr. Davis has either introduced or especially advocated.

Half-yearly Abstract of the Medical Sciences. Vol. XLV. January to June, 1867. London: Churchill and Sons.

THIS is a valuable abstract of the medical literature of the period, but by no means a perfect one. Some of the most important contributions are in this volume "conspicuous by their absence."

A MODIFICATION OF THE CATHETER.

To the Editor of THE LANCET.

SIR,—In cases where the catheter has to be passed when the patient is confined to bed, there is always one part of the operation which is apt to be bungled, to the discomfort both of the patient and operator—viz., getting the end of the instrument into a proper vessel for the reception of the urine. To do this, the handle of the catheter has to be depressed, which in some circumstances gives unnecessary pain to the patient. To obviate this, I beg to submit the following simple modification of the ordinary catheter.

From the lower side of the instrument, about three inches from the extremity, a tube is led, having about the same curve as that at the bent end. The catheter now presents the appearance of an elongated letter S, with a projecting piece at the angle of the upper curve. This part is impervious, merely serving the purpose of a handle, which may be made flattened if desired; the curved portion which points downwards is continuous with the tube, and has its orifice closed in the ordinary way with a wire and head. By the direction of this part, the stream can be safely directed into any kind of vessel, without the chance of wetting the patient's bed or the hands of the operator.

Your obedient servant,

THOMAS WARDEN, M.D.

H.M.S. *Psyche*, at Toulon, July 8th, 1867.