

irregular in its course, like erysipelas, generally running its course in from six to ten days. The symptoms were different from those of a simple inflammation. Cold had something to do with its coming on, especially exposure to cold east wind. Exposure to cold brought on sore throat and hoarseness, which ended with diphtheritic exudation. Pneumonia began with a chill or rigor, more or less severe. The temperature rose quickly and high, no disease showing regularly such a high temperature throughout its course. Cases of typhoid or rheumatic fever might frequently be seen with higher temperature; in pneumonia, it was more regularly high. The temperature was often out of proportion to the pulse. It might be 103° when the pulse was at 80 or 90. The exudation was often thrown down rapidly and to a large extent, and nearly as rapidly absorbed. In every case, there was less or more delirium. From the beginning of the illness of the patient was thought to be cerebral, having dreams of a very disturbing and alarming kind, ending often in a very high and most uncontrollable delirium. Where the patient had been in the habit of taking spirits daily, it assumed the character of delirium tremens. The delirium was considered at one time to be caused by the imperfectly aerated blood circulating through the brain; but this did not account for it, as was seen in cases of capillary or vesicular bronchitis, the blood-circulation was more impure without delirium. The cases where the local conditions did not correspond with the general symptoms might be accounted for by their being lobular. Dr. West, in his book on *Diseases of Children*, had divided pneumonia into lobular and lobar. A child might pass through a severe attack of illness with all the general symptoms of a pneumonia, and, as only one lobe might be affected, lobules, tubular breathing, and bronchophony might never be disturbed. Dr. Sumner believed that the rupture of a lobe or a lobule only being inflamed, might produce the general symptoms of pneumonia in their severest form. He had seen in the newspapers reports of deaths from congestion of the lungs, and had heard of people being ill of the same. The registrar had no column for such a disease. He supposed pneumonia was meant. If such were the case, the term was an incomplete and improper one. Congestion was only a part of the inflammatory process, for, besides the congestion, there was perverted nutrition.

Dr. FRÉW had been taking some interest in this subject in connection with the investigation going on, and had forwarded, through Dr. Napier, a few cards relating to the subject of acute pneumonia. He had attended, in the past six months of the present year, forty-eight cases of pneumonia. Of these, seventeen were of the nature of catarrhal pneumonia; the remaining thirty-one were cases of acute lobular pneumonia. The larger number of these occurred in connection with an epidemic of measles, which was very prevalent in the district, and were consequently among children. In most, the symptoms were quite easily interpreted, and no difficulty presented itself; but, in a few of the cases, he experienced the same difficulty in arriving at a diagnosis that Dr. Napier had referred to in the case he mentioned. In the case of the little girl especially, who had a pneumonia of the apex, it was the latter he thought she could say distinctly that such was the nature of her illness. She had high fever, the temperature ranging from 103.5° to 104.5°, but she had little or no cough or expectoration, and never would admit that she was suffering any pain, except for a very few minutes on one occasion during the illness. He examined the chest carefully day by day, but not until the fifth day was he able to detect dulness and bronchial respiration; the remaining thirty-one seventh days, the temperature rapidly declined, and, in a few days more, she was quite convalescent. Other cases were those of a man between sixty and seventy, with an apex pneumonia, and a boy, aged 10, with a pneumonia of the left base, in which the signs for the first three days of the illness were very indistinct, and quite insufficient to base a diagnosis upon. With reference to the etiology, while he did not doubt that there might be predisposing causes, such as a previous attack of measles, he was pretty firmly convinced that there was generally the exciting cause, and especially a cold east wind. During the epidemic of measles to which he had referred, as surely as there were a few days of easterly winds, just as surely did he see a fresh crop of pneumonia.

Dr. D. C. McVAIL quoted his experience while resident in the east end of London, in the winter of 1886, stating that there he found acute pneumonia to be a very common disease. This he associated with the greater prevalence of east winds in the eastern part of the kingdom, as compared with the west. He was inclined to ascribe the causation of pneumonia to cold rather than to the operation of any specific poison.

*Movable Kidney*.—Dr. D. NEWMAN described the various forms

in which movable kidney presented itself, and referred to several cases, in one of which he had performed the operation of nephroplasty. This was the first occasion on which this operation had been performed in Scotland. The stitches were passed, not merely through the capsule of the kidney, but through its cortical substance as well. In another case, there was albuminuria, and the question arose whether or not this was due to disease of the movable kidney. The only method of determining this was to procure separate samples of urine from each kidney. This was done (the patient was a woman) by introducing a small electric light into the bladder along with a speculum; the orifices of the ureters were thus easily seen, and two catheters being introduced, one into each ureter, the urine was allowed to flow into separate vessels, and was afterwards examined chemically and microscopically. As it was found that the kidney diseased, the operation was not considered advisable. Dr. Newman exhibited the electric light and battery he had used in illuminating the interior of the bladder, and showed also the speculum he had devised for these cases. The catheters employed were slender gum-elastic catheters, with the eye at the tip.

## REVIEWS AND NOTICES.

THE INTERNATIONAL ENCYCLOPEDIA OF SURGERY. A Systematic Treatise on the Theory and Practice of Surgery by Authors of various Nations. Edited by JOHN ASHURST, junior, M.D., Professor of Clinical Surgery in the University of Pennsylvania. Illustrated by chromo-lithographs and woodcuts. Vol. III. London: Macmillan. 1883.

THE third volume of ASHURST'S *Encyclopædia* includes treatises on Injuries and Diseases of the Muscles, Tendons, and Fasciæ; on Injuries and Surgical Diseases of the Lymphatics; on Injuries of Blood-vessels; on Surgical Diseases of the Vascular System; on Aneurysm; on Injuries and Disease of the Nerves; and on Injuries of the Eye. In the preface, the editor makes a graceful allusion to the death of Professor W. H. Van Buren, and of the valuable essay on the Clinical Aspects of Inflammation, in the first volume of the *Encyclopædia*. This third instalment of Dr. Ashurst's great work of reference is, we are glad to find, far more truly "international" than its predecessors. In the first volume, thirteen out of a total of seventeen articles were written by American medical authorities. In the second, sixteen out of eighteen were of transatlantic parentage, and not one was written by a Frenchman or a German. In the third volume, which contains seven essays, two are by British surgeons, and one by a French author.

In many respects, this volume excels the second, as much as the second was superior to the first. The subjects, it will be seen, are almost entirely related to pure surgery of the most practical type.

Dr. P. S. CONNER contributes "Injuries and Diseases of the Muscles, Tendons, and Fasciæ." It is a well-written treatise, yet probably through fear of invading other departments—a fertile source of defect in all works of this kind—the descriptions of ganglion, paronychia, and Dupuytren's finger-contraction, with the operative procedures requisite for their relief, are rather limited.

Dr. Bellamy's article on "Injuries and Surgical Diseases of the Lymphatics" is another good paper, where the author has been, to a certain extent, handicapped in the same manner as Dr. Conner; for much information concerning dissection-wounds and septic infection is to be found repeated in other parts of the *Encyclopædia*. The remaining treatises are of a type more satisfactory to a surgical writer; they are, practically, separate books in themselves, each consisting of a systematic review of some subject profoundly important to the surgeon.

Dr. John A. LINDSEY, late surgeon to Bellevue Hospital, and formerly in high command as an army surgeon during the American civil war, has contributed a work—we cannot style it a treatise—on "Injuries of Blood-vessels." It is a most valuable composition, rich with the spoils of time, and laden with some of the almost inexhaustible stores which lie in the official works on the medical history of the civil war. It has all the best features of the synthetic type of medical literature, in which American authors excel, and is replete with illustrations, not only of the surgical anatomy of arteries (taken mostly from Sédillot), but also of compresses, tourniquets, and novel contrivances. Dr. S. Fleet's artery-constrictor, already familiar to our readers, is described and figured under the heading "Constriction or Crushing of Arteries for the Arrest of

Hæmorrhage," so that the student will have to store in his memory yet one more method of checking the escape of blood from a vessel. In referring to instruments valuable to the surgeon when it is desirable to complete an operation before applying the ligatures, Dr. Lidell has omitted all mention of the compressor, an instrument so valuable to the ovariotomist, and so useful in all abdominal operations.

Dr. Wyeth, Professor of Surgery in the New York Polytechnic, contributes a treatise on "Surgical Diseases of the Vascular System." It consists of a purely pathological portion on phlebitis and arteritis, where the pathology of inflammation in the arteries is elucidated by some of the drawings, some of which are fresh preparations prepared by Dr. W. L. Wardell in Cohnheim's laboratory, and of a very interesting section devoted to vascular tumours, cirroid aneurysm, and moles.

Over one hundred and fifty pages are occupied by Mr. Barwell's valuable monograph on *Aneurysm*, which, by the way, is spelt aneurism throughout the *Encyclopædia*. Hippocrates employs the verb *ἀνεύρωσθαι*, to widen, and Galen spells aneurysm *ἀνεύρωσις*, and in most modern works written in English it is the rule to represent the Greek *upsilon* by *y* and not *i*. The opinions of the author are already known to the British public. Mr. Barwell discusses the nature of the disease, its different forms of treatment, and its peculiarities when attacking particular arteries, all at great length. His contribution contains very few illustrations, but it must be remembered that much of what pertains to the surgery of aneurysm, such as the various forms of ligature and the incisions for the exposure of arteries, is to be found already in Dr. Lidell's article.

Whilst dwelling on the subject of illustrations, we feel compelled to remark that it would have been better if Dr. E. Andrews, of Chicago, author of the section on "Injuries of the Joints," had dispensed altogether with some of the woodcuts that disgrace his interesting contribution. Fig. 565, on page 483, is perhaps the worst woodcut to be found in any contemporary medical work; fig. 557, nearly as bad, looks like a caricature of a spectacled artist manipulating a lay figure. Medical publishers and editors should remember that nothing is harder to make satisfactory for purposes of illustration than representations of the surface of the human body; and in a sketch of a case of dislocation, it is not advisable that the sound side should look nearly or quite as deformed as the parts around the injured articulation. We have no fault to find with the letter-press of Dr. Andrews's paper; it is a very complete production, in which some space is devoted to "bone-setting" and other subjects of interest, besides dislocations and wounds of joints. It must always be remembered that many difficulties attend any attempt to supply an article on dislocations with good original illustrations.

M. Nicaise has contributed a very valuable article on "Injuries and Diseases of Nerves," translated by Dr. J. H. C. Symes of Philadelphia; it includes a vast store of important clinical and pathological information, which it would be quite impossible for us to review at present. We can speak favourably of a good chromolithograph of a hand, showing trophic changes following injuries to a nerve of the forearm. The only other coloured illustration in this volume represents a large nevus invading the lower part of the face in a child; it is included in Dr. Wyeth's paper, and is of fair artistic value.

This third and most truly "international" volume of Dr. Ashhurst's *Encyclopædia* is almost a library in itself; and, putting aside the blemish of a few effete and badly executed woodcuts, we can speak of it in terms of high commendation as a book of reference, though deficient in power and homogeneity.

**MEDICAL GUIDE TO THE MINERAL WATERS OF FRANCE AND ITS WINTERING STATIONS.** By A. VINTRAS, M.D. 8vo. pp. 330. London: J. and A. Churchill. 1883.

This valuable book supplies a good medical account of all the most important French mineral waters, and certainly of all that the English are likely to visit, although they have been finding out of late years that France has important waters besides those of Vichy.

Dr. VINTRAS does not enter into physiological or pathological details respecting the theory of the action and the application of mineral waters, but presents, in a clear style, a sketch of the most salient points respecting the different baths, and enumerates the complaints in which they are useful. This, in the cases where there is little in his book that invites criticism. His occasional remarks on the condition of baths are judicious, as when he observes

that the arrangements at Mont Dore stand in need of being modernised, and that things will at first appear rough to the visitors of St. Nectaire. He probably sets too much value on the arsenic of Bourbon and certainly on the lithia of Royat, thinking more highly of them than Durand-Fardel, whom he has mainly followed as a guide. In his account of Evian, he does not point out that the effects of its feebly mineralised waters must be due mainly to the large quantities in which they are drunk.

The accounts of winter stations are not very full, and there is no mention of the new station of St. Raphael.

Some useful tables are appended, which give the cost of railway journeys and of hotels for the various stations.

The book is able, judicious, scientific, and readable, and supplies all the information that English practitioners will usually need to have respecting the mineral waters of our French neighbours.

**HOME NURSING AND SICK-ROOM APPLIANCES.** A Lecture delivered for the National Health Society. By EVA C. E. LÜCKES, Matron of the London Hospital. London: Egan C. E. Lückes, French, and Co.

The National Health Society may be congratulated on having secured the services of Miss LÜCKES in assisting their cause, as the offering of their papers has been one of the most thoughtful, practical, and withal most tasteful, addresses on the subject of home-nursing it has been our fortune to read. Without any pretension to novelty, and treading ground made almost too familiar to the multitude, she has infused into this brochure a freshness, and vigour of purpose, seldom met with in the numerous treatises which deal with sick-room management. Without the admission that it has been written by the matron of a great London hospital, the matter and manner of the address assuredly convince the reader that it could only emanate from one whose large experience of hospital practice, and of women's ways and women's work, fitted her in no ordinary degree to be the guide and counsellor of others on the important subjects of which she treats.

Miss Lückes prefaces her remarks with some amusing illustrations of the mistakes made by well-meaning, but ignorant people, on some simple matters connected with the sick-room; and whilst upholding the principle of systematic training for professional nurses, she has no dread of the little knowledge gained by a short insight into hospital work, which, so far from proving dangerous to the recipient, only carries with it a conviction of her ignorance, coupled with a desire to profit by more extensive experience. Home-nursing, however, is not hospital-nursing; it is "not the vision of an alarming crisis, but it is the long tedious illness, the wearisome period of weakness and convalescence, the months, or, it may be, the years, of chronic ill-health," which we have to consider; and the occasion evokes all the intellectual capabilities of the woman—a contrast from the utilitarian instincts of the professional nurse. The very art of home-nursing, Miss Lückes truly says, "lies in the quick observation and finished execution of common-place things"; and she considers that, now and again, an excellent homœopath may be impressed from any intelligent woman, willing to work, and who is not above bestowing both time and trouble on what other people are apt to view with indifference, as insignificant trifles—an opinion in which most of us who have to do with chronic ailments are likely to concur. The more important appliances of the sick-room are passed in review, for the most part in short and laconic sentences, which render their utility all the more obvious; while the remarks on "home-nursing" are, in general, so judiciously chosen, and so judiciously given at greater length. Explicit directions follow with respect to the application of cold and heat, and the best methods of employing these agents; reference being especially made to the manipulation of fomentations and poultices.

It does not fall to the lot of every one to be equally expert in the manufacture of such a common domestic appliance as a poultice; and the instructions in this regard are so given, that the learner is almost as diversified as the corresponding receipts for the preparation of that equally familiar adjunct of the sick-room, bee-tar. Miss Lückes describes her own process, which leaves nothing better to be desired, the minutest details being succinctly and satisfactorily demonstrated. In fact, it would be difficult to find, in the short compass of a single lecture, so much valuable information, expressed in such becoming language, on matters of which every one is supposed to know something, but which comparatively few have the tact, ability, and experience to expound in a manner so simple and convincing.