Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

MANCHESTER EYE HOSPITAL.

CASE OF EXTRACTION OF SOFT CATARACT IN BOTH EYES BY SUCTION.

Under the care of R. H. McKEAND, Esq., Surgeon to the Hospital.

JAMES W., aged 2½ years, residing in Walpole Street, Blackburn, was admitted a patient into the Manchester Eye Hospital on May 9th, 1866. The parents stated that the child was about twelve months old when they first noticed that he could not see so well, and their attention was in consequence directed to the child's eyes, when they perceived something white in the pupils of both. They positively assert that he could see perfectly well before that period. It may be well to mention here, that the father, at the age of five years, became blind from cataracts in both eyes, shortly after recovering from an attack of small-pox.

On examining the child's eyes, both pupils were found to be occupied by cataracts of a soft milky nature, and I concluded the case to be a very proper one for the use of the suction-curette; therefore, on May 16th, the child being placed thoroughly under the influence of chloroform, an incision was made into the cornea of the left eye with a broad needle-knife opposite the outer margin of the dilated pupil; the knife being withdrawn, the ordinary hook for rupturing the capsule was introduced, and the capsule torn round its circle, and from side to side. Upon the instrument being removed, the suction-curette was introduced, and the whole of the opaque lens was removed without the slightest difficulty.

The right eye was then at once dealt with in a similar manner, except that instead of the broad needle-knife, the incision through the cornea was made by means of a small iridectomy-knife, which upon the whole appeared to answer better, the incision being made with less pressure. The same proceedings were adopted as in the opposite eye, leaving perfectly clear pupils; the eyelids were then closed with tissue-plaster and bandage. Next morning, after removing the dressings, both eyes were found perfectly quiet and free from all irritation; the pupils were quite clear; and the little patient could readily run after balls or oranges hurled along the floor; indeed, the eyes looked so well, and the child seemed so pleased with everything and everybody, that it was permitted to run about the hospital in all directions, exciting quite a sensation amongst the inmates at the almost magical restoration of vision.

On the 23rd, just one week after the operation, the parents came over to take the child home, greatly delighted at so rapid a recovery; since which period, not having heard from them, I may fairly conclude the child progresses favourably.

REMARKS. I have early published the success of this case, it being the first in which I have operated on both eyes at the same time by suction; and, indeed, the first upon which I have tried the suction-curette in case of congenital cataract. It forms altogether the fifth successful one—a sequel to the four others published by me in the JOURNAL of April 28th of the present year.

Original Communications.

HOW SHALL WE TREAT INCIPIENT CHOLERA?

By C. HANDFIELD JONES, M.B., F.R.S., Physician to St. Mary's Hospital, etc.

[Concluded from page 491.]

I HAVE devoted the more space to the consideration of variola, because its phenomena have more of the appearance of eliminative actions than those of the other exanthemata, and indeed, in one sense, are actually such. But I think a good deal of reason has been shown for the belief that they are not salutary and desirable efforts of Nature, but essentially morbid processes, and that, instead of encouraging and promoting them, the very reverse is nearer to correct practice, though, of course, no rude repulsion is to be sanctioned. Instead of only thinking about eliminating poison, we have to care for *checking its reproduction, and for invigorating the system to withstand it*. Elimination is best carried on by organs which *retain their healthy status*; and the pulmonary seems to be the great apparatus intended for this end. Important as elimination may be, the care for it is not to deter us from the use of other means, as narcotics, which sustain and restore nervous power, when judiciously used, although they may to some extent check excretion.

In scarlatina, it seems to me a pure hypothesis to regard any of the phenomena in the light of eliminative processes, or as being in the least degree salutary efforts. The eruption is, in all probability, the mere result of paralysis of vasomotor cutaneous nerves, and is imitated to perfection in some cases of burns and surgical injuries.

The angina and the renal inflammation have no claim that I can see to be considered anything else than local derangements of nutrition produced by the toxic agent, and do not afford indications of treatment any more than the pleurisy and pericarditis which occasionally occur. I suppose we are agreed that a case which runs its course with a moderate angina and no nephritis, is of a better kind than one where these local affections are severe. Trousseau affirms that it is the same in scarlatina, as in variola, that the gravity of the disease in each instance is directly proportionate to the intensity of the eruption. The most effective treatment in scarlet fever is one which, while it ensures a healthy state of the *primæ viæ* by an emetic at the outset and repeated aperients, aims especially at sustaining the strength of the system under the depressing influence, and calming irritability of the nervous system. Quinine, carbonate of ammonia, opium, and cold affusion, are remedies whose efficacy has been well proved, but which I can hardly conceive any observation of the "natural efforts of cure" would have suggested to us. The testimony of Trousseau to the good effects of cold affusion in severe cases is very strong, and corroborates to a great extent the statements made by Currie.

In measles, the phenomena generally seem to have the same significance as in scarlatina. One symptom, however, seems to have some claim to be ranked as an eliminative process. I refer to the diarrhoea which sets in on the day of eruption, and is thus described by Trousseau. "Almost always devoid of danger, this phenomena seems, in the simplest cases, to constitute even a favourable crisis, at the moment when the exanthem shows itself on the skin. It

seems at this period, when the morbid leaven has attained its maximum activity, when the desquamation, as Sydenham termed it, is about to set in with all its force, that there are not sufficient emunctories open. Thus, independently of the coryza, of the ocular catarrh, of the bronchial catarrh, the disorder affecting the bowels produces a catarrhal diarrhoea, which appears to be an advantage, especially in children; in adults, this symptom is more rare. I am speaking, let it be well understood, only of diarrhoea on the day of the eruption. It is sometimes very abundant, the patients having ten, or even fifteen, stools in twenty-four hours. But if this diarrhoea have nothing alarming when the other symptoms—the eruption and the fever—proceed in a regular manner, it is very different when the eruption is defective, when the eyes cave in (*se cavent*), when the intestinal flux becomes immoderate and exceeds its habitual duration. You must then not delay to interfere; as otherwise choleric symptoms may appear in young children. Even if the diarrhoea, lasting more than twenty-four hours, continues to be as violent the second day as it was the first, it is necessary to act, and in this case opium is the heroic remedy; it arrests the intestinal flux by acting on the bowels, while at the same time, by its diaphoretic virtues, it favours the development of the exanthem by its action on the skin." (*Clinique Méd.*, vol. i, p. 145.) He goes on to describe how the diarrhoea, if it persist, may pass into a dysenteroid affection, attended with bloody and mucous stools. The above passage seems to me of much interest; it warrants the idea that at a certain period of a disease, when there is probably an undue amount of intravascular tension, a serous flux may be beneficial, by relieving a state of plethora and thereby lessening local congestions. But the short space of time during which the flux usually continues, the necessity for arresting it if it persists or is attended with dangerous symptoms, and the certainty that the poison continues to affect the system long after it has subsided, disincline me very much to regard it as having much importance in the matter of elimination. The treatment of measles seems, for the most part, to be confined to moderating the morbid actions which the virus sets up, and to conducting the patient quietly and safely through the stages of the disease. We cannot do anything directly to cure; recovery is probably the result of the pulmonary exhalation.

With regard to our common continued fevers, typhus and typhoid, little need be said. The importance of promoting free pulmonary exhalation is admitted by all; but the rest of our treatment aims solely at sustaining the strength, and arresting any morbid process which in any way causes additional hindrance to the play of the vital machinery. Nothing in the way of elimination is recommended by the best authorities. Dr. Buchanan has no hesitation in arresting diarrhoea by opium and astringents in cases of typhus; and Dr. J. Harley acts in the same way in typhoid, except during the early stage, when he thinks a moderate diarrhoea beneficial. Trousseau gives a saline purgative in repeated doses, especially when the diarrhoea is attended with meteorism, for the purpose of stopping the flux. If this medication does not succeed, he has recourse to chalk, bismuth, and nitrate of silver. It is evident that elimination is not intended; otherwise the aim would be to sustain, and not to check the flux, until the disease had passed by. In my own practice, a little opium, with or without catechu, added to the habitual nitric acid mixture, has acted well. The unfavourable influence of defective resisting power in typhus patients is strongly affirmed by Dr. Buchanan.

Persons who are attacked after having undergone extreme exhaustion and fatigue usually have a high mortality. "Overworked soldiers, doctors, and nurses, for example, get the disease with peculiar severity; and, if the patient try to keep about, going on with his work until he takes to his bed from sheer inability to stand, he materially diminishes his chance of recovery."

In erysipelas, I have been told that some physicians, doubtless convinced of the importance of imitating the natural process of cure, have applied blisters to the inflamed parts. Such a procedure would be fully warranted by the doctrine that the local morbid processes in toxic diseases are salutary by the elimination they effect. The vesications which so often form in erysipelas, according to this view, should by all means be promoted; and nothing should be done to check the beneficial evacuation of morbid fluid from the inflamed surface. I suppose, however, none of us, if we got erysipelas, would wish to be treated thus *secundum theoriam*. The contagiousness of this disease, by the way, was lately well shown in a case under my care. A man had erysipelas of the face and a small scalp-wound. A nurse, who had a scratch on her right hand, dressed this little sore. Shortly after, she was attacked pretty severely by erysipelas of the same hand. Here the action of the poison was limited to the infected part.

Syphilis is, I think, justly regarded by Mr. Hutchinson as a zymotic disease—a specific fever analogous to the other exanthemata, but of much slower course. The points which I wish to remark upon in its history, with reference to the present question, are these: 1. That its virus may lie latent in the system for a long period. It is notorious that patients are often treated apparently with complete success, and the poison believed to be eliminated; but, after the lapse of years, the disorder recurs again, showing that it had never quitted the system, and that only its manifestations had been suppressed. 2. That such latency is most likely to persist while the general vigour of the frame is maintained. Any debilitating influence brought to bear upon the subject of a latent taint may permit such taint to become active, says Mr. Hutchinson (*Vide Reynolds's System of Medicine*, vol. i, p. 311). The following interesting observation by Mr. J. Marston seems to me to be explicable only by admitting that the resisting power of the frame is impaired by heat and invigorated by cold. He states that the Mediterranean climate is most mischievous in cases of syphilis during the warmer six months of the year. Over and over again, during the hot months, symptoms of constitutional syphilis have refused to yield to any treatment till the winter set in; and as frequently almost they proved so intractable as to require invaliding to Great Britain, where the patients regained their health, often rapidly, without any treatment, or with the aid of the same measures as had failed entirely in the relaxing climate of the Mediterranean (*Med.-Chir. Trans.*, vol. xlv, p. 83). The plain inference from these two facts is, that elimination cannot be rated highly as a means of cure in syphilis.

In contesting as I have done the eliminative character of the morbid actions which are provoked by zymotic poisons—and the same may be said, I believe, of those excited by all others—I would not be misunderstood. It is fully granted that harm may be done by repelling a morbid action from a part where it comparatively does no harm, to another of much more vital consequence. It is certainly better to have the skin hyperæmiated or pustulated, than the brain or kidney; to have the tonsils inflamed,

rather than the lungs; the joints, rather than the heart; and we are justly cautious in doing anything which might cause such a metastasis. But it seems to me a long step from the above simple fact to regarding every morbid action as prompted by a curative effort of Nature. A paroxysm of ague might surely be thought to terminate by a critical sweat, an effort of Nature to expel the poison. But, in the matter of treatment, no observance of Nature's indications serves us at all; we take no account of them, and are simply guided by experience, at first purely empirical, but subsequently elevated by reflection and comparison till it becomes scientific and rational. This has taught us that, in the case of all malarious disorders, a cure is obtained, or prevention secured, by means which fortify the body, especially its nervous system, and enable it to resist, and be as it were indifferent to, the noxious agency. Continued fevers we cannot cure; but we can certainly render the frame less liable to succumb to the action of their specific causes. It makes a serious difference whether a person is exposed to infection when he is fatigued, exhausted, and dispirited, or when he is in the opposite condition. In both cases, the poison enters the blood—it must do so; but in the one it is resisted, in the other it overcomes the vital resistance. Even after the system has received the miasm, and been more or less affected by it, there is reason to think that the ultimate issue may for a time depend on the circumstance, whether the toxic action is promoted by enfeebling, or impeded by invigorating, influences. Dr. Copland records (Art. Infection, p. 364) some cases in which persons who exhibited symptoms of the disease, after exposure to the concentrated emanations of typhus, were preserved from a further development of the malady by an active employment of tonic and stimulant remedies. *Contra*, he relates (Art. Disease, p. 571) a striking instance in which, after a number of men had been exposed to a pernicious malaria during one night, but were afterwards removed far away to sea, those only sickened who were subsequently subjected to great fatigue; the others, all but two, remained well.

So far, then, as zymotic diseases go, the conclusions which I came to from a consideration of variola are fully borne out. As to other disorders of toxic character, it does not seem necessary to advert to them particularly. As Dr. Johnson has, however, alluded to rheumatic fever, I will just state that, though I should not check the profuse sweats of the malady by the direct application of cold, I should certainly not encourage them, if I thought them excessive and weakening, as they often are; and more, that I should certainly endeavour to restrain them by the free administration of bark as soon as the *primæ viæ* were in a tolerably healthy state, and the urine had become fairly free. Most surely, profuse sweating alone will not cure acute rheumatism; at least, there are many cases which it will not. A relative of my own, serving in the army in India, was invalided and sent home on account of rheumatism, probably subacute. He got well on the voyage home. Such an instance reminds one of Mr. Marston's experience in syphilis in the Mediterranean, and shows that free cutaneous elimination is not the most essential thing in rheumatism. Of all acute toxic affections, the most simple and typical is snake-bite; and the great remedy in this, we know, is alcohol. The poison may be eliminated or destroyed in the system, if the patient live long enough. To promote either we have no power; all we can do is to stimulate him freely, "to obviate the tendency to death," which in this case is by asthenia. In a sudoral fever, would any one take the sweating as a

beneficial effort of Nature, and attempt to cure by promoting it?

But, to return to cholera, or rather to incipient cholera; for with the fully developed disease I am not attempting to deal. It seems to me that the general results which consideration of other similar diseases supplies fit in very well with our most certain information about this toxic condition. How completely Annesley's observations (p. 218), as to the best preservative means against cholera, accord with those I have cited with regard to malarious and typhus fevers! His words are: "All that I can say under this head may be comprehended under the general injunction of avoiding the predisposing or exciting causes of the disease. Whatever tends, directly or indirectly, to debilitate or fatigue the system; whatever lowers its vital energy, as excesses of every description, disposes to the operation of the efficient cause of the malady. On the other hand, I am fully persuaded that whatever tends to preserve this energy serves to render the system impregnable to its operations." The whole passage well deserves perusal. In Dr. Acland's memoir, it is stated that many lives were saved by the distribution of food. The evil influence of long marches has often been noticed in India.

If we have seen, in other diseases, that treatment having elimination for its object was undesirable, so far, at any rate, as it was to be carried into effect by any organs which were the seat of pathological processes, I cannot but think that there is very forcible evidence that the same applies to incipient cholera. Can we neglect the very prevalent persuasion that, in cholera periods, any unusual relaxation of the bowels was a sign of approaching danger; or look upon the numerous instances recorded of cholera being to all appearance induced by the operation of a saline aperient as merely *post hoc propter hoc* occurrences? I certainly cannot. Sir R. Martin says (p. 560): "The number of instances which I observed in Calcutta of Epsom or Seidlitz salts leading to profuse serous diarrhoea and subsequent fatal cholera is a circumstance worthy of notice." Dr. Goodeve writes: "It has been argued, that the vomiting and purging are salutary, and that they eliminate the poison. It is very questionable whether fluxes produced by organic poisons are necessarily eliminative of the actual poison that was introduced into the system, or of its products. Whether the exudations in cholera be eliminative or not, there can be but little doubt that they are very destructive methods of cure. If this purging were beneficial, we should expect to see that cases of cholera with preliminary diarrhoea would be slight; whereas we often see that a man has diarrhoea for a week or more quite as copious as could be produced by a few doses of castor-oil, and yet these very cases often pass into profuse purging, collapse, and death. Most men who have had much experience in cholera will say that, when they succeed in checking the discharges before collapse comes on, their patients are saved. They justly fear the result of active purgative medicines in seasons of cholera. It is hardly possible that experience can have gone quite wrong in these matters." Such is the evidence of high authorities in India; and at home the testimony is quite as strong. Dr. Acland, writing at Oxford, says: "No medical man here, I believe, doubts the great danger of neglecting diarrhoea, the facility with which it is checked in far the majority of cases, . . . and its exceeding tenacity when it has continued some hours or days." The Report of the College of Physicians expresses the opinion that "the popular theory, that the discharges are an effort of Nature to throw off a *materies morbi*, is not only unsupported by any known

facts of the disease, but, when applied to practice, is found to increase the violence of the symptoms." (P. 165.)

If Sydenham and many physicians since his time have thought it desirable to diminish as much as possible the variolous eruption, and at the present day we check or arrest the diarrhoea of continued fever, cauterise or apply astringents to the inflamed throat of scarlatina, and renounce all evacuation in erysipelas, I do not think we are, on *à priori* grounds, withheld from arresting choleraic diarrhoea. Experience must, I think, pronounce whether it be wise to do so or not. It is stated, on the one hand, that the arrest of the evacuations by opium and astringents has been followed by the worst consequences; and, as we have just seen, the opposite procedure has appeared to many to have the same result. When collapse is fully established, one would think the arrest of intestinal excretion might be more injurious than in other cases of similar disease, for the reason that the pulmonary exhalation is so much diminished. This, however, does not hold in choleraic diarrhoea, where no interruption of the aëration of the blood exists. To me it really seems that there is at least very strong grounds for scepticism whether the arrest of choleraic diarrhoea by opium and astringents is so pernicious as Dr. Johnson represents it, or whether it is not in many cases a very great advantage. I have questioned a good many practitioners, physicians and others of large experience, relative to this matter, and I find a very general consent to the view that the diarrhoea should be checked promptly, though opinions differ to some extent as to the most efficacious means. Dr. Acland found the same; and I hold it to be a matter of considerable importance to be aware that very different remedies may prove efficacious in cases which outwardly have a great resemblance to each other. I can by no means agree with Dr. Johnson that thirty grains of sesquicarbonate of soda in strong mint-tea every half-hour, with bland nutriment, is a treatment which can have no "direct remedial effect"; and that, while Mr. Wakefield imagined he was arresting the disease with magical rapidity (three doses being usually sufficient), the truth really was, that the eliminating process had come to an end spontaneously. Such happy coincidences, if frequent, are at least highly suggestive. I have long regarded alkalies as "tissue-sedatives", and believed that they might aid materially to tranquillise the inflammatory nîsus in a part; and that to this probably was owing their virtue in acute rheumatism. Now, though we have not a clear idea of the pathological condition of the intestinal mucous membrane during life, we cannot hesitate to regard it as in a state of extreme catarrhal irritation, not altogether dissimilar to that of severe coryza. In such conditions, it is quite certain that the normal condition of the capillary walls must be considerably modified; the amount of fluid which they allow to escape is vastly increased. An experiment of Matteucci shows that solution of carbonate of soda has a large power of imbibition; and it is thus at least conceivable that it may, in certain states, be capable of arresting the outward gush of the fluids traversing the intestinal walls. It will of course be objected, that, if we allow this property to alkalies, we must refuse it to acids, respecting whose astringency there is much more direct evidence. I am, happily or unhappily, credulous enough to believe that both agents may act similarly in different cases; and I find myself supported in this belief by no mean authorities. Trousseau says, in his lecture on *Dyspepsia*: "This equal success of alkalies in some instances, of acids in others, seems to imply a contradiction . . . which

is, however, only apparent. The important point to be aware of is that which is taught by the observation of facts; viz., that these alkaline or acid remedies act in a more general manner, not only on the whole of the intestinal apparatus, but also, and yet more, on the entire economy. So true is this, that the choice of such or such an alkali, of such or such an acid, is not a matter of indifference." (Vol. iii, p. 53.) Another eminent authority, Sir R. Martin, says, in his chapter on Chronic Diarrhoea: "In this, as in other morbid affections where acidity and rancidity of the stomach and bowels are so liable to exist together, it is remarkable how often we find the mineral acids fulfil all the indications ordinarily accomplished by alkalies. So much is this the case, that nothing but observation and experience can enable us to decide on the remedy most suitable to each case." Dr. Acland, speaking of choleraic diarrhoea, says: "No astringent was uniformly successful. In some cases, sulphuric acid was employed with the most marked success; in others, it utterly failed. It did so in the case of one of my own colleagues, where the choleraic diarrhoea came on to an alarming extent. The disease was arrested, and his life was saved, by the sulphate of copper with opium." Writing of the diarrhoea of variola, Mr. Marson says: "The sulphuric acid often answers the purpose of stopping the diarrhoea when the chalk mixture has failed; but the chalk mixture so generally affords relief, that we always try it first." My own belief is that, in proportion as the morbid condition of the intestine approaches nearer to that of inflammatory irritation, alkalies, chalk, and bismuth are likely to be beneficial; whereas, when the flux is more purely passive, acids find their opportunity. I have little doubt that in cholera, as in other diseases, harm has often been done by treating all cases outwardly similar in precisely the same way. As to the fact that, in numerous instances, the prevention and arrest of diarrhoea have been the saving of life, it seems to me that, according to existing evidence, there cannot be two opinions. I will merely refer at present to Mr. D. Davies' experience, as stated by him in the *Medical Times and Gazette*, May 5th, 1866; and to Dr. Goodeve's article in Reynolds's *System of Medicine*. Surely we may well doubt, with the latter, that experience has hitherto gone quite wrong.

Dr. Johnson seems to think that the influence which I believe castor-oil to exert in allaying intestinal irritation is mythical. He seems scarcely aware how generally accepted the doctrine of substitutive medication is, at least among French physicians; and that there are various results produced by purgatives, which cannot be explained merely by their eliminant operation. I am tolerably certain that castor-oil does in some cases remove existing catarrhal irritation by an action which can only be described as alterative. Its soothing effect on the conjunctiva must not be forgotten, nor that it has been used with colloid as an application to burns.

One more remark before I conclude. Is it not possible, accepting Dr. Johnson's theory that the collapse is essentially dependent on spasm of the coats of the small pulmonic arteries, that subcutaneous injection of opium may be beneficial? May it not aid in relaxing the spasm? I confess I should prefer atropia for this purpose; but, as opium and ether are certainly highly beneficial sometimes in the asthmatic paroxysm, and as enemata of opium are freely used by surgeons in spasmodic stricture of the urethra, the practice does not seem to me irrational. Perhaps the good effect of opium and diffusible stimulants, when given early, may depend on their rendering the pulmonary nerves less susceptible of the poisonous influence, and therefore

less likely to be irritated into the production of spasm. John Hunter said that opium did good by preventing disease from doing harm. Dr. Watson mentions a case of asthma in which morphia with ether would stop a commencing paroxysm, but had little influence over one that was fully formed. I submit that, taking Dr. Johnson's view of the production of collapse, the most rational practice would be to adopt measures to remove the spasm. Chloroform inhalation and subcutaneous injections seem likely to be much more effectual than any remedy addressed to the morbidly affected surfaces. I am, of course, aware that chloroform has failed in many cases; but does it or any remedy avail always in asthma? Are we not constantly finding that the idiosyncrasies of the nervous system are endless?

I hope, in what I have written, I have not forgotten the intention with which I set out; and that Dr. Johnson will believe that I do not wish to be an opponent, but rather a co-labourer with him in inquiring after truth.

Reviews and Notices.

HANDBOOK OF NATURAL PHILOSOPHY. By DIONYSIUS LARDNER, D.C.L. ELECTRICITY, MAGNETISM, AND ACOUSTICS. Seventh Thousand. Revised and edited by GEORGE CAREY FOSTER, B.A., F.C.S., Professor of Experimental Physics in University College, London. With four hundred Illustrations. Pp. 442. London: 1866.

A KNOWLEDGE of Natural Philosophy is of high importance to members of the medical profession; and no text-book more fitted for their instruction has been published than the late Dr. LARDNER's excellent *Handbook*. The preparation of a new edition of the part relating to Electricity, Magnetism, and Acoustics has been entrusted to Mr. FOSTER, who has done his work conscientiously and well. Preserving as far as possible the language and arrangement of the author, he has made such changes in the book as bring it up to the knowledge of the day; the principal additions being in the parts relating to Electricity and Magnetism. In cases where entire paragraphs have been inserted, the new matter is distinguished by being included within brackets.

We heartily recommend the book in its present amended form to our readers, as one which contains correct and sufficient information on the subjects treated in it.

A MANUAL OF MEDICAL JURISPRUDENCE. By ALFRED SWAINE TAYLOR, M.D., F.R.S., Fellow of the Royal College of Physicians, and Professor of Medical Jurisprudence and Chemistry in Guy's Hospital. Eighth Edition. Pp. 707. London: 1866.

DR. TAYLOR has reduced his *Manual* in bulk by nearly two hundred pages—an improvement certainly, for it was growing beyond its designation. This reduction he has effected by omitting the details of cases contained in former editions, but which are now consigned to his larger work, of which we gave a notice a short time ago. This excision of matter has enabled him not only to diminish the size of the book, but to make some valuable additions, in the form of two chapters on evidence, and

on the duties and responsibilities of medical witnesses, and of remarks on several medico-legal subjects not treated of in previous editions. The author has also added numerous engravings illustrative of the crystalline forms of poisons, etc. As a guide to medico-legal practice, Dr. Taylor's *Manual*, in this its latest form, must meet with even more favour among the profession than that which has hitherto justly fallen to its share.

A PRACTICAL TREATISE ON DISEASES OF THE TESTIS, AND OF THE SPERMATIC CORD AND SCROTUM. By T. B. CURLING, F.R.S., Surgeon to the London Hospital, etc. With numerous Wood-Engravings. Third Edition, revised and enlarged. Pp. 609. London: 1866.

MR. CURLING has introduced into this new edition of a well known standard work such additions and amendments as have resulted from ten years' experience, gained since the issue of the second edition. He has added chapters on Inguinal Hydrocele; Sterility; and Congenital Vascular Tumours of the Scrotum.

In his preface, the author takes occasion to refer to the attention which has in recent years been paid to malformations and diseases of the testis by French pathologists and surgeons, among whom he specially notices M. Gosselin, who in 1857 translated into French, with valuable additions and remarks, the second edition of Mr. Curling's work; and the late M. Godard, to whom pathologists are indebted for some very valuable memoirs on the teratology, etc., of the human seminal apparatus.

No word of praise is necessary. We have only to announce the appearance of the work; and this we do with pleasure.

ON THE SAFE ABOLITION OF PAINS IN LABOUR AND SURGICAL OPERATIONS, BY ANÆSTHESIA WITH MIXED VAPOURS. By ROBERT ELLIS, Surgeon-Accoucheur to the Chelsea, Brompton, and Belgrave Dispensary, etc. Pp. 80. London: 1866.

MR. ELLIS's object in writing this book is to point out a means of obviating the dangers attending the use of chloroform as an anæsthetic. He has arranged his remarks in four chapters: 1. On some Defects of Existing Anæsthetic Processes; 2. On the Vaporisation of Anæsthetic Fluids; 3. On the Physiological Influence of the Anæsthetic Vapours; 4. On the Fluids and Apparatus employed for the Mixed Vapours.

In the first chapter, the author argues that chloroform, being a potent agent and acting in small doses, and having moreover a brief stimulant action while its depressing effect is prolonged, should not be the first agent used for producing anæsthesia.

"What it seems to me we require, is to commence the anæsthetic operation with some of those substances which will give a gentle stimulus to the patient, sustaining the heart-power, tranquillising the emotional condition, and thus gradually introducing the stage of first partial, and then complete, insensibility."

How Mr. Ellis proposes to carry out this object, we shall presently see.

He goes on to point out that a large number of the