

which the experience of surgeons in general does not enable them to form an opinion. Perhaps the most valuable portion of the whole book is that which treats of the nervous mimicry of diseases; a subject which since Brodie wrote upon "hysterical joints" has always interested surgeons, but which has, so far as we know, never been so thoroughly and satisfactorily dealt with as in these lectures. Upon what are often, though with questionable propriety, called more practical subjects—for what can be more truly practical than the means of distinguishing organic from mimicked disease?—the reader may consult with advantage the papers on strangulated hernia and on carbuncle. We take this opportunity of reiterating the expression of our conviction that the so-called "do nothing" treatment recommended by the author in cases of the latter affection is the proper treatment: we know of no disease the victims of which have suffered and still suffer more from meddling surgery than those afflicted with carbuncle.

In his preface Sir James Paget apologizes for "the apparent disregard" in his book "of the works of others:" we beg leave to say that no apology in the matter is necessary; those who want to know the views of surgeons in general, or to ascertain what has been written in various parts of the world upon any particular subject, will naturally have recourse to systematic treatises and monographs, and if they do not find there what they need, will have a right to be disappointed; but no one, we feel confident, will take up Sir James Paget's volume with any desire other than to find out what are its distinguished author's individual opinions, and no one, we feel equally sure, will lay the book down without a feeling of gratitude to the writer for his numerous and admirable contributions to the science and art of surgery.

Of Mr. Marsh's notes we have only to say, and we think it high commendation, that they are not unworthy of the text to which they are appended.

Though the volume bears an American imprint, it is all English except the binding, the catalogue inscribed at the end, and the title page; had the publishers selected for the latter a paper more nearly resembling in tint that upon which the work itself is printed, they would have better consulted the æsthetic taste of their customers.

J. A., JR.

ART. XXXV.—*The Successful Treatment of Internal Aneurism by Consolidation of the Contents of the Sac. Illustrated by Cases in Hospital and Private Practice.* By JOLIFFE TUFNELL, F.R.C.S.I., M.R.I.A., President of the Royal College of Surgeons of Ireland; Ex-Regius Professor of Military Surgery, etc. Second Edition. 8vo. pp. 71. London: J. & A. Churchill, 1875.

THE first edition of Mr. Tufnell's pamphlet was published in 1864, and was the subject of a full notice, from the skilful pen of Dr. W. F. Atlee, in the number of this Journal for April, 1865. The number of cases upon which the author's remarks are based, has been increased from five to eleven (including one case of popliteal aneurism), and Mr. Tufnell has taken advantage of the call for a second edition, to incorporate in his work such additional hints for treatment as have been furnished by his prolonged experience. Mr. Tufnell's method is, as our readers doubtless know, a modification of that employed by Valsalva, consisting essentially in the enforcement of absolute rest in the recumbent posture, in regulation and limitation of the diet, and in the administration of anodynes, with laxatives and tonics in cases requiring their use.

Mr. Tufnell has adduced enough evidence in favour of his mode of treatment to fully warrant him in giving it the name of "successful;" not, as he very

justly points out, that by his plan recovery can be insured in every case of internal aneurism, but that his method has proved, and, if properly carried out, will prove successful in cases which would otherwise be hopeless. Moreover, Mr. Tufnell's plan has the great advantage that even when it does no good, it at least does no harm—a merit which unfortunately cannot be attributed to the “rapid pressure treatment” (which is, besides, manifestly inapplicable to cases of thoracic aneurism), and still less to the galvano-puncture, iron wire, and horse-hair methods with which some surgeons have experimented of late years.

It is not very much to the credit of our profession, that the success obtainable by Mr. Tufnell's mode of treatment has been so long known without having more forcibly influenced the practice ordinarily adopted; had Mr. T. gained half as good results by the introduction of some new, difficult, and dangerous operation, we venture to say that his example would have found more imitators.

The three plates which accompany Mr. Tufnell's pamphlet are beautiful specimens of the chromo-lithographic art.

J. A., JR.

ART. XXXVI.—*Ricerche Intorno Alla Bilharzia Hæmatobia in Relazione colla Ematuria Endemica dell' Egitto ; e nota intorno ad un Nematoideo trovato nel sangue umano.*

A Research concerning the “*Bilharzia Hæmatobia*” in relation to the Endemic Hæmaturia of Egypt; and an account of *Nematoda* (filliform entozoon) found in Human Blood. By Dr. PROSPERO SONSINO. Cairo, April 20th, 1874. 4to. pp. 13.

THIS contribution to helminthology is based upon an examination of ten cases of the “special endemic hæmaturia of Cairo” observed by the author, and due to the presence of the *distoma hæmatobia*, better known, perhaps, by the name of *Bilharzia hæmatobia*, from its discoverer, Dr. Bilharz, Professor of the School of Medicine of Kasr-el-Aeni, who described it in 1851. Reyer, of the same school, proved its coexistence with calculus; and Henry Meckel found a central nucleus in a stone, which consisted of a collection of the eggs of the entozoon.

The disease is a very common one in Egypt, and probably exists more or less throughout Africa, as it has been found at the Cape of Good Hope; it has also been discovered in the monkey. Dr. Bilharz thought that half the adults of Egypt were affected by it. The natural habitat of the worm is in the blood-vessels, but the ova and embryo may be found by examination of the urine.

The disease appears thus far to be beyond remedy, except such as may be palliative. A parasiticide treatment would theoretically appear to be the correct method, but cannot be carried out in practice, except where the entozoa are found in the alimentary canal, or at the surface of the body. The paper of Dr. Sonsino throws no new light upon this important point. He gives some rude microscopical drawings of the ova found in the urine, and a sketch of two *nematoda*, which he claims to belong to a new species, that he found in the blood of one of his ten patients, a boy of fifteen. Six of his subjects were boys of 12 to 15 years of age; three from 16 to 19; and only one an adult, who was 35.

The origin of this fatal malady is believed to be dietetic; but what order of food, is unknown. It has been attributed to the water of the Nile, to its fish and molluscs, and even to bread, grain, and fruit; but these views are simply