

Register, and any registrable qualification taken from him by the body or bodies which granted such. That the Secretary forward a copy of this resolution to Sir R. Quain, Bart., President of the General Medical Council, 299, Oxford Street, London, to the medical journals, and to the five direct representatives."

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY.—The annual dinner of this Society took place on April 29th at the Café Monico; about sixty members and guests were present. The President, Mr. Macready, said the membership of the Society kept well up; it had a large recruiting field in the 600 medical practitioners of North London; its objects were also well maintained in the advancement of medical science and the cultivation of good fellowship among the members of the profession; nothing removed prejudices or misunderstandings like social contact. The monthly meetings of the Society had been well attended, and the professional subjects discussed of much interest. They had a valuable library, housed in their rallying centre, the Great Northern Hospital. A very enjoyable evening was enlivened by music, vocal and instrumental, by the members. The President-elect for the year is Dr. David Fairweather, of Wood Green.

ERRATUM.—In the report of the Hunterian Society which appeared in the *BRITISH MEDICAL JOURNAL* of April 24th, some words in Dr. Butler Harris's reply were inaccurately reported. What he said was that he thought ozone would not be of much use in pneumonia as a substitute for oxygen, because when taken stronger than 1 per cent. it produced a good deal of irritation.

REVIEWS.

GOUT AND GOUTINESS, AND THEIR TREATMENT. By WILLIAM EWART, M.D. Cantab., F.R.C.P., Physician to St. George's Hospital, etc. London: Baillière, Tindall and Cox. 1896. (8vo, pp. 589. 12s. 6d.)

DR. EWART has produced a *magnum opus* on a malady which, although it has had many expositors, especially during the last two and a half centuries, is yet—as to its real cause—very imperfectly understood. In fact, as the author remarks, we know gout only through its manifestations, those which are local being bound up with structural changes. There is, however, an earlier period of "general gout" which pathological anatomy fails to recognise, but which is not a period of health; this is "goutiness," the tendency of which is to develop into declared articular gout. Here there is a wide field for study, surmise, and diversity of opinion, and the author gives us the thoughts of many minds thereon.

Dr. Ewart considers gout to be a perversion of nutrition with indications of a slowing of the metabolic changes, and with lessened tissue resistance. He maintains that attacks of gout are less violent now than in the early part of the present century, but that there is an increase in the prevalence of goutiness. Under the "general etiology" the several factors of heredity, age, sex, climate and season, racial proclivity, and other cognate subjects are reviewed.

The many theories of gout, especially those relating to uric acid, its accumulation, derivation, and seat of production, are discussed at length. Sir Alfred Garrod's views, and those of Drs. Haig, Ord, Ebstein, and Murchison, Sir Dyce Duckworth, Professor Latham and Sir Willoughby Wade, and the investigations of Sir W. Roberts and Horbaczewski are sufficiently detailed, but in so fair a spirit that it is somewhat difficult to determine in all cases from amongst these opposing beliefs the real opinions of the author.

The morbid anatomy of gout; the articular, cardiac, vascular, and visceral lesions of the disease; its morbid affinities with rheumatism, glycosuria, plumbism, and other diseases, are duly detailed.

The clinical study of the disease, its types, stages, and varieties, and gouty affections of the various organs and tissues, and the bearing of these subjects on the various theories of the origin of gout, are well put, and Chapter xxxv, named "concluding propositions" on the two states—gout and goutiness—in which are summed up their relations and differences, is an excellent example of the author's judicial

attitude, though too lengthy for quotation here. Its facts are well marshalled, and appear to justify the conclusions reached. Most readers will probably be surprised to find that the symptoms of goutiness and declared gout are often widely divergent.

No fewer than 260 pages are devoted to treatment—medicinal, dietetic, and hygienic. General principles and special indications are first discussed; next, therapeutics, methods, and agents, including under this item evacuant methods, purgatives, etc.; and, lastly, many chapters are devoted to detailed exposition of the medicinal agents, colchicum (which is considered to be still in undivided possession of its reputation as *the specific in gout*), the alkaline salts, the salicylates, iodine, etc. The great results expected from piperazin, lysidin, and lycetol are stated not to have been realised. The chapters on the internal and local treatment of acute gout, of chronic articular gout, and of goutiness and its symptoms, will repay careful perusal. The treatment by mineral waters occupies some forty pages, and home and foreign spas suitable for the purpose are indicated. Under diet and hygiene, the vegetarian treatment and the "meat" treatment are passed in review, and their opposition reconciled in the following paradoxical verdict: "Both methods are remedies for dyspepsia, the one a radical, the other a palliative remedy. To simplify the diet to little besides meat would be to lessen the labour of the stomach, whilst ensuring proper support. To give up all meat, and learn to live and thrive on vegetable and milk food, would be to conquer at one stroke dyspepsia and the gout."

The use and abuse of alcoholic beverages by gouty people, climate, muscular exercise (which should be taken daily by all who would avoid gout), mental work, rest and sleep in the day and at night, these and many other points constitute the details in good treatment; and upon all these Dr. Ewart gives us much that is wise and well worthy of general perusal by all practitioners. He reiterates the dictum of Sir Andrew Clark, "Return to the ways of physiological righteousness, and you will be healed;" and emphasises the monition that "the proper treatment of gout is to treat the patient."

Lastly, readers will thank the author for the copious and clear index which he has provided. There are some expressions, such as "hyperproduction" and "uricacidæmia," to which exception might possibly be taken; but these are small points, and ought scarcely to be mentioned, seeing the general average excellence of Dr. Ewart's work.

AUTOSCOPY OF THE LARYNX AND TRACHEA: Direct Examination without Mirror. By ALFRED KIRSTEIN, M.D., Berlin. Authorised translation, altered, enlarged, and revised by the Author, by MAX THORNER, A.M., M.D., Cincinnati, O., Professor of Clinical Laryngology and Otology, Cincinnati College of Medicine and Surgery; Laryngologist and Aurist, Cincinnati Hospital, etc., with twelve illustrations. Philadelphia: The F. A. Davis Co. 1897. (Cr. 8vo, pp. 80, \$0.75.)

Most laryngoscopists are by this time more or less familiar with the method of examination introduced by Dr. KIRSTEIN, but in accordance with the hesitation to adopt a method of inspection of which the scope and practical value are as yet undetermined, so, characteristic of our countrymen, it has received a comparatively limited trial. It cannot, however, be passed over in silence, and Dr. Max Thorner's translation of the deviser's work will be welcomed by many readers. The writer's claims are sufficiently modest, and he admits that laryngoscopy can never be displaced by autoscopy. The latter admits of convenient examination of the whole larynx and the whole trachea in about one-fourth of all adults, excepting the anterior commissure, which can only be seen in about one-tenth. "About one-half of all people can be fairly well examined with the autoscope, so that the posterior region of the larynx, including sometimes a more or less extensive portion of the trachea, is exposed to view." It is recommended for the examination of children either with or without chloroform. Operations have been performed under autoscopy, and the translator appends the notes of a case of foreign body removed from the larynx by himself.

The instruments are of the "nasal" shape, and measure