

point. But a periodic respiration occurs in the newly born of some mammals and in hibernating animals; it may occur also in so-called functional or hysterical states, and it has, we believe, been produced experimentally.

As a contribution to our knowledge of the subject, the value of this book is due not so much to the theoretical considerations which it contains, although they are highly philosophical and closely reasoned, but to its well observed and well-recorded clinical facts. It is a good illustration of the great advantage which the general practitioner has over the consultant in seeing the earlier stages of disease. To both the work should prove suggestive and stimulating in a high degree.

ZUR LÖSUNG DES PROBLEMS DER HEILBARKEIT DER LUNGEN-TUBERCULOSE. (A Contribution towards solving the Question of the Curability of Phthisis.) Von Dr. CAROSSA. Munich: Seitz and Schauer. 1899. (Roy. 8vo, pp. 31. M. 1.20.)

VON ZIEMESSEN once ventured to prophesy that a "specific" would never be found for tuberculosis. Dr. CAROSSA, however, is bolder or more credulous, for he believes that he has found in a combination of pilocarpin and eugastrin (the active principle of condurango) an unfailing remedy for phthisis. The eugastrin prevents the gastric disturbances which pilocarpin alone sets up. The specific should only be given (we are not told in what dose) when the patient is lying down, and should be administered for from four to seven months. Relapses after apparent cure are not uncommon. This "cure" may advantageously be combined with the "open-air cure," but appears to be incompatible with the "cold-bath cure." Warm baths, fortunately, are not contraindicated. Under the benign influence of pilocarpin extensive tuberculous areas, we are assured, clear up in a few days' time. In one case, that of a patient who had right apical dulness for four years, the dulness disappeared in a fortnight.

Dr. Carossa does not consider the presence or absence of tubercle bacilli as of much importance in reference to prognosis, nor to diagnosis apparently, for he finds that they disappear with the dulness and expectoration.

When we hear of numerous cases of phthisis, all tuberculous, all rapidly cured by the administration of pilocarpin, we cannot but be reminded, without being morbidly sceptical, of the reply given by the gentleman who was informed that a friend always caught cold after eating walnuts: "If true, curious."

NOTES ON BOOKS.

PROFESSOR RUATA of Perugia, in his short essay on the treatment and cure of pulmonary tubercle, entitled *Cura e Guarigione della Tuberculosis Polmonare* (Città di Castello: S. Lapi. 1900. Demy 8vo, pp. 102. L.2.50) gives an account of the principles of treating phthisis by the open-air method, aided by inhalations, diet, etc. It is stated that at no very distant date pulmonary tubercle should be banished if unremitting care be exercised in dealing with every case; for, as the duration of the disease is cut short by energetic treatment, there is less liability of its spreading. The writer describes the details of the open-air method as carried out at various places, especially in England. While there is no very original matter in the essay, it is interesting reading.

In his book entitled *Le Lesioni Traumatiche dei Centri Nervosi* (Roma: Il Giornale Medico. 1900) Dr. S. Salinari, an army surgeon, gives an excellent and up-to-date account of the various injuries of the brain and spinal cord, with their complications, sequelæ, and treatment. In the cases where authorities differ—for example, as to the wisdom of trephining or not in certain conditions, or as to laminectomy *versus* reduction in dislocation—the author is careful to state the opposing views, but the reader would like to have had some more decided expression of the opinion of the author. Probably some of the questions now in debate may find a solution through the experience of military surgeons in the present war.

That another edition of the late Professor CHARTERIS'S *Practice of Medicine* (Eighth edition, edited by F. J. CHARTERIS,

M.B., Ch.B. London: J. and A. Churchill. 1899. Crown 8vo, pp. 655, 9 plates, and 21 figures. 10s.) has been called for shows that it satisfactorily fills a place of its own in medical education. It has all the advantages of a simple map, portraying its subject with bold curves in clear outlines, without obscuring detail. It is well adapted to serve as a general *vade mecum* for students of medicine who are just commencing attendance on dispensary practice. Its valuable appendices on prescriptions and prescription writing should prove especially helpful.

The second edition of Dr. JUDSON S. BURY'S *Clinical Medicine: A Manual for the Use of Students and Junior Practitioners* (London: Charles Griffin and Co. 1899. Demy 8vo, pp. 532, with numerous illustrations and coloured plate. 21s.) will be welcomed. The first edition was noticed in these columns on October 6th, 1894, and the volume remains one of the best of the more recent guides to the investigation and diagnosis of disease. It has been carefully revised, and many important additions have been made. The chapter on the examination of the urine, which has been revised, and supplemented from his own original investigations by Dr. Dixon Mann, must take a leading position in the subject of the diagnosis of renal diseases and the symptomatology of renal complications. A useful chapter has been contributed by the same author on the examination of the deeper structures of the body by means of the Roentgen rays. The chapter on skin affections contains additional matter from the pen of Dr. Wild. For the senior student and for the busy practitioner this book affords an accurate and an up-to-date representation of clinical medicine which must prove of the utmost use, and one that is not surpassed in the English language.

REPORTS AND ANALYSES

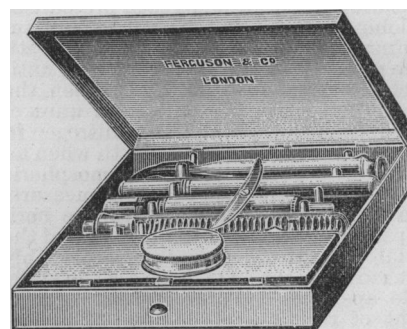
AND

DESCRIPTIONS OF NEW INVENTIONS

IN MEDICINE, SURGERY, DIETETICS AND THE ALLIED SCIENCES.

MEDICAL AND SURGICAL APPLIANCES.

Aseptic Vaccination Case.—Mr. CHARLES CORBEN, The Grove, Caldecott, Mon., sends a description of an aseptic vaccination case designed to fulfil the requirements of the new Vaccination Act for public vaccinators, which has been made for him by Messrs. Ferguson and Co., Giltspur Street, E.C.



On account of its size, $3\frac{1}{2} \times 2\frac{1}{2} \times \frac{3}{4}$ inches, it should, he considers, prove useful to public vaccinators who have long distances to travel, often on

horse or cycle, and to whom the large cases are inconvenient. The antiseptic pads can be carried in a separate case. The contents of the case are—spirit lamp; tube for solid sodii hydrarg., g. j; (1 solid, in $\frac{3}{4}$ ijas. = 1 in 1,000) aseptic vaccinator, tube for lymph, and a blower.

DEATH CERTIFICATION IN NEW YORK.—A Bill is to be introduced in the New York State Legislature making it unlawful to make any of the ordinary preparations for burial until the body has been examined by a medical practitioner, and the fact of death duly certified by him. It is said to be the general practice throughout the United States to give a death certificate without any other evidence that death has occurred than the medical practitioner's anticipation that death would occur, and the statement of some more or less responsible person that the expected event has actually taken place.