

December 7th. Since the operation 36 ounces of urine had escaped. The temperature was 99.2°. The tongue was coated with a thin white fur. There was no pain, and he felt very comfortable, but thirsty. The pulse was good. The urine was acid and contained blood. The patient has had brandy 3iv, milk 347, beef tea 3xj. The catheter came out this evening and was replaced with stitches.

On December 8th there was no hæmorrhage, and he seemed quite comfortable, without pain or sickness. He was sleepy and thirsty. The bowels were opened twice. His temperature was 98.6°, pulse 99. Sixty-one ounces of urine escaped. A mixture of benzoic acid and buchu was given every four hours, and the bladder was washed out with quinine once and with boracic acid once.

On December 10th the patient was fairly well. He was taking nourishment well. The bladder was washed out twice. The urine was alkaline and mixed with small clots. The bowels opened five times. The temperature was 100°.

On December 11th the condition was much the same. Today some swelling on the left side of the scrotum appeared, obviously emphysematous. This was punctured and gas escaped, the swelling subsiding. He was thirsty and sweating freely. The temperature was 101°. The quantity of urine was 54½ ounces.

On December 12th the patient was not so well; he had been sick. The penis and the right side of the scrotum were emphysematous and were punctured. Burning pain was felt in the abdomen, which was much distended. The temperature was 101.4°. The wound was inflamed and the patient was much depressed. The quantity of urine was 50 ounces.

On December 14th the end of the incision was open and sloughing, with a free discharge of pus. It was dressed frequently with iodoform and blue gauze. A tube 6 in. long was inserted. The genitals were still swollen. The quantity of urine was 29 ounces. The temperature was 100.6°.

On December 15th the wound was gaping, with a purulent discharge. The quantity of urine was 40 ounces. The temperature was 100.4°, and the pulse 100.

On December 16th the whole wound was sloughing. The patient was placed on his side. The urine (15 ounces) had a specific gravity of 1010, and was alkaline and contained albumen but no blood. His temperature was 99.4°.

On December 17th the wound was looking better; there was free drainage. The pulse was 116; the temperature was 99.2° and the quantity of urine 41 ounces.

On December 19th a tube was inserted into the bladder. The patient said he felt all right, but he was much thinner. He was feeding well. His temperature was 98.4°, and the quantity of his urine was 31 ounces.

On December 21st the wound was granulating; the edge of the bladder wound being continuous with the abdominal wall. He was passing less urine. His temperature was normal.

On December 25th the incision was nearly healed. He passed urine freely through a catheter, but involuntarily.

On December 28th he was improving rapidly. The pulse and temperature were normal.

January 14th, 1901. During the past fortnight the patient continued to improve. The abdominal wound was quite closed. To-day a wooden plug was tied into the end of the catheter, which was removed every three hours.

On January 19th the patient expressed a desire to pass water, and did so voluntarily. The urine was slightly purulent, with specific gravity 1020, and acid.

On January 22nd the catheter was withdrawn entirely, and the patient passed water unaided, 49 ounces in quantity.

On February 22nd the patient went out for 15 minutes, and on the 26th was discharged well. The urine was acid, with a specific gravity of 1022, and contained urates.

REMARKS.—The interesting points to observe were that he had actually passed water one hour before the injury, so that the bladder could not have been much distended; (2) the long time passed previous to seeking admission to the hospital (3) the fact that blood kept oozing all that time from the urethra rather suggested laceration of that structure; (4) that the round hole in the bladder extended upwards beneath the peritoneum, which had not been torn nor stripped off; (5) and lastly, the steady recovery he made from the third day after the abdominal wound opened. To the house-surgeon, Dr. Jubb, I am indebted for these notes.

REVIEWS.

SKIN AND VENEREAL DISEASES.

THE monograph on *Leprosy*¹ from the pen of the Professor of Pathology in the University of Bucharest forms part of Nothnagel's encyclopædic *Handbuch*. Professor BABES has for many years been known as an original investigator of the pathology and bacteriology of leprosy. Moreover, as the disease is endemic in Roumania, he has had ample opportunities for pursuing his study of the matter in all its aspects; and, taking the book as a whole, the author may be congratulated on having successfully grappled with a big subject, and having given us a complete and fair survey, without sacrificing the individual note which reveals the man who has thought for himself. All through the monograph all opinions are fairly stated and sifted. On the question of contagiousness, the author, whilst admitting that much remains to be done, concludes that the facts taken as a whole point to the spread of leprosy by contagion. The chapters on the bacillus and pathology are very exhaustive and complete, as was to be expected, but the same care and thoroughness has been bestowed on the other portions of the work, such as the historical survey, geographical distribution, symptoms, diagnosis, treatment, prophylaxis, and so forth. Here and there some statements of minor importance might be singled out for criticism, but as they do not detract from the value of the book as a whole they need not be insisted on. The numerous illustrations will be found useful. Eight of the ten plates are in colours. They are all, with the exception of one, of clinical interest, and include four radiographs of the changes in the bones of the hands and feet. There is a map of the geographical distribution of leprosy, with a special map of Roumania, and a fair index.

The last volume of *Selected Essays and Monographs from Foreign Sources*² issued by the New Sydenham Society is devoted to syphilis and dermatology. Dr. von Marschalko's statistical study of tertiary syphilis, in which he discusses the influence of mercurial treatment upon the development of tertiary symptoms leads him to the conclusion that the omission or inadequacy of mercurial treatment in the early stages is the chief determining factor in the development of tertiary symptoms. This view is supported by the results of Dr. Ehler's statistics of some 1,500 cases of tertiary syphilis. Dr. Marschalko insists also on the importance of mercury in the treatment of tertiary manifestations. The part played by syphilis in the production of locomotor ataxy is carefully and impartially considered by Professor Erb, his conclusion being that in the majority of cases tabes is undoubtedly a result of syphilis. Erb admits that further research is necessary to clear up the matter completely. His remarks on treatment will well repay perusal, although as is too well known the results have not been at all encouraging. Dr. Lasch's paper on icterus syphiliticus precox touches on a phase of syphilis which has received little attention. The table of 49 cases which accompanies this contribution should prove of service to future investigations. In his notes of syphilis and general paralysis in Iceland, Dr. Ehlers disposes of the views which have been held with regard to the disease in that island. On the other hand, general paralysis appears to be extremely rare, and three instances only are referred to. The interesting paper by Professor Alfred Fournier on recurring syphilitic roseolas also touches on a symptom rarely observed. The syphilitic nature of these rashes, which often appear as erythematous rings, sometimes of large diameter, may be readily overlooked. The paper on drug rashes by Professor Jadassohn deals with some interesting points, especially the relative susceptibility of the skin and mucous membranes to iodoform. Much importance is rightly attached to idiosyncrasy, but nothing is said of faulty elimination due to renal or cardiac disease. The volume contains other interesting papers, but there is no index. There are a few errors, such as Banereau for Bassereau, half-vinur for half-vinir (Icelandic for

¹ *Die Lepra* [Leprosy]. Von Victor Babes. Vienna: A. Hölder. 1901. (Roy. 8vo, pp. 338, 66 illustrations, 10 plates. M. 10.60.)

² *Selected Essays and Monographs from Foreign Sources*. By various authors. London: New Sydenham Society. 1900. (Demy 8vo, pp. 305, 4 illustrations.) The annual subscription to the New Sydenham Society is £1 1s. Agent: Mr. H. K. Lewis, 136, Gower Street, W.C.

half-friend, Danish ven=friend). As to the translations, they are at times more literal than idiomatic.

Professor LESSER has edited a volume on Skin and Venereal Diseases,³ which forms one of a series of encyclopædias devoted to special branches of medicine, and has succeeded in producing a work which should prove valuable as a guide and useful for ready reference. He has been fortunate in securing the services of a number of well-known authorities and competent writers. It is not possible in this place to give a complete list, but the following may be mentioned to show that the subjects have been entrusted to able hands: Professor Caspary of Königsberg, Finger of Vienna, Anovski of Prague, Neisser of Breslau, von Petersen of St. Petersburg, Rille of Innsbruck, Veiel of Canstatt, Welander of Stockholm, Wolff of Strassburg, von Zeissl of Vienna, and others. The numerous articles vary greatly in length and quality. Many are very full, such as those on eczema, leprosy, diseases of the nails, syphilis of the brain, etc. In only three or four cases is a bibliography appended, so that the text is not overburdened with references. The strictly dermatological contributions deal with the symptoms, diagnosis, etiology, and treatment of the various diseases much in the same way as obtains in English books, prominence being of course given to German views. As a rule they are well arranged and succinct. The articles on therapeutical methods and the numerous drugs employed are very complete, whilst those on the anatomy and physiology of the skin contain many details of interest. The account of leprosy is a good survey of a complicated subject. Basing the opinion chiefly on the experience gained in studying the development of the disease in the Memel district, it concludes in favour of contagion. Syphilis occupies a great portion of the book. It is most exhaustively handled, and the papers are important contributions to a subject of perennial interest to the medical mind. Special articles are devoted to the disease as it affects the organs and viscera. The latent period, hereditary syphilis, and treatment are dealt with in a manner at once thorough and practical. Gonorrhœa is just as fully worked up; nor are the social aspects of venereal diseases overlooked, special sections being devoted to their examination. In a review of a book of this kind it is, of course, impossible to take the articles *seriatim* for purposes of criticism. A few points must, however, be touched upon. Tinea nodosa, first described in this country, is not mentioned as such, but appears under *pie dra* as "*pie dra nostras*," a very recent christening. Erysipeloid of Rosenbach, it may be remarked, was apparently well known to the late Mr. Morratt Baker, who named the condition "*erythema serpens*." The tertiary palmar syphilitic still retains the incorrect designation of "*psoriasis palmaris et plantaris*," qualified by the addition, it is true, of "*syphilitica*." Acanthosis is erroneously referred to as a proliferation of the stratum corneum, and *bouton du Nil* as a synonym of prickly heat. Some other slips might be added, but these must suffice. The errors in the spelling of names are few—"Rumstaedt" for Bumsted, for instance, and, peculiarly enough in a German work, Kaposi is twice spelt Caposi in as many lines. The book is well printed in two columns on good paper. Arranged as it is in alphabetical order, with cross references, it is very convenient.

Eczema is admittedly a difficult subject to write about, but Dr. Tom ROBINSON cannot be congratulated on his presentation of the matter.⁴ His book, though short, is diffuse. In the introductory chapter there is a good deal of vague reference to diathesis and temperament. The conditions which the author calls "*relapsing erysipelas*" is a well-known form of eczema which has nothing to do with erysipelas, although it is frequently taken for the latter; nor does pityriasis rubra always arise from eczema. Lichen planus is a better designation than lichen ruber. Dermatologists will not agree with Dr. Robinson that lupus erythematosus must be regarded as an eczema. Were the book brought up to date, and condensed to half its present size, with some regard to conciseness

³ *Encyclopædie der Haut- und Geschlechts-Krankheiten*. [Encyclopædia of Skin and Venereal Diseases.] Edited by Professor Lesser, Berlin. Leipzig: F. C. W. Vogel, 1900. (Roy. 8vo, pp. 548. M. 30.)

⁴ *The Diagnosis and Treatment of Eczema*. By Tom Robinson, M.D. Second Edition. London: J. and A. Churchill, 1900. (Cr. 8vo, pp. 136. 3s. 6d.)

and definiteness it might be of more use than in its present form.

This booklet is one of a series of dermatological lectures by Dr. JESSNER.⁵ The aim of the author is to treat the various subjects in a succinct and practical manner for the benefit of medical practitioners. As far as the lecture dealing with the causes and treatment of loss of hair is concerned, Dr. Jessner may be said to have attained his object. He gives a very fair account of the various conditions which give rise to alopecia, and his remarks on treatment are on the whole satisfactory. He includes alopecia due to ringworm and favus (alopecia mycotica), but his description of the parasitic diseases of the scalp are incomplete, as they will be dealt with at greater length in a special lecture. The pages devoted to seborrhœic alopecia are to the point. Jessner is not prepared to accept the views of Sabouraud as to the common etiology of alopecia seborrhœica and alopecia areata. The booklet contains a number of formulæ which the author has found useful in his own practice.

NOTES ON BOOKS.

REPORTS AND TRANSACTIONS. TRANSACTIONS OF SOCIETIES.

THE fifth volume of the *Transactions of the Dermatological Society of Great Britain and Ireland* (edited by George Pernet and W. T. Freeman, 1899. London: H. K. Lewis, 1899. Roy. 8vo, pp. 108, 5s.) compares well with its predecessors in point of interest. During the session 1898-99 papers were read on the therapeutics of diseases of the skin, the nature and varieties of drug eruptions and recurrent desquamative scarlatiniform erythema. As the proceedings of this Society have been reported in these pages from time to time the mere mention of these papers will be sufficient.

The sixth volume of the *Transactions of the same Society* (vol. vi, 1899-1900. London: H. K. Lewis, 1900. Demy 8vo, pp. 75, 1 illustration, 5s.) represents the work done during the session 1899-1900. Its contents show no falling off in the number of interesting cases brought before the Society. Among them will be found examples of uncommon affections, such as leprosy, granuloma fungoides, urticaria pigmentosa, dermatitis herpetiformis, and so forth, together with anomalous cases exhibited for diagnosis, which gave rise to good discussions. Further, various papers have been contributed, such as Mr. Jonathan Hutchinson's address on Diseases of the Nails, Dr. Radcliffe Crocker's on the Influence of the Individual upon the Diseases of the Skin, which contains much that will prove of interest both to those engaged in the study of dermatology and in general practice.

The *Transactions of the American Dermatological Association* for 1899 contains some extremely interesting subject matter. Among the more important contributions are the following: A paper by Dr. M. B. Hartzell on Epithelioma as a Sequel of Psoriasis, in which he suggests that the possible exciting cause of the carcinoma was the arsenic that had been given internally for the psoriasis; a paper on the Relation of Imperfect Renal Activity to Diseases of the Skin; a paper by Dr. G. T. Elliot on the *Rôle of the Pus Organisms in the Production of Skin Diseases*, and one on the Bacteriological and Microscopical Study of over 300 Vesicular and Pustular Lesions of the Skin, with the results of a research on the etiology of acne vulgaris by Mr. T. C. Gilchrist.

The *Transactions of the American Dermatological Association* for 1900 (Chicago: P. F. Pettibone and Co., 1901. Roy. 8vo, pp. 232) also contains, in addition to the presidential address by Dr. Stelwagon, some interesting and important contributions to dermatology. Dr. G. T. Jackson communicated a clinical study of loss of hair founded on 300 private cases. Nearly all belonged to the so-called intellectual classes, in 218 there was dandruff, and 132 a family history of baldness. Dr. W. T. Corlett contributed a paper on the Frequency of Parasitic Diseases of the Skin and the Measures advisable for limiting their spread in which he makes interest-

⁵ *Des Haarschwunds und Behandlung*. [The Causes and Treatment of Loss of Hair.] Von Dr. Jessner. Zweite Auflage. Würzburg: A. Stuber, 1900. (Demy 8vo, pp. 51. M. 0.80.)