

Rodent Ulcer: Value of Zinc Chloride.—A man, aged 76, had rodent ulcer affecting the tip of the nose for six or seven years. About twelve months ago, it partly healed after the actual cautery, but relapsed. In June, the arsenical powder (hospital form) was applied, and caused much pain and swelling, without curing. On June 29th, zinc chloride was freely used by Mr. Nettleship; and on July 6th, the slough separated. On the 17th, the sore was healed; and at the present date seems sound.

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Skin-Disease.—In Mr. Bond's practice in the skin department, lead lotion and dilute nitrate of mercury ointment formed the average local treatment for eczema. Arsenic was freely given internally; and the observation was made that this remedy was much better borne by adults and older persons, whilst mercury was better taken by the young. The following formulæ are used:—*For acne:* glycerine, one ounce, with lime-water one pint. *For pediculi:* lotio calcis cum sulphure. *For alopecia:* liquoris ammoniæ fort., spiritus vini rect., āā ʒj; tincturæ cantharidis, glycerine, āā ʒss; aquæ q. s. ad Oj. Fiat linimentum.

Gonorrhæal Rheumatism.—“You cannot cure this, unless you cure the discharge; the joint symptoms are evidences simply of absorption of unhealthy material into the blood, and the first point in treatment is to stay this absorption. Some amount of stricture is present in chronic cases.” A man, aged about 40, who had rheumatic fever three years ago, who gives no clear history of gonorrhœa, but has had an urethral discharge for some time, has suffered for the last eight weeks with pains in the knees, ankles, and hand-joints, and looks pale and cachectic. He has had quinine and iodide of potassium, and injections of bismuth and zinc. He was now ordered a stronger injection of zinc sulphate (ten grains to eight ounces) with muclilage, and half a drachm of extract of belladonna; and the occasional passage of a bougie; a pill containing reduced iron and nux vomica thrice daily; and to the joints, poultices of linseed, with an equal part of sulphur. Under this treatment, the joint-effusions disappeared rapidly, and the urethral discharge stopped; and the patient went out cured in less than a month.

REVIEWS AND NOTICES.

THE STUDENT'S GUIDE TO THE PRACTICE OF MIDWIFERY. By D. LLOYD ROBERTS, M.D., Physician to St. Mary's Hospital, Manchester, etc. London: Churchill. 1876.

THIS manual is written mainly for the instruction of students, the author tells us in his preface, though he hopes it may sometimes be found of service to practitioners; a hope which we willingly endorse, for the work is eminently practical. If every general practitioner would read it, it would not only prove of service to him, but of considerable advantage to his patients as well.

The anatomy and physiology of the pelvis and generative organs are briefly but clearly given. The author follows Dalton in his description of the development of the ovum; a correct understanding of this being greatly facilitated by neatly executed engravings illustrating the various stages.

The explanation of the mechanism of parturition, both in normal and abnormal presentations, is such that the student cannot fail to follow it. We could have wished that less had been said on the subject of spontaneous evolution; for we regard it as a most unusual curiosity, and a condition occurring so seldom that the student's attention had far better be directed to the legitimate management of arm-presentations, than that he should be left to imagine that Nature will bountifully come to the rescue, and save the patient from the consequences of the inactivity he may be inclined to pursue.

In the management of placenta prævia, sufficient distinction is not made between partial separation of the placenta in gradually increasing zones, and complete detachment of it, as occasionally happens when the pains are very vigorous. We are glad to notice that the author discounts puncturing the membranes as a means of arresting the hæmorrhage. Version he regards as the accepted treatment in the great majority of placental presentations.

The treatment of persistent vomiting in early pregnancy by dilating the os uteri with the finger, as suggested by Dr. Copeman, is briefly referred to. The various disorders of pregnancy are also mentioned. In describing reduction of the retroverted gravid uterus, the author does not insist upon guiding the fundus uteri to one or other side of the promontory of the sacrum, a point of no mean importance in difficult cases.

The influence of ergot in averting threatened abortion, as also the subcutaneous injection of morphia, are not mentioned.

In speaking of extra-uterine pregnancy, gastrostomy previous to the

rupture of the sac is not referred to. Removal of the placenta is recommended by the author; and even as much of the sac as can be readily detached in cases where gastrostomy is resorted to. This is certainly not in accordance with recent opinions, although the subject must still be considered *sub judice*.

The author very properly advises that, “during the expulsion of the child, the nurse should make firm pressure on the maternal abdomen and follow down the uterus in its final contraction”. Expression of the placenta, as advocated by Credé, in place of traction on the cord, is also advised.

In speaking of accidental hæmorrhage, the author tells us that “the contents of the uterus should be evacuated as speedily as possible by rupturing the membranes”. This must not be taken in too absolute a sense; in many instances, the application of a binder, the administration of ergot, and the dilatation of the os uteri by means of Barnes's bags may well precede the method suggested, provided the hæmorrhage be not severe and the constitutional symptoms urgent.

In cases of chronic inversion of the uterus, the author condemns the use of the *écraseur*, ligature, or knife.

We are glad to see an early resort to the application of the forceps in suitable cases recommended, instead of delaying a comparatively simple and harmless procedure until it becomes a difficult and dangerous operation. The subject is treated in an eminently practical manner, and is well worthy the perusal of students and practitioners alike.

Puerperal convulsions and fever are also treated of in the same practical way.

The work is one of great merit, and will supply a need long felt by students, containing, as it does, an excellently concise digest of the practice of midwifery. It is really a “manual” that can readily be carried in the pocket and appealed to with interest and advantage in the silent watchful hours.

LECTURES ON THE COMPARATIVE ANATOMY OF THE PLACENTA.

(First Series.) By WILLIAM TURNER, M.B., Professor of Anatomy in the University of Edinburgh. With Illustrations in Chromolithography. Edinburgh: Adam and Charles Black. 1876.

IN this most interesting and valuable series of lectures, Professor TURNER has thrown much new light on the placentation in some of the higher mammals. The placenta of the pig, mare, and cetacea, as examples of the diffused variety of placenta, are most carefully described from the author's own investigations. As types of the second form of placenta, the polycotyledonary or multiple placenta, he has described the appearances seen in the later stages of gravid uteri in the sheep and cow. Thirdly, in the section on the zonary or annular placenta, the placenta of the carnivora, as the dog and cat, the pinne-*pedia*, and that much discussed animal the hyrax, are more particularly described. As regards the classification of placenta into deciduate or non-deciduate, Professor Turner is not agreed with those who would place the polycotyledonary placenta among the deciduate forms, inasmuch as, from some observations of the shed membranes of the sheep and cow, he has ascertained that quantities of epithelial cells of the pits and crypts of the maternal cotyledons were intermingled with the fetal cotyledons. He, therefore, believes this will be found to be the case in other ruminants. There are also sections on the structure of the chorion, the unimpregnated uterine mucous membrane, and the general morphology of the placenta. He concludes the lectures with some very suggestive remarks on the physiology of the nutritive and excretive processes which are carried on in the placenta. We think, with Professor Turner, that the problems of nutrition and respiration in the foetus cannot be regarded as satisfactorily solved until a further series of experiments, with the aid of the additional light which have been thrown on the subject by Ercolani, Milne-Edwards, himself, and others, have been made by the physiologist. The lectures are illustrated by some excellent coloured plates.

NOTES ON BOOKS.

LESCHER'S *Elements of Pharmacy* (Churchill, fifth edition) is one of those compendious practical books which deserve popularity. The less medical men dispense, the more the necessity for their starting with a good practical knowledge of pharmacy: a good workman must understand the mystery of his tools.

DR. ODLING'S *Practical Chemistry for Medical Students* is also an established favourite. Messrs. Longman and Co. have issued a fifth edition, revised by Mr. Watts and Dr. Stevenson, which quite maintains the old reputation of the book.