

assistance of a crutch; and was discharged on the 11th, with every prospect of having an useful limb. On January 13th, 1872, he came up to shew himself; he was then able to walk with a stick.

REVIEWS AND NOTICES.

A SYSTEM OF MEDICINE. Edited by J. RUSSELL REYNOLDS, M.D., F.R.S. Vol. III, containing Local Diseases (continued). London and New York: Macmillan and Co. 1871.

[Concluding Notice.]

DR. MORELL MACKENZIE commences a series of excellent papers on Diseases of the Larynx, with a chapter on Acute Laryngitis. The author is of opinion that it is impossible to distinguish between acute laryngitis in very young children and croup; and that the treatment must in effect be the same for each disease. In the treatment of acute laryngitis in the adult, he recommends in the early stage, and when the disease is slight, inhalation of steam, or steam impregnated with the volatile principles of benzoïn, or hop, or conium, for which he gives formulæ. In more severe cases, he resorts to the topical application of strong solutions of nitrate of silver, or perchloride of iron, or the chlorides of zinc or aluminium. When the œdema is not arrested by these remedies, he scarifies the larynx, by the aid of the laryngoscope, with a properly constructed laryngeal lancet. If this treatment is ineffectual, he says that tracheotomy should not be delayed.

In the treatment of Chronic Laryngitis, Dr. Mackenzie also relies chiefly upon local remedies. Thirty grains of chloride of zinc dissolved in an ounce of water or glycerine is the remedy he most frequently employs. As, however, the treatment has to be specially adapted to each individual case, we strongly recommend our readers who have troublesome cases of chronic laryngitis under treatment, to peruse Dr. Mackenzie's remarks on the therapeutics of the disease, to which we regret the limit of our space will not allow us to do justice. Dr. Mackenzie's articles, unlike some others in this volume, give us the impression of having been written by a physician who is able to give us the benefit of his own experience, rather than the opinion of others; and we regard his essays as typical of what good articles should be.

When we mention that the next article is by Sir William Jenner, on Emphysema, and that this is followed by one on Asthma by the late Dr. Hyde Salter, our readers will agree with us that the task of writing on these two subjects could not have been entrusted to abler hands. Both these physicians are well known to have paid special attention to the study of these diseases; and they have produced masterly monographs.

The paper on Phthisis, by Dr. J. Hughes Bennett, of Edinburgh, does not meet with our unqualified approval. The author still keeps to his old views of the nature of phthisis, regarding it as in all cases due to tubercular deposit in the lung; these tubercles being coagulated exudations from the fluid part of the blood into the pulmonary tissue. He still looks upon the cheesy exudations of modern pathologists as infiltrated tubercles, and maintains that his own opinions only differ verbally, and not really, from those of Niemeyer and other recent writers on phthisis. We will quote a few lines from his paper. "Dr. Burdon Sanderson proposes that tubercles should be called an 'adenoid growth,' and it may be granted that a mass of molecular and tubercle corpuscles, such as we have described, in a fibrous tissue, may present a vague resemblance to one of Peyer's glands. But a slight consideration must show that these distinctions are more verbal than real. It is not the occasional scattered, and rare indurated granulation with which we are so much concerned, as the extensive chronic morbid deposit. Transferring or limiting the term tubercle to the accidental granule, and calling the general and essential morbid product chronic inflammation or adenoid growth, constitutes no real advance in pathology. What we have from the first maintained is, that we have to do with a *tubercular exudation* which differs from an inflammatory and cancerous exudation in its low vital energy, and diminished power of transformation into cell forms; and that this is the essential element of phthisis pulmonalis. Two recent French admirers of Virchow's doctrines have proposed to separate ordinary phthisis from granular tubercles of the lungs, under the name of Tubercular Pneumonia;* and Niemeyer suggests for the term phthisis Chronic Pneumonia.† These propositions, while they indicate an essential agreement with the doctrines contended for in this article, offer no real advantage. It is not the name we attach to a morbid state, but a clear comprehension of the morbid state itself, which is of real importance" (p. 553).

Notwithstanding the distinction which the author makes between *tubercular exudation* and *inflammatory exudation*, we find him at p. 561,

* Bérard et Cornil sur la Phthisie, 1867.

† "On Pulmonary Consumption." New Sydenham Society's Translation.

in speaking of Pneumonic Phthisis, stating that a considerable number of unquestionable cases of phthisis originate in acute pneumonia at the apex of the lungs, which has become chronic—the pneumonic exudation degenerating and being transformed into tubercle. It appears to us impossible to argue with Dr. Bennett unless he distinctly defines what he means by tubercle; the definition he gives is not in accordance with recent researches on that product, and altogether his ideas of the morbid anatomy of phthisis are vague and hazy in the extreme, and not in accordance with modern doctrines. There is reason for surprise that in an article on phthisis, which is supposed to represent the latest views of that disease at the time of publication, no notice should be taken of the relation as a cause of hæmoptysis to phthisis. The case of the extensive sheep-farmer cited by Dr. Bennett does more, in our opinion, than all the other cases published by Weber, Bäumlér, Johnson, and Bradbury, to establish pulmonary hæmorrhage as one of the causes of phthisis. We do not know upon what evidence Dr. Bennett regards cases of hæmorrhagic phthisis "as a peculiar form of the disease, in which tubercle is deposited in such a manner as in the first instance to induce degeneration and rupture of a considerable-sized vessel in the lung." Such a theory is unsupported by facts, and, to say the least, is exceedingly hypothetical.

The subject of Cancer of the Lungs is handled by Dr. Hermann Beigel, and we are surprised to find no reference in the article to the excellent Lumleian Lectures on the Natural History and Diagnosis of Intrathoracic Cancer, delivered before the College of Physicians in 1870 by Dr. Risdon Bennett, and which appeared *in extenso* in this JOURNAL, and have since been republished. We can only conclude that the manuscript of Dr. Beigel's article was prepared at an early period during the incubation of the volume, and was not afterwards revised. If Dr. Beigel is called upon to revise his article for another edition of this volume, we recommend these lectures to his careful perusal.

We now come to the longest, and certainly one of the most able articles in the volume, viz., that on Acute Pneumonia, by Dr. Wilson Fox. After giving in great detail, and with copious references, the history, etiology, symptoms, and complications of acute pneumonia, the author proceeds to discuss the morbid anatomy of this disease. He is of opinion that the products of inflammation are almost entirely accumulated in the interior of the vesicles. "The walls of the vesicles are, however, somewhat swollen, but this is almost entirely owing to the congestion of the capillaries, and there is an entire absence of any interstitial growth or exudative process within or external to them" (p. 666). Dr. Fox does not consider, with Cohnheim and Professor Axel Key, that the exudation cells in the interior of the air-vesicles consist chiefly of white corpuscles of the blood which have passed through the walls of the blood-vessels. He believes that all the cells and nuclear elements (centres of nutrition) of a tissue participate in the inflammatory process, and multiply in number by division; and that, while a number of the cells in the pulmonary alveoli may be those which have escaped from the blood-vessels, another series are produced from the transformation and proliferation of the epithelial cells of the alveoli and smaller bronchioles. "With respect to the exudation, it may be held, when spontaneously coagulable, to consist mainly of the blood-plasma; but the condition of this product in the earlier stages of pneumonia suggests at least a doubt whether it is not merely a transudation or not rather, as Virchow has taught, that it owes some of its properties to transformations which it has undergone during its passage through the inflamed tissues" (p. 671).

We attach great importance to the subjects on which Dr. Fox writes, but we think his article on Acute Pneumonia might be condensed to at least two-thirds of its present bulk without detracting from its value.

The article by Dr. Wilson Fox on Chronic Pneumonia is one of unusual excellence, and one which must give rise to considerable discussion on this most difficult subject. The author does not agree with his teacher, Dr. Walshe, in regarding Chronic Pneumonia and Cirrhosis of the Lung as distinct diseases, but, on the contrary, he regards cirrhosis as dependent upon an inflammation of the vesicular structure of the lungs which has passed into a chronic state. In a note, Dr. Fox expresses his views as follows. "The illustrations of the final effects of a pneumonia which has lapsed into a chronic state appear to me to show that the result of the changes thus induced differs in no essential particulars from those which are met with in 'cirrhosis' of the lung, in regard both to the induration of the pulmonary tissue and the dilatation of the bronchi, which so commonly are found in this state. M. Charcot is, indeed, disposed to make the existence of such dilatations a ground of distinction between the two diseases, but there is evidence enough to show that such dilatations are found in cases where induration has succeeded to an attack of Acute Pneumonia. They are not, indeed, so evident in the early as in the later stages of such cases, and the induration found in the latter is only a progressive change; but it appears to

be an inevitable consequence of the disease if sufficiently protracted. The question is in one sense a purely pathological one; but, as far as clinical diagnosis rests on a pathological basis, it is not without its significance. There is abundant proof that thickening of the walls of the air-vesicles, resulting in the complete obliteration of their cavities, is a final result of chronic pneumonia, and it is this condition which is described in all (the few) authentic cases of 'cirrhosis.' (P. 751.) In this essay Dr. Fox only discusses those forms of chronic induration of the lung which are independent of tubercular changes, and consequently, as he justly observes, the disease is of great rarity. His experience leads him to endorse the statement of Hasse, that chronic pneumonia "seldom occurs except in the presence of tubercles."

The articles on Syphilitic Affections of the Lung and on Brown Induration of the Lung are also from the pen of Dr. Fox.

Another paper on Cirrhosis of the Lung is contributed by Dr. Charlton Bastian. He thinks the name "cirrhosis" is a better one for the disease in question than that of "chronic pneumonia." Although he does not deny that cirrhosis is sometimes the direct sequence of an acute pneumonia, "still," he says, "this secondary condition is not a modified persistence of the old state, but is due to the supervention of an entirely new and different process; in these cases, in fact, we have to do with a sequence to, rather than with a chronic persistence of the original malady." Both Dr. Fox's and Dr. Bastian's conclusions are founded upon an analysis of almost the same recorded cases of this disease, and it is curious to notice the different results at which they have arrived with regard to its pathology. The former believes that inflammation is the chief agent in producing the indurating processes, whereas Dr. Bastian is of opinion "that the word inflammation is quite inapplicable to the changes by which these effects are brought about." He writes as follows. "Surely in this fibroid hyperplasia, or *fibroid substitution*, as I think we should term it, we have a process strictly intermediate in kind between inflammation on the one hand, and degeneration on the other." (P. 824.)

As the Editor thinks this subject of sufficient importance to warrant the insertion of two articles on it, we have carefully examined the evidence upon which these two distinguished physicians have founded their conclusions, and we must confess that those arrived at by Dr. Bastian seem more compatible with the data than those of Dr. Fox. After carefully perusing the two essays, we are led almost irresistibly to conclude that the latter author must have written his essay after reading the conclusions which Dr. Bastian intended to make public, and with an intention of refuting them.

We have not space to notice at any length the remaining paper on Diseases of the Chest, and it must suffice us to say that the articles on Apneumatosy by Dr. Graily Hewitt, on Bronchitis by Dr. Roberts, and on Pleurodynia, Pleurisy, Hydrothorax, and Pneumothorax, by Dr. Anstie, are thoroughly practical and good essays, and will well repay perusal. Dr. Anstie's method of treating Pleurodynia by the hypodermic injection of one quarter of a grain of morphia, and covering the affected side with a sheet of spongio-piline, will be found remarkably successful. Dr. Anstie speaks in high terms of commendation of the power of the muriated tincture of iron in promoting the absorption of pleuritic fluid.

In bringing our criticisms to a conclusion, we express a hope that in a future edition of this volume the talented editor will not be too sparing of the time and trouble which are required to amend the imperfections which were pointed out at the commencement of this review. By a not too sparing use of the pruning knife in some of the articles, by avoiding unnecessary repetition, and by a better arrangement of the subjects treated of, this volume might, considering the great merits of some of the essays, be made equal, if not superior, to the first two volumes.

SOFTENING OF THE OESOPHAGUS.—M. Demarquay (*Gazette des Hôpitaux*, Jan. 13th, 1872) describes softening of the oesophagus as a consequence of stricture, and cites two cases, in which the oesophagus was penetrated in passing a bougie, as instances in point, and indicating the necessity for great caution.

THERMOMETRIC RULES FOR GUN-SHOT WOUNDS.—M. P. Redard (*Archives Générales de Médecine*, Jan. 1872) has, from the examination of thermometric results in gun-shot wounds, arrived at the following conclusions. 1. Every wounded man brought into an ambulance with an extremely grave injury, who may present a temperature below 96 deg. Fahr., will succumb; and consequently it is useless to attempt to perform any operation. 2. Every wounded man in whom a salutary thermal reaction is not produced at the end of four hours, in whom the reaction is not in direct proportion to the depression, must be considered as very seriously injured.

BRITISH MEDICAL ASSOCIATION: SUBSCRIPTIONS FOR 1872.

SUBSCRIPTIONS to the Association for 1872 became due on January 1st. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches are requested to forward their remittances to Mr. FRANCIS FOWKE, General Secretary, 37, Great Queen Street, London, W.C.

BRITISH MEDICAL JOURNAL.

SATURDAY, JANUARY 27TH, 1872.

THE ORGANISATION AND EXTENSION OF THE ASSOCIATION.

THE result of the issue of blank forms, enclosed within the ordinary circular of this season of the year for collection of subscriptions from members, has not as yet been very satisfactory in the South-Eastern district, only five having thus far been returned. This contrasts very strongly with the excellent result of the Liverpool canvass, which broke fresh ground, and was addressed directly to those whom it was desired to invite to join the Association. One part of the success of that invitation may possibly be attributed to the facilities for election which it offered. It was addressed only to registered members of the profession, and such as were known by their diplomas, positions, or personally to the officers or council of the branch; and hence it was not necessary to compel them to go through the prescribed form of hunting for other members of the Association in the neighbourhood, and asking them the favour of certifying to "good professional character," a formula which some persons consider objectionable, and a trouble which those intending to join often defer until procrastination has ended their original intention. It was only necessary for those gentlemen to whom the Liverpool Committee applied to sign and return the enclosed post-cards; and as the great majority of them were personally known to be of "good professional character," their papers were signed without its being necessary to call upon them to produce further evidence of character. No doubt this improvement in the mode of canvass has operated favourably. Upwards of sixty new members have joined in this district.

The ultimate result of the method pursued in the South-Eastern Branch is not yet exhausted. The forms of proposal are in the hands of the members of the branch; and it may be expected that they will continue to use such opportunities as may occur for some time to come. Undoubtedly, however, the Liverpool plan is that best calculated to increase the strength of the Branch and of the Association; and it is that which will probably recommend itself for adoption to the council and officers of other branches.

The following is a copy of the circular issued by the Birmingham Reception Committee:—"We beg to call your attention to the approaching meeting of the British Medical Association to be held in Birmingham in the first week of August next. The Association was founded to promote the progress of medical science, to uphold and improve the social standing of the profession, to defend its interests and to create and maintain harmony and good feeling among its members. As we are sure that these objects must meet with your approval, we hope that you will authorise us to propose you as a member. It will further gratify us if you can give us your personal aid in completing the arrangements for the annual meeting, in promoting the success of which we trust to obtain the co-operation of the entire medical pro-