

lectures of which it is composed are expressed in a simple and graphic style, which renders them as interesting as they are instructive. Lecture I. deals with general physiological considerations, and impresses the paramount necessity of cleanliness and ventilation. In Lectures II. and III. inflammation in various situations is clearly though shortly discussed. Fever forms the theme of Lecture IV., while Lecture V. is devoted to the study of certain prominent symptoms, not so much with a view to diagnosis as in order to show that different causes may lead to the same condition, and to teach the unwisdom of too ready interference. Such practical matters as poulticing, disinfection, diet in typhoid fever, ventilation, &c., are treated in a judicious and careful manner. In speaking of temperatures, we observe that Dr. Hood places the normal heat of the body at 98°2'. Though not a great matter, it would be well if this figure were changed to 98°4', the standard generally accepted. The book as a whole is likely to prove helpful to nurses by increasing their knowledge of the reason and purpose of their duties.

A Junior Course of Practical Zoology. By A. MILNES MARSHALL, assisted by C. HERBERT HURST. Pp. 440. London: Smith, Elder, and Co. 1887.

ALTHOUGH this handbook is entitled "A Junior Course of Practical Zoology," it is one that might with advantage be worked over by many men who consider that they possess something more than a rudimentary knowledge of biology. As the author observes, a student who works conscientiously through this book will acquire a good insight into the leading facts of animal structure and a technical knowledge of the principal methods of research. The book is divided into chapters, each of which gives the characters of a representative of one of the typical groups of the animal kingdom. Thus, we have the amoeba, the hydra, the liver-fluke of the sheep, the leech, the earthworm, the freshwater mussel, the edible snail, the crayfish, the cockroach, the lancelet, the dogfish, the rabbit, and the fowl. In each case the several parts of the animal are described just as it might be by an intelligent teacher who, with knife or scissors and forceps in hand, was demonstrating the parts to a class. The descriptions seem to us to leave nothing to be desired. Mr. Marshall has had large experience in teaching, and avoids the mistake of being too prolix with young students. A few illustrations are given, but are not intended to supersede the sketches that should be made by the dissector. Directions are given in regard to the mode in which the dissection should be pursued. We venture to think that in our large public schools one afternoon in the week might be surrendered to natural science, and that those who exhibit a taste for zoology should be encouraged to hunt for specimens of the animals here described, and to dissect them with the book before them. It would be, we suspect, the most popular afternoon in the week, and would be a welcome change from the dry routine of Latin and Greek as at present taught.

New Inventions.

SEWER-AIR DESTROYER.

MR. G. R. KEELING has sent us an account of an invention for destroying the air from sewers, and for promoting in them at the same time a current which would ensure their ventilation. The apparatus is a column to be placed over the sewer, and which could be used as a lamp standard; within it is situated a large gas-burner, which not only induces an upward current, but is said to consume all the air which passes through it. Mr. Keeling claims that some thousands of cubic feet of noxious gases can thus be extracted hourly from any sewer, and fresh air drawn into it. The amount of gas which is consumed is not, however, mentioned; but, if this be not great, it is likely that his invention will be of practical value.

AN IMPROVED CATGUT-HOLDER.

MESSRS. JOSEPH WOOD & Co., of York, have submitted to us an improved catgut-holder, which has certain excellent features. A reel of prepared catgut is enclosed in a glass vessel of oil, which is securely sealed at the top. One end of the catgut is brought out through a very small hole in the centre of the sealed top, but the aperture is so arranged that no oil leaks out, and there is no tendency for the end of the catgut to slip back into the bottle. By this means the catgut is well preserved, and as much as is required can very easily be at any time removed. The bottle seems to answer its purpose well.

LAPAROTOMY FOR GLUTEAL AND SCIATIC ANEURYSMS.

THE treatment of gluteal and sciatic aneurysms is attended with many difficulties, and cannot be considered as satisfactory. Dr. F. S. Dennis of New York has recently published a paper containing reports of three cases of the kind, which were treated by laparotomy and ligature of the internal iliac artery in the pelvis. The ligature of the internal iliac artery has been attended with a high rate of mortality—70 per cent.,—the causes of death being secondary hæmorrhage, uræmia, and various septic inflammations. In some cases the operation has been attended with very considerable difficulty. Dr. Dennis proposes to obviate these dangers by opening the abdominal cavity in the middle line, turning out the omentum and small intestines, and then, having clearly defined the artery, to divide the peritoneum over it and pass a ligature: the whole being conducted with stringent antiseptic precautions. He has himself practised this treatment in two instances. The first case was one of double gluteal aneurysm in a woman sixty years of age; both internal iliac arteries were tied; the patient died on the fourth day from suppression of urine. His second case was in the person of a girl eighteen years of age with what appears to have been aneurysmal varix of the left buttock, the evidence given in the paper not showing that there was any aneurysm proper; the internal iliac artery was tied, and the patient made a good recovery, the only complication being albuminuria for the first two days. A third case in which the same operation was performed is related by Dr. Dennis; it occurred in the practice of Dr. Locke Chew, in the person of a negro forty-six years of age, in whom a spontaneous gluteal aneurysm developed; the internal iliac artery was tied, and the patient made a good recovery. There are three quite distinct points which must be kept separate in estimating the value of Dr. Dennis's suggestion, which has the support of at least two admirable cases. The first of these is the propriety of ligaturing the internal iliac artery for gluteal and sciatic aneurysms; of this there seems no room for doubt, the Hunterian operation offers a better prospect of cure than any other known means. The second is the value of antiseptic surgery in this operation; the almost entire freedom from suppuration obtained in these three cases is the result of that, and not of the mode of operating, and there can be no doubt that the operation performed without opening the peritoneal cavity would give very different results in the hands of careful antiseptic surgeons from those hitherto obtained. The third point is the most convenient and best way of reaching the artery. Three ways at least suggest themselves—the old retro-peritoneal operation, laparotomy without removal of the intestines, and laparotomy with removal of the intestines. Dr. Dennis is very emphatic that "laparotomy in no way increases the danger of the operation, and that it is of very great advantage to remove the intestines from the abdominal cavity, as this gives the operator an easy access to the artery." On both these points there is room for difference of opinion, and we must await further experience before a definite opinion can be expressed. In any case Dr. Dennis's paper is a valuable contribution to surgery. We could have wished for fuller details than are given in the report, especially with regard to the condition of Dr. Dennis's second case, the account of the symptoms of which is meagre.

THE LANCET.

LONDON: SATURDAY, MARCH 26, 1887.

THE breach between the conjoined Colleges and the Society of Apothecaries continues to widen. In spite of numerous efforts to adjust the differences between these bodies, there is no diminution in the obdurate resistance with which the very reasonable desires of the Society have hitherto been met. The late resolution of the General Medical Council earnestly advising the Colleges to reconsider their position and come to an agreement has, notwithstanding the zealous support of the direct representatives of the great body of medical practitioners, effected nothing in the way of reconciliation. On the contrary, it has, like every other effort in the same direction, served only to strengthen the resistance opposed by the Councils of the Colleges to any arrangement with the Society of Apothecaries. Though stated in terms of studied moderation, while at the same time clearly expressing the wish of the General Medical Council, the request has met with an unqualified refusal. We shall, therefore, in all likelihood find ourselves involved, perhaps more deeply than ever, in those very difficulties which it is the object of the Conjoint Scheme to remove. The Colleges and the Hall will henceforth be driven to compete with one another. A diploma, one of the far too numerous minor medical qualifications, will be invested with increased powers, and, for anything we can see, with increased popularity. Such a result, as is now sufficiently well known, is viewed with lively and natural apprehension by the great body of alumni of both Colleges. They foresee that the contest is fraught with possibilities of evil for the contemplated new London degree. The latter must in any case hold its own with the similar qualifications of existing universities, and it should by all means be spared the opposition of the remodelled diploma of the Apothecaries. It is somewhat difficult to ascertain the individual opinions of the members of the Comitia of the Royal College of Physicians on account of the secrecy which attends their deliberations. A greater degree of publicity would probably better subserve the interests both of the public and the College. We have reason to believe, however, that some of the Fellows do not even admit the probability of competition between the conjoint qualification and the licence of the Society. In their eyes the former is a thing by itself; it has no relation to any other diploma, consequently any suggestion of rivalry between it and the licence is out of the question. To reason thus may be logical after a fashion, but it is not practical. Whatever the authorities of the College may think, an actual competition between the two qualifications must be one result of their short-sighted and ill-advised policy—a result the significance of which cannot be ignored. The Society is determined to exert its right of appeal in order to obtain the requisite powers of examination in surgery. There is little, indeed no, doubt that those powers will be granted, and there is an absolute cer-

tainty that the influence of competition thus awakened will tell seriously against the work of the Colleges themselves, without in any way adding to the public good. As regards the general population, indeed, the prospect rather is that the exclusion of the Apothecaries' Society may become a disadvantage, which would be avoided by the adoption of an opposite course. When the powers applied for by the Society have been acquired, and a new class of practitioners (capable as regards the fulfilment of every legal condition, but with an admittedly lower qualification) is annually sent forth into professional life, we shall understand how sorely the cause of medical education has been wounded in the house of its friends, and practitioners will note how little their interests are considered by the Colleges of Physicians and Surgeons. The alternative policy should have been by no means difficult of adoption. All that is asked for on behalf of the Society of Apothecaries is the privilege of examination in certain subjects—botany, pharmacy, and chemistry—which it may fairly claim as natural to its province. The demand is a very moderate one. Its refusal is most unwise as well as illiberal, and we doubt much if the medical world in years to come, when it has to deal with the hydra of multiple qualifications, will readily forgive those who in our time are carelessly tossing aside the golden opportunity of curtailing that evil, at least in London. It is exceedingly doubtful whether the same question which is pressing for solution in Ireland will be settled otherwise than it is likely to be in London. In the interest of medical education and practice we hope for it a happier fate.

By degrees London is being cleansed of its sores; the worst areas are being gradually cleared, and are being replaced by dwellings which, if not wholly free from objection, are a very distinct advance upon those which they replace. In no district of London has greater or better use been made of the legislation which dates from the year 1875 than in St. Giles's, where, thanks to the efforts of an able officer of health and a public-spirited vestry, changes have been brought about which have raised one of the most insanitary districts of the metropolis to a position which is very different from that it formerly occupied among other metropolitan parishes. The work of improvement has not been done without cost to the metropolis, but London will gladly bear the expense which has been incurred, for its prosperity is largely dependent upon the health of its inhabitants. London, however, is now represented by the Metropolitan Board of Works, and it is no secret that this Board does not regard with unmixed satisfaction the expenditure of large sums of money upon the removal of conditions which are prejudicial to health. Improvements of main thoroughfares, which all the world can see and admire, are more readily undertaken than those of some hidden area, which are, as a rule, known only to its own denizens and the few officials whose duties require them to be intimately acquainted with its evils.

Of this tendency there has been recent example. The Shelton-street area was reported by Mr. S. R. LOVETT, Medical Officer of Health of St. Giles's, to the Metropolitan Board of Works in 1883, under the Artisans and Labourers' Dwellings Improvement Act, 1875, but it was not until some nine months later that a Committee of this Board visited