

related a case in which he believed cancer had been conveyed from one operation case to another four days later.—Dr. ROUTH having replied, Dr. MANSSELL MOULLIN read a paper on the treatment of hæmatocolpos and hæmatometra. When the atresia was situated at the vaginal orifice or at the cervix the conditions were far less formidable than when the vagina was partially or entirely wanting. In the former cases he recommended free incision and gentle douching. The great danger to be feared and avoided was sepsis; reflux through the Fallopian tubes from contraction of the uterus need not be feared, as the retention of the fluid implied that the cavity was closed at its upper as well as at its lower end, and the freer the exit the less the danger. Whenever dissection would be necessary to reach the sac, he thought the abdomen should be opened. The sac might be incised, evacuated, and marsupialized in the abdominal wound, or better still the uterus might be removed by subperitoneal hysterectomy at the level of the inner os, the ovaries, if healthy, being left; the remnant of sac left would not be likely to give any trouble.—The paper was discussed by the PRESIDENT, Dr. SNOW, and Dr. BEDFORD FENWICK and Dr. MANSSELL MOULLIN replied.

DERMATOLOGICAL SOCIETY OF LONDON.—At a meeting held on June 10th, Dr. J. H. STOWERS in the chair, Dr. T. COLCOTT FOX showed (1) An elderly woman who had attended among his out-patients with a cicatricial baldness resulting from lupus erythematosus on the scalp; he had ordered her salicin internally, and almost immediately there had appeared a widespread acute erythematous eruption over the face; the question arose whether this eruption was an acute outbreak of the original disease, or was due to the salicin; a careful examination of the parts rather suggested the former alternative; the salicin had been stopped, and the redness was disappearing, but now that this had occurred the patient had consented to take more salicin to determine whether the eruption was due to the drug or not; (2) a young man who had been suffering for a week or two with gonorrhoea and a gonorrhoeal arthritis of the left wrist; without the administration of any drug he had suddenly developed some small papules all round the lower part of the abdomen and loins; when first seen these were minute red elevations covered with a tiny vesicle, but the latter had dried up into a scale before the case was seen by Dr. Fox himself; there was no suspicion that the rash was syphilitic, and the case was shown for diagnosis; psoriasis was the only diagnosis suggested by some of the members.—Dr. J. GALLOWAY showed a man with a marked, brownish-red, infiltrated eruption all over the body, and especially affecting the lower limbs. Over the ankles the epidermis had undergone enormous hypertrophy, so as to produce an actually verrucose condition over the front of the joint. The question was what was the underlying dermatosis. The rash appeared to begin as small uniform follicular papules somewhat suggestive of lichen planus or pityriasis rubra pilaris, though there were no plugs in the mouths of the follicles. The question was asked whether the patient had had much arsenic, and to this Dr. Galloway could give no answer.—Dr. J. A. ORMEROD showed a mother and child, both of whom had suffered ever since birth from the occurrence of bullae on the fingers and toes in summer only. On exhibition, there were clear bullae at roots of the middle toes in both the patients.—Mr. WILLMOTT EVANS showed a case of actinomycotic infection of the skin of the left side of the face in the region of the angle of the jaw. No connexion with a tooth had been found, but it was believed that the skin was infected secondarily to the deeper tissues. On exhibition, the whole of the right side of the face and neck were greatly swollen, oedematous, and of a bluish-red colour. There were also two or three sinuses with sprouting granulations present, and out of these the characteristic pus could be easily expressed.—Dr. A. WHITEFIELD showed a case of congenital keratoma of the palms and soles in a man aged 22 years. The history showed no trace of any skin affection in any member of the family.

SOUTH MIDLAND BRANCH OF THE BRITISH MEDICAL ASSOCIATION.—At the annual meeting held on June 18th, Mr. AUDLAND, President, in the chair, Dr. MAJOR (Bedford) read a paper on some difficult and delicate incidents in medical practice, referring particularly to two well-known cases of poisoning by antimony and arsenic which had not been diagnosed during life. He pointed out the difficult position of the practitioner who suspected that his patient was being

secretly poisoned, and advocated the removal of such cases to private nursing homes, with the adoption of careful clinical examinations, which were now rendered so easy by the aid of the Clinical Research Association. The PRESIDENT, Drs. HICHENS, KENNISH, Messrs. GIFFORD NASH, SWORDER, and BAXTER discussed the paper.—Dr. HOLLIS (Wellingborough) showed two cases of hereditary oedema of the lower limbs in a brother and sister. The condition had started when the patients were aged 10, and the mother suffered in the same way. There was no apparent cause and treatment had been unsuccessful. Drs. BUSZARD, HICHENS, MILLIGAN, and STONE discussed the cases; and Dr. MILLIGAN alluded to a similar case which had occurred at Northampton Hospital some years ago.—Dr. MILLIGAN read notes of three cases: (1) Successful removal of large gall stone from the small intestine of a woman aged 59; acute obstruction was present, and the stone when removed (by a longitudinal incision) measured $4\frac{1}{2}$ in. long and $3\frac{1}{2}$ in. in circumference; (2) abdominal section for perforated gastric ulcer in a young woman; recovery; Dr. Milligan urged that success in these cases depended largely on early interference; (3) gastrotomy for hæmatemesis in a woman; recovery; surgical interference in acute cases of hæmatemesis was strongly deprecated. Drs. HICHENS and HOLLIS, Messrs. PERCIVAL NASH and EVANS took part in the discussion; and Dr. MILLIGAN replied.—Mr. GIFFORD NASH then showed: (1) Congenital cystic kidneys from a boy aged 15, who had died of septicaemia following a boil on the neck, death being probably accelerated by the inefficient character of the excretory organs; (2) photographs and notes of a case of symmetrical alopecia areata and bullous dermatitis of face, resembling pemphigus.

REVIEWS.

CLINICAL MEDICINE.

THE *Practitioner's Guide*,¹ as its title indicates and its preface states, is intended as a work of reference to which the general practitioner can turn in the doubts and difficulties which are inseparable from the active practice of his profession. Useful manuals of this kind exist for each separate province of our art, but the present is designed to combine their value within the compass of one handy volume. The description of major operations and indeed of all other than emergency surgical procedures is accordingly omitted, and the subject of midwifery is excluded altogether. We are inclined to doubt the wisdom of this step, but the authors, Dr. WALTER CARR, Mr. PICKERING PICK, Mr. ALBAN DORAN, and Dr. ANDREW DUNCAN state was only determined upon after careful consideration. Some seventy odd pages are given up to tropical diseases, and without disparaging Dr. Duncan's excellent articles—of which we shall have more to say presently—we feel that most practitioners would have been more grateful if the same, or even a little more, space had been devoted to those problems arising out of difficult labour upon their skill in coping with which so much of their reputation and success must always depend. The book is unequal, and careful examination leads us to believe that this depends in the main upon differences in the aims of the several authors. To begin with, we have no hesitation in stating our opinion that within the limits imposed by the space available the gynaecological section is the equal of any with which we have hitherto met. Many of the most difficult and delicate questions with which a general practitioner has to deal come within this category. In such cases he will find no more judicious guide than Mr. Doran's sane and temperate articles. We would select for especial commendation those upon dysmenorrhoea, hernia of the ovary, and cancer of the uterus. Mr. Doran is, rightly as we think, particularly explicit and thorough in his accounts of treatment, and his discussion of the therapeutics of malignant disease of the cervix is a model of clear, scientific, and impartial analysis. Nor can the high ethical tone which pervades the whole of this section be too highly commended in these days of furor operativus. Dr. Andrew Duncan's carefully-written accounts of tropical diseases derive special value from the copious manner in which the author has drawn upon his

¹ The *Practitioner's Guide*. By J. W. Carr, M.D., F.R.C.P., Physician Royal Free Hospital and Victoria Hospital for Children; T. Pickering Pick, F.R.C.S., Consulting Surgeon, St. George's Hospital and Victoria Hospital for Children; Alban H. G. Doran, F.R.C.S., Surgeon to the Samaritan Free Hospital, and Andrew Duncan, M.D., B.S., F.R.C.S., M.F.C.P., Physician Seamen's Hospital and Westminster Dispensary. London: Longmans, Green and Co. 1902. (Demy 8vo, pp. 1,112. 25s.).

experience in India. His views as to the maladies of that country are throughout reinforced by the record of the results of his own campaigns against them. The article on cholera is particularly able, while that on malaria includes a judicious summary of the present state of our knowledge respecting its etiology. With regard to ankylostomiasis, we note that there is no reference to Looss's researches on the penetration of the embryos through the skin. Dr. Duncan is a believer in the chemical theory of sunstroke, and recommends the wearing of red flannel as one of the aids to prophylaxis. The surgical catalogue is valuable as far as it goes, and of course Mr. Pick's opinions have the supreme merit of soundness. We find, however, that this subject is somewhat sketchily treated, and, moreover, that the author's point of view is not always entirely modern. This is more especially true of the portions relating to diseases of the eye. It is, however, the articles on general medicine with which we have to find most fault. Dr. Carr appears to have been led away by the alphabetical arrangement of the book into adopting what we may call the catalogue system in his individual contributions. This may be of great value to a candidate immediately before his examination, though we doubt whether these catalogues are, as a rule, sufficiently complete for that purpose, but is scarcely what the practitioner requires. Of what use to him, for example, can it be to know the seven causes enumerated on p. 459 of hypertrophy and dilatation of the right ventricle? Nor do we think that he or his patient would derive much benefit from the method of blowing up a dilated stomach given on p. 891. In other places the author can hardly be said to be abreast of modern views. Thus the articles on diseases of the nervous system betoken no acquaintance with the neurone theory, and the pathological descriptions, for example, that of the morbid anatomy of tabes, are often out of date. There is also a section entitled "Bacteria," which does not seem necessitated by the scope of the book, and is, moreover, inadequate from the present standpoint of knowledge.

Dr. SAVILL'S *System of Clinical Medicine*,² the first half of which has been issued in a single volume, is conceived upon a somewhat unusual plan. It is arranged not pathologically, nor strictly speaking anatomically, but rather according to symptoms. Thus a certain region of the body being selected the principal symptoms to which its disorders give rise are recounted; this leads up to a discussion of the differential diagnosis and treatment of these disorders, their anatomy and pathology being deliberately accorded a subsidiary position. Such a scheme is admirably adapted, if combined with the alphabetical order, for an index of symptoms, but we cannot regard its application to a more or less complete system of clinical medicine as a successful experiment. A book which is intended primarily for the use of students should be above all orderly and logical in arrangement, and in this Dr. Savill's work, though obviously the fruit of much labour, is found wanting. But even apart from this there are many points upon which we are inclined to join issue with the author. The sections relating to treatment are in general very inadequate; thus the treatment of typhoid is given in about a page, in which the use of the cold bath is not mentioned. Nor should we be inclined unhesitatingly to accept a statement such as that on p. 419 that syphilitic stricture of the intestine can be relieved by the use of iodides. As regards physical signs, too, Dr. Savill states that the pulse in mitral stenosis is hard (p. 93) and that in aortic aneurysm a diastolic murmur is the one most commonly met with (p. 100). His notions as to physiological chemistry are somewhat vague, and his nomenclature—for example, "an alkaline albumen" (p. 479)—at times original. Thirty pages are devoted to diseases peculiar to women, a subject which, if not out of place in such a work, calls certainly for less summary treatment. The book contains quite an unusual number of misprints; it is embellished with two excellent plates illustrative of the facial eruption in measles and small-pox.

The fourth volume of Dr. ALLCHIN'S *Manual*³ forms a complete, and in every respect adequate, treatise on diseases of the chest. It is the work of fewer contributors than its pre-

decessors, no more than six names appearing in the list of authors. Where the interrelation of the different parts of the subject-matter is so close as in the present case this must be regarded as a distinct advantage. It opens with an account of the general anatomy and physiology of the respiratory system by Dr. Leonard Hill, who has compressed a summary of a vast store of learning within the space of 24 pages of small print. Much of this is, of course, purely physiological and too recently established to have been made use of as yet in practical medicine, but the sections on coughing and sneezing, and particularly the account of asphyxia, have considerable clinical importance. Diseases of the upper respiratory tract are succinctly discussed by Dr. Lewis Smith. His account of hay fever is careful and thorough, but the section on adenoids is hardly quite up-to-date. No mention, for instance, is made of the frequent occurrence of giant cells and tubercle bacilli in these growths. The section treating of diseases of the lower respiratory tract, comprising nearly half the volume, has been entrusted to the capable hands of Dr. Hector Mackenzie. It is arranged on a system which we do not remember to have met previously in treatises on the lungs, and which is certainly not to be surpassed from the scientific point of view. There is, first, an account of the general etiology of pulmonary diseases, in which their various predisposing and exciting factors are briefly set forth. Then follows a description of their morbid anatomy and general pathology, which is both full and well illustrated, such subjects as the pathology of bronchiectasis and emphysema and the morbid anatomy of the various forms of pulmonary tuberculosis being particularly well treated. General symptomatology is next discussed, lucidly and systematically; we may select for especial commendation the account of the causes of dyspnoea. The physical examination of the chest is a difficult subject to treat satisfactorily, but Dr. Mackenzie has got through his task with credit, although he cannot expect every one to agree with his nomenclature of physical signs; he has, moreover, omitted to describe the method of examining the larynx. The accounts of the various forms of pulmonary disease are, on the whole, concise, well-ordered, and accurate. Many excellent prescriptions are given, but there is occasionally rather a tendency to the enumeration of a catalogue of remedies without any indication as to that which the author has found most useful. Thus eleven methods are mentioned for treating pain in pneumonia, without any guidance being given as to selection. In connexion with this disease we do not find any reference to leucocytosis, and the influenzal type receives perhaps hardly enough consideration. In the treatment of broncho-pneumonia attention might perhaps have been called to the value of leeching the precordia when there is dilatation of the right ventricle. In the excellent account of phthisis albuminoid disease is not given as a cause of diarrhoea. Diseases of the pleura and mediastinum are accurately described by Dr. de Havilland Hall; the value of albumosuria as a sign of obscure empyema might, however, have been mentioned. Dr. Allchin himself gives a brief but interesting account of diseases of the diaphragm. The subject of disorders of the circulatory system is prefaced by a physiological introduction by Dr. Leonard Hill, who has, as is well known, made a special study of this department, and has contributed not a little to the elucidation of certain of the problems connected with it. He here gives a judicious summary of those facts which are of most value from the clinical point of view. The diseases of the circulatory system are described in 150 pages by Dr. Mitchell Bruce, and a more admirable exposition of the subject within these limits could hardly be conceived. The accounts of the general course and prognosis of heart disease and of the symptoms and treatment of cardiac failure are written from a broad and scientific standpoint, but are withal clear and eminently practical. In these sections, perhaps more than any other, the volume attains its ideal of a trustworthy guide to the busy practitioner as well as to the examination-haunted student. The volume concludes with a thoroughly sound and modern account of oedema by the editor, who is sincerely to be congratulated on the approaching completion of a work, the permanent value of which becomes more evident with the appearance of each successive instalment.

The fact that Dr. Muzio's work, *The Practical Physician*,⁴ has reached its third edition within a very short time, speaks sufficiently favourably as to its value. The author has dealt

⁴ *Il Medico Pratico* [The Practical Physician]. Del Dott. Carlo Muzio. Third edition. Milan: Ulrico Hoepli. 1902. (Fcap. 8vo, pp. 492. L. 5.)

² *A System of Clinical Medicine*. By Thomas D. Savill, M.D., Physician to West End Hospital for Diseases of the Nervous System and to St. John's Hospital for Diseases of the Skin. Vol. 1. London: J. and A. Churchill. 1903. (Crown 8vo, pp. 726; 2 plates, 108 illustrations. 12s. 6d.)

³ *A Manual of Medicine*. Edited by W. H. Allchin, M.D. Lond., F.R.C.P., F.R.S.Ed., Senior Physician and Lecturer on Clinical Medicine, Westminster Hospital, etc. Vol. IV, Diseases of the Respiratory and of the Circulatory Systems. London: Macmillan and Co. 1902. (Demy 8vo, pp. 493, with illustrations. 7s. 6d.)

succinctly with a large majority of the diseases and conditions which form the bulk of everyday practice. The book is divided into twenty-five chapters, and differs somewhat from the usual plan of such works (at any rate as far as English works are concerned) in including chapters on obstetrics, serum-therapy, opotherapy, hypnosis, balneology, chemical analysis, *post-mortem* examination, public health, and pharmacology. The inclusion of chapters on radiography and medullary cocainization show that the author has brought his work well up to date. There is a useful little table giving the equivalent weights in grams and grains of other nations as compared with the Italian system of notation. Indeed, the amount of information crowded into so small a space is astonishing, and as a reminder of what one has learnt from larger textbooks or from experience, this handy manual, being easily carried in the pocket, completely justifies its existence.

OBSTETRICS.

DR. JARDINE has been for eleven years on the staff of the Glasgow Maternity Hospital, and in that time has had a "varied and extensive" obstetrical experience. From that experience he has written *Clinical Obstetrics*.⁵ It is a didactic elementary treatise on midwifery, illustrated, and we with pleasure say, made more interesting and instructive by records of cases which have occurred in the author's practice. These cases are as a rule well chosen; they are not put in to fill up space, but because they are deserving of record. The value and attraction of the book lies in the strong personal individuality that pervades it. The author is neither an echo nor a copyist; but an observer who has formed his opinions for himself. Herein lies not only the charm, but also the weakness of the book; for it is not possible for one person, even in eleven years spent in the service of the Glasgow Maternity Hospital, to exhaust all the possibilities of difficult labour, and finally decide on the best treatment of everything. Dr. Jardine often frankly and boldly expressed decided opinions sometimes contrary to those held by most obstetricians, without adducing or referring to evidence in support of his views. Thus, in speaking of concealed accidental haemorrhage, he says: "Rupturing the membranes has been advocated, but this I consider dangerous, as the uterus is paralysed, and will not contract." This is apparently a mere opinion, and the statement is contrary to the experience of most accoucheurs. Moreover, the reason given for not rupturing the membranes applies with even greater force to the *accouchement forcé*, which is next described. The author expresses his intention, if he gets another bad case, to try Porro's operation. Ramsbotham says that in his practice of 25 cases of accidental haemorrhage, "of very aggravated nature," 23 were successfully treated by rupture of the membranes. The mortality of Porro's operation has not yet been reduced to this. For *post-partum* haemorrhage, the author strongly recommends the intrauterine injection of suprarenal extract, 5j to two pints of hot water, but does not say how often he has used it. He advises plugging the uterus, but does not mention bimanual compression; nor does he tell the reader that in bad cases plugging has been known to fail. In many respects the teaching of this book is better than that of some recently published American books. Dr. Jardine informs the student of the ease with which in occipito-posterior positions the occiput can be manually rotated to the front, but omits to say that the chin also can, when the face comes down with the chin behind, be manually rotated forwards. He has used Ramsbotham's decapitating hook, and found that it will cut through the neck easily—a fact apparently unknown to most American obstetricians. Puerperal eclampsia is discussed at some length, and 21 cases are recorded. The author strongly advocates the treatment of this disease by saline infusion, but as yet not enough cases treated in this way have been recorded to show that its results are better than those of the general run of cases. The profession has to thank Dr. Jardine for a book well worth perusal.

We need not say much of the second edition of Dr. HAULTAIN'S *Practical Handbook of Midwifery*,⁶ as its first edition was reviewed in the BRITISH MEDICAL

⁵ *Clinical Obstetrics*. By Robert Jardine, M.D. Edin., M.R.C.S. Eng., F.F.P. and S. Glasg., F.R.S. Edin., Senior Physician to the Glasgow Maternity Hospital, Examiner in Midwifery to the University of Glasgow, etc. London: Rebman Limited, 1903. (Crown 8vo, pp. 685, 47 illustrations, 15s.)

⁶ *A Practical Handbook of Midwifery*. By Francis W. Nicol Haultain, M.D., F.R.C.P. Ed., Lecturer on Midwifery, Edinburgh School of Medicine, etc. Second edition. London: The Scientific Press, Limited. (Fcap. 8vo, pp. 267, 38 illustrations, 6s.)

JOURNAL of February 10th, 1894. It gives the student his obstetric food in the most concentrated form: in short detached sentences like the syllabus of a lecture; dogmatic affirmations, without explanation, and without ambiguity or hesitation. Many will find such a presentation of the subject helpful to them. In the main, Dr. Haultain's teaching is sound and good. We submit, however that such a textbook should not to-day contain the statement (p. 17) that a patient, "if infected (by scarlatina) during puerperium, it (the scarlatina) forms one of the most virulent types of puerperal fever, and the patient seldom recovers." This teaching was current fifteen years ago, but in 1888 Dr. Boxall not only knocked away its supports, but proved the exact contrary, and showed that scarlatina, when it affected an aseptic puerpera, was exactly the same disease as it is apart from the puerperal state. Will Dr. Haultain pardon also our questioning the statements (p. 227) that in pelvic cellulitis pain is "an inconstant symptom;" and that "the leg of the affected side is usually flexed on the abdomen?" In a lecture recently published in these columns figures were given which showed that flexion of the thigh was present only in about 10 per cent. of cases.

NOTES ON BOOKS.

By inadvertence we have hitherto omitted to mention the receipt a couple of months ago of the thirty-third annual edition of the *City of London Directory* for 1903 (London: W. H. and L. Collingridge. 12s. 6d.). It is a useful work of reference, giving very full particulars with regard to the corporation, livery companies, and charities of the city of London together with street, commercial, and trade directories. We do not quite understand the principle upon which the classified lists of medical practitioners are arranged, and would suggest that the inclusion of names of practitioners who reside outside the City, more especially when placed under specialist heading, is undesirable. Of the value of the work for ordinary purposes of reference there can be no two opinions.

FROUDE AND CARLYLE.

THE IMPUTATION CONSIDERED MEDICALLY.

By Sir JAMES CRICHTON-BROWNE, M.D., LL.D., F.R.S.

IN his paper, *My Relations with Carlyle*, recently published, Mr. James Anthony Froude has fitly crowned the column of calumny which, as Carlyle's trusted friend and biographer, he busied himself, not without profit, for five years after that great man's death in building up—a column, notwithstanding its rhetorical adornments, hideous, distorted, ungainly, on the top of which the true image of the man is lost to sight.

Froude's well-woven falsifications will be unravelled elsewhere, but I desire here to submit to the judgement of the medical profession one cruel imputation of his against Carlyle, upon which it alone can properly decide, but which Froude has not hesitated to lay bare before the general public. When accused of indiscretion in revealing the most sacred privacies of Carlyle's domestic life, and in printing his most secret meditations and those of his wife, Froude and his supporters have invariably taken refuge behind the familiar plea—so often a shelter for rancour—of the frank biography. But the frank biography has its limits, and has not hitherto been held to include the history of a man's sexual experiences. It has been reserved for Froude to set a most pernicious example and inflict a stain on English literature by proclaiming abroad a genital defect in the man whose life he had been commissioned to write, and whom he affects to hold up to admiration as one of the noblest and best of his species. Had this allegation of Froude's been a detached spurt of spite, it might have been passed unnoticed, and left to be blown away by a breeze of popular disgust or to fall back, sink, and vanish in the broad and deep unveracity of the man making it. But it is made the key to the lives of Carlyle and his wife, and is offered as the explanation of much that seemed strange and unsightly in Froude's portraiture of them, and so it is necessary that its validity should be examined.

Froude's allegation, which is set forth in the most unpromising terms, is that Carlyle was one of those persons who ought never to have married, that he laboured under some physical defect which prevented the consummation of his marriage, and which was the cause of his failings and