

## REVIEWS.

ATLAS OF CLINICAL MEDICINE. By BYROM BRAMWELL, M.D.  
Vol. iii, Part III. Folio. (Edinburgh: Constable. 1897.)

THIS, the concluding part of Dr. BYROM BRAMWELL'S great enterprise, contains fifteen plates, with title and index to the third volume. The subject most fully treated in this part is Pseudo-hypertrophic Paralysis and other Forms of Progressive Muscular Dystrophy, illustrated by reports of seventeen cases and five plates. The value of the reports is enhanced by histological examinations of the muscles and nervous system by Dr. Muir, Professor Sherrington, and others, so that they form a very valuable contribution to our knowledge of these rare diseases. In the plates are excellent photographs and drawings of the external configuration of the patients, and minute figures of the histological appearances.

Other subjects treated are chlorosis and pernicious anæmia, in which diseases clinical investigation and therapeutics receive due attention, as well as pathology. There is a chapter on cyanosis and congenital heart disease, and, finally, one on alopecia areata, of which some excellent pictures are given.

Among the plates are three most characteristic portraits of forms of insanity, and one of a case of mitral disease. There is also a good plate of lupus.

Dr. Bramwell has well maintained the character of his work as being not merely an *Atlas*, but a splendidly illustrated treatise on clinical medicine. As such it is an achievement of which the British school of medicine may well be proud. We heartily congratulate the author upon the energy and perseverance which have brought this fine book to a successful termination.

In conclusion, we would only express the hope that Dr. Bramwell's venture may receive due support from the profession. There is no similar work in any language which so well deserves to find a place in the library of the practitioner, not only for its scientific interest but for its practical value. When we want to refer to what is known about any important disease, it is refreshing to find, instead of the generalised statements of textbooks, always more or less one-sided, the salient features of the subject brought before the mind and the eye in this graphic and instructive manner. To those especially who live far from hospitals and museums such a collection as this will supply the place of oral and practical demonstration. This is in fact teaching by direct representation—far more really efficient than teaching by description.

LECTURES ON THE ACTION OF MEDICINES. By T. LAUDER BRUNTON, M.D., F.R.S., D.Sc., LL.D. London: Macmillan and Co. 1897. (Roy. 8vo, pp. 690. 10s. 6d. net.)

THERE are many reasons for the cordial welcome which we are sure that this interesting book will receive. At a time when physicians are asking themselves whether there be any good in pharmacology or not—a question scarcely answered in any popular sense by the author's earlier book—this readable volume comes to show us that if therapeutics are to keep pace with pathology it must be by something better than the rule-of-thumb practice current among us at present. Of the preciousness of the aphorisms by which practice is and must always be largely regulated we are well aware, but we have to learn that these rules can only preserve their vitality by continual verification in the light of scientific experiment.

Dr. BRUNTON'S larger book is highly technical, and the arrangement of it—an arrangement useful no doubt for the immediate end of the author—makes it distinctly difficult to read. Of the present volume, on the contrary, we can say that, interpenetrated as it is by the scientific spirit, it is at the same time packed with practical wisdom and the fruits of experience. No one after reading this book will be able to say that the submission of our remedial means to exact methods leads to a high-and-dry unpractical attitude. A physician may be well convinced of the importance of holding by the traditional methods in the lack of knowledge of a more scientific kind, and yet perceive that the resources bequeathed to us by our forefathers are shorn of none of their potency by exposure to analytic in-

vestigation. To allege the contrary is to be a sceptic un-avowed. Some doctrines will gain a larger acceptance; others, no doubt, will be set aside as invalid. Above all, the student will be taught in the spirit of research, and will not sit to swallow parcels of ready-made learning. To take in knowledge ready made—not, that is, to find it out for oneself under the guidance of the teacher—is to be crammed. To work out the problems of therapeutics after the fashion of this book is education proper.

We heartily commend this volume to the most practical as well as to the most thoughtful members of the profession as the most intelligent book on treatment we have read for a long time—one which, in method, perhaps, stands alone in the English language. One fault it has for a business book: the pages are uncut and the contents have to be worried out at the expense of time and temper.

DE L'APPENDICITE. [On Appendicitis.] Par Dr. F. LÉGUEU, Monographies Cliniques. Paris: Masson et Cie. 1897. (Roy. 8vo, pp. 40. Fr. 1.25.)

As the author of this pamphlet says, we have reached "a period of condensation" in the study of the appendix and its morbid conditions. He presents us here with a summary of current views and recently published work, mostly of French origin, which is of value. He gives no new facts or observations, and simply states clearly the theory of appendicitis, which should already be familiar to anyone who is liable to be called upon to treat the disease and its results. We have Talamon's theory of the appendicular concretion which is formed in the cæcum, and is thence mysteriously passed into the appendix. The author is inclined to favour the far sounder theory of Dieulafoy, which lays stress on the conversion of the appendicular canal into a closed cavity, either by a calculus, a plug of mucus, or a stricture. But he looks at the matter himself from a wider point of view, and, while allowing the importance of the closure of the canal as a factor in the production of disease, he brings many other causes into review, such as entero-colitis and some specific fevers.

The actual morbid changes in the appendix and surrounding parts are dealt with so briefly, that the description is of little value. The clinical account is a brief summary on the usual lines. The pamphlet concludes with an account of the treatment which the author is in the habit of pursuing, and a brief discussion of some of the points on which opinions are divergent. His line of treatment is in substantive agreement with the practice of most British surgeons, though he is not in favour of resection of the appendix after a first attack, but would operate only in the quiescent intervals of relapsing cases.

THE SPAS OF WALES, THEIR MEDICINAL AND CURATIVE PROPERTIES. By T. R. ROBERTS. London: John Hogg. (Cr. 8vo, pp. 120. Four illustrations. 1s.)

THE present handbook supplies a want, for, considering the growing reputation of the chief Welsh spas, some kind of a popular guidebook was needed. Foremost amongst these localities comes Llandrindod, and with this may be mentioned Llanwrtyd, Builth, and Llangammarch. These four spas, which all possess advantages of their own, lie not far from each other in the counties of Radnor and Brecknock, within easy reach of London and of the great commercial centres of Birmingham, Liverpool, and Manchester. The situation and climate of Trefriw in the beautiful vale of Conway, likewise justly entitle it to a place in the volume.

Amongst the first group of spas the upper part of Llandrindod, that near the Pump House Hotel, has probably the most bracing position. Following in order we would place Llangammarch (situation of the Lake Hotel), Llanwrtyd, and Builth. The lower part of Llandrindod, where the Rock House Hotel lies, is much more sheltered and less bracing, but doubtless will be preferred by some, especially during the colder weather of the beginning and end of the season.

The strongest common salt waters of the group are those of Builth; the Park Waters of Builth contain about 12½ parts in 1,000. The accommodation at the Wells is very limited, but visitors can stay at the town of Builth, which is about one and a-half mile distant. Llanwrtyd possesses

pure sulphur waters said to contain as much as 36 volumes of sulphuretted hydrogen in 1,000 volumes of water, and is likewise supplied with salt water from Builth. About July Llanwrtyd is much frequented by colliers from the Rhondda Valley, but visitors can always find comfortable accommodation in the hotel which has been recently enlarged.

Llangammarch is a suitable spring, summer, and autumn health resort in many cases, and its "barium water" constitutes an excellent table water, though it is not yet proved that it possesses any specific action in heart affections.

Llandrindod possesses a choice of waters—common salt waters with about 3.4 to 4.3 parts in the 1,000 as well as about 1 part of calcium chloride in the 1,000; muriated sulphur waters of various strengths; the recently analysed "Park Spa," apparently the most sulphurous of the Llandrindod springs; and, lastly, a weak chalybeate water, poor in free carbonic acid gas. There is a similar chalybeate spring at Llanwrtyd, but the strongest Welsh chalybeate is probably at Trefriw Wells, though the iron at this latter spa is contained in the less digestible form of a sulphate. From Dr. S. Floyd, medical officer of health, we hear that the annual death-rate of Llandrindod during the years 1891 to 1896 has only averaged 11.47 per mille.

**DEATH AND SUDDEN DEATH.** By Dr. P. BROUARDEL, Paris. Translated by F. LUCAS BENHAM, M.D., B.S. London: Baillière, Tindall, and Cox. 1897. (Demy 8vo, pp. 270. 10s.)

We have nothing but a hearty welcome to accord to this work, the translation of which has been excellently done by Dr. LUCAS BENHAM. The English edition of the book will be especially welcome to medical jurists in England, because in this country there is, unfortunately, no office comparable with that which Dr. BROUARDEL holds as Director of the Morgue in Paris, in connection with the duties of which so much valuable medico-legal information has been gathered and recorded by him.

The first part of the book deals in a thorough and masterly manner with the phenomena of death. In the section devoted to the consideration of apparent death Dr. Brouardel well compares certain cases of lethargy and catalepsy, which somewhat resemble death, to the condition of hibernating animals, in which nutrition and excretion are reduced to the minimum.

With regard to the subject of premature burial, in connection with which so much nonsense has been written of late publicly in lay journals, Professor Brouardel remarks that one fact is found to be an almost constant accompaniment of the cases that have been described: that the persons died without having been seen during their illness by a medical man, and were buried without a medical man having had the opportunity of verifying the existence of death. He therefore rightly asserts that if a mistake has been made it is a popular blunder, not a medical one. The cases of alleged premature burial that have been personally investigated by Dr. Brouardel have all proved to be myths, and it is interesting to remember that a similar experience followed the investigation in this country of two cases of alleged premature burial, which, although circumstantially reported in letters to the daily press two years ago, proved to be entire inventions.

Dr. Brouardel gives due praise to the valuable work of M. Mégnin on the fauna of the dead body, a knowledge of which has on several occasions been useful in determining the period which has elapsed since the occurrence of death. The author takes the same view that has repeatedly been put forward in the BRITISH MEDICAL JOURNAL, namely, that the reality of death can be determined without awaiting the advent of putrefaction, provided that the verification of death is always performed by a medical man.

The second part of the book, which consists of an admirable exposition of the various causes of sudden death, will prove especially useful to the medical practitioner, since such cases frequently give rise to medico-legal inquiries, and naturally are apt to generate the suspicion of crime or of suicide.

The book is well worthy of perusal by medical men, and will prove most valuable to the medical jurist.

**FRUITS AND FARINACEA THE PROPER FOOD OF MAN.** By JOHN SMITH. Vegetarian Jubilee Library. Edited by C. W. FORWARD. Vol. iv. London: Ideal Publishing Union. 1897. (Cr. 8vo, pp. 172.)

We learn from the preface that Mr. JOHN SMITH, in writing this book, did pioneer work for the vegetarian movement; that he, like so many vegetarians, was a profound believer in spiritualism, and that he died in 1870. The book itself is an attempt to prove from religion, history, anatomy, physiology, and chemistry that the natural diet of man is derived from the vegetable kingdom.

The vegetarians are evidently not a progressive race. The same old arguments are hashed up again and again. The anatomy, chemistry, and physiology on which Mr. Smith takes his stand must have been ancient history at the time of Mr. Smith's death; they are quite antediluvian now. There has been no attempt at revision; no note is taken of scientific advances; but the innocent public is still treated to excerpts from the writings of Liebig and of others of about the same date, or even earlier, which when strung together with a pretence of logical reasoning, may deceive a superficial reader.

The arguments from religion and from history are fanciful; the argument from the structure of the teeth tells as much in favour of vegetarianism as against it. The fact that certain long-lived persons have been vegetarians is also true for some drunkards; and yet the vegetables in the one case or the strong drink in the other can hardly be regarded as the cause of the length of life.

A few extracts will illustrate what, after all, is of most interest to medical readers, namely, the physiological side of the argument. The first of these is from pp. 69-70, and forms part of the account given of the respiratory process: "The carbonic acid which is the cause of the dark colour of the blood is set at liberty; and the protoxide of iron contained in the globules of the blood becomes a peroxide by uniting with part of the oxygen inhaled. In this state the blood is conveyed to all parts of the body, and in the capillaries the peroxide loses half its oxygen, and is again reduced to a protoxide."

The second example is an illustration of the kind of reasoning employed; the question is being discussed whether man may not after all be able to get his nitrogen from the air: "Has Nature, then, produced a gas nearly equal to four times the amount of the oxygen for the simple purpose of moderating its effect on respiration, and of checking the progress of vitality? The supposition is unworthy of the wisdom exhibited to our view in every department of Nature;" and then, overcome by the force of the argument, Mr. Smith, like Silas Wegg, drops into poetry.

Mr. Smith was quite unaware of the use of the pancreas, and the present editor, in spite of his name, is still vegetating apparently in similar ignorance, for the amusing suggestion is made that the pancreas secretes the nitrogen to supply it if it should be lacking in the food given. This is robbing Peter to pay Paul with a vengeance.

We had hitherto supposed that comic physiology was only to be found in the examination papers of the rejected. These must now look to their laurels; they have a formidable rival in the publications of the vegetarians.

**REPORT OF THE COMMISSION SENT BY THE EGYPTIAN GOVERNMENT TO BOMBAY TO STUDY PLAGUE.** Published by the Sanitary Department. Cairo: National Printing Office. 1897. (Pp. 108.)

The Egyptian Commission consisted of Dr. J. G. Rogers, Director-General of the Sanitary Department; Dr. Bitter, bacteriologist; and Dr. Ibrahim Pasha Hassan. Their duty was to inquire into the nature of plague, to consider the question of the danger of infection to Egypt, and to advise how to combat the disease did it find admission.

Dr. Bitter gives an able exposition of the disease in all its phases and bearings. He divides plague into three varieties: (1) *bubonique simple*, (2) *septicémique*, (3) *pneumonique*; and gives a succinct account of his pathological and bacteriological work. He states that the intestinal form of the disease met with in Hong Kong was not observable in Bom-

bay. It might be noted, however, that the abdominal type of plague was prevalent for the most part during the 1895 and 1896 recurrences in Hong Kong; and it is the primary epidemic which the Egyptian Commission has dealt with. The conclusions arrived at are important: "It is the individual and not the locality that is in the first instance infected, and it is the individual who propagates the disease along the channels of human intercourse." This is an all-important statement, and "once established the measures to be adopted are at once evident, namely, immediate isolation of the sick." The infection by the soil, by rats, ants, and flies are set aside.

In regard to treatment, the Commission agree that improved sanitation is the only method of staying the inroads of the disease. The members declare that prophylactic inoculation is a method the efficacy of which is not yet established, and contend that to render a whole nation immune on the outbreak of an epidemic by inoculation is a practical impossibility.

At pages 22-26 a reprint of the measures adopted at Poona are given. It will be seen that a perfect and complete system of rules is drawn up for searchers, limewashers, and fumigators—an excellent scheme.

**DIE SCHWERHÖRIGKEIT DURCH STARRHEIT DER PAUKENFENSTER**  
[Deafness due to Blocking of the Tympanic Fenestræ.] Von Dr. RUDOLF PANSE, Dresden. Jena: Gustav Fischer. 1897. (Roy. 8vo, pp. 267, 2 lithographic plates, 15 original drawings. M.8.)

DR. PANSE in the work before us looks straight in the face of that *opprobrium medicinae*, the treatment of sclerosis of the middle ear or ankylosis of the stapes. He commences with the anatomy of this bone and its relation to the frame of the tympanic membrane. In nearly one-third of the cases it is quite visible (p. 10), in nearly one-third quite hidden, and in something under one-half partially hidden. The distance of the head of the stapes from the membrana tympani is  $2\frac{1}{2}$  to 3 mm., and of the foot plate from the endolymphatic labyrinth 1.5 mm. (pp. 10 and 11).

The physiology of the fenestræ is a complicated subject, and receives full attention. Complete deafness is never present if only one of them is obstructed. The stapes appears not to react to vibrations of greater frequency than 450 per second, hence is only of functional importance in relation to tones of medium and low pitch.

The pathology is treated in a long chapter founded on a personal examination of Toynbee's and other collections, and a critical study of the various published cases. This laborious piece of work is perhaps the most valuable contribution we have on the subject. The various forms of fixation of the stapes are grouped, and it is found that true bony ankylosis is an occurrence of considerable rarity. Narrowing of the meatus, absence of cerumen, and changes in the membrana tympani are found so seldom as to afford no help in diagnosis. Changes in the labyrinth are also rare. As regards etiology, exposure to cold, suppuration, and injuries are the causes most frequently adduced, and, in the cases brought forward show a preponderance of the male sex contrary to what general clinical experience would suggest and Bezeld's statistics appear to demonstrate. The diagnosis is founded generally on the classical signs of obstructive deafness, especially impairment of hearing for deep tones, with negative results from the examination of the tympanum and tubes. The various other proposed tests are passed in critical review.

As regards treatment the non-operative methods are first enumerated and described. When they fail, operation in the form of mobilisation or extraction of the stapes is advised, and the indications are laid down. Mobilisation is stated to be absolutely experimental. Access to the stapes is often only attainable after opening the "attic" by Stacke's method, and this procedure is the one chiefly practised by the author, who adds some details of considerable value. He further describes (p. 262) a method of resecting the antero-inferior portion of the margin of the fenestra ovalis by means of a "burr" in cases of complete synostosis where simple extraction is impracticable.

Dr. Panse certainly advances our knowledge of this difficult

subject in a work abounding with varied otological information, and his conclusions are as definite as the data afforded will allow.

## REPORTS AND ANALYSES

AND

### DESCRIPTIONS OF NEW INVENTIONS

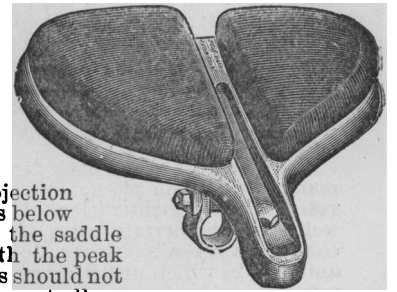
IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

#### MALT EXTRACT.

THE Distillers Company, Limited, of Edinburgh, have sent us samples of their pure extract of malted barley bearing the mark D.C.L., which is said to be made by them from malt prepared by themselves in their own malting process, and they are thus enabled to produce a malt extract of a fine and uniform character. The samples submitted to us were of a pale colour, thick consistency, and perfectly free from candied sugar. When tested as regards its digestive action on gelatinised starch, we found it to be capable of digesting nearly twice its own weight at a temperature of 70° C. in about ten minutes. It proved, therefore, to be a malt extract having a high diastasic action.

#### THE CHRISTY ANATOMICAL SADDLE.

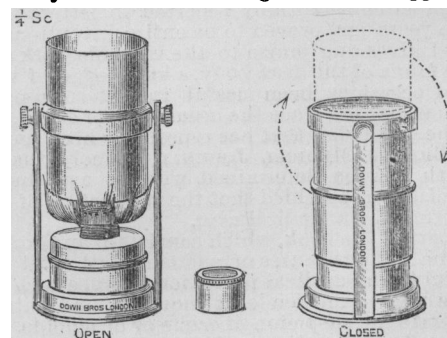
WE have given a fair trial to this saddle, which is intended to do away with the ill-effects of pressure on the perineum and soft parts under the pubic arch. It consists of a light steel plate mounted on springs, which carries on its upper surface two soft pads adapted to the ischial tuberosities, having a division about 1 inch broad between them. The peak of the saddle consists of a deeply-grooved steel projection which lies some 2 inches below the seat pads, and when the saddle is properly adjusted with the peak slightly tilted downwards should not touch the rider's perineum at all.



The saddle is comfortable and easy, and under ordinary circumstances quite fulfils the intention of its inventor. As an improvement we should suggest that the peak should be padded with some soft material, so that in case of an inexperienced rider being jolted on to it by accident it may not hurt at all. The saddle has an excellent double adjustment; one screw regulates the tilt, another fixes it to the seat pillar. The saddle can be obtained from Messrs. A. G. Spalding and Brothers, 54, Holborn Viaduct, E.C.

#### NEW PORTABLE EYE INSTRUMENT STERILISER.

THE illustration represents a new portable form of steriliser for eye instruments designed at the suggestion of Mr. Simeon



Snell, of Sheffield. With the ordinary forms of steriliser the instruments are frequently immersed too long in the boiling water, which results in injury to the edges of the cutting instruments. In the present case it is merely intended that the blades of the instruments should

be dipped in the vessel, but it is large enough to allow of the