

IN referring to Major Pratt's description of his new operation for the radical treatment of hydrocele which lately appeared in these pages, the *British Medical Journal* in a recent issue says "he excises the scrotum—this of course is an absurd mistake for 'incises.'"

M. HAFFKINE delivered a lecture on his 'preventive inoculation' for the Plague and Cholera at the Royal Society, London, June 8th.

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Reviews.

Varix and Thrombosis.—By W. H. BENNETT, F.R.C.S., St. George's Hospital. London: LONGMANS GREEN & Co., 1898.

THIS admirable little volume is a reprint of an address delivered last year by Mr. W. H. Bennett, F.R.C.S., which our readers probably remember reading in the *Lancet* in October, 1898. The author has already published more than one monograph on this and allied subjects, and like everything he has written, it is well and clearly expressed. He divides varicose veins into four classes: (1) congenital; (2) those due to obstruction of the blood current; (3) those caused by strain without thrombosis (traumatic); and (4) those the result of thrombosis. The congenital are very common, and are of two kinds: (a) those connected with subcutaneous veins only; (b) those with a direct and gross communication with deep venous trunks; those often seen about inner side of the knee are examples of the latter kind. Mr. Bennett believes that heredity is a considerable factor. The varicose veins which are caused by pressure are best known in the varix resulting from pressure of a gravid uterus or other tumours. As regards those caused by strain, these are common in athletes, football players or those who lift heavy weights, &c. They are due, Mr. Bennett thinks, to the giving way of the vein-valves. The importance of thrombosis in the causation of a certain type of varicosity is not commonly recognised. Thrombosis of the main deep veins, the venae comites of the posterior tibial artery, for example, is common, and the saphenal dilatation is merely the result of the establishment of the collateral circulation.

The dangers to life, Mr. Bennett points out, from varicose veins are the occurrence of profuse bleeding, and formation of a thrombus which may extend or may detach emboli. Therefore a recent clot in varicose veins of the thigh or at the knee is always a serious, and sometimes a fatal lesion. Mr. Bennett defines the "danger-

ous region in varix," as the inner half of the circumference of the lower limb marked off by two lines, one about the middle of the thigh and the other three inches below the line of the knee-joint—the term 'dangerous' being implied to mean either risk to life or to the integrity of the limb. All the various types of varix are illustrated by figures. As regards the treatment, it is palliative and operative. In individuals following ordinary occupations, varix which causes no trouble and is not increasing should be left alone. Nothing does so much harm, in Mr. Bennett's opinion, as the routine use of an elastic support, "it is one of the most difficult of appliances to obtain perfect."

Regarding operative treatment two points must be remembered: (1) that if the saphena in the thigh is involved, operation will not necessarily enable an elastic support to be dispensed with; (2) in long existing varix, operation, though it gives great relief, will not necessarily make the patient a sound person. Mr. Bennett's favourite operation is to excise a portion of the saphena extending from the point below the knee at which the two venous trunks from the leg join to a point a little above the lowest third of the thigh.

We have thus briefly indicated the features of this useful little book which is certainly to be recommended to the Surgeon. The book is beautifully printed, and its get-up reflects credit upon the publishers.

"La Maladie de Carrion ou la Verruga Peruvienne."—By E. ODRIOZOLA. Paris: Carré et Naud.

THIS work forms the most complete account yet published of Verruga, and will enable the reader to form a definite idea of a disease of which so many conflicting and inaccurate accounts have been written.

After a history of the disease, the author devotes some thirty pages to an account of its geographical distribution, which may be briefly summed up as the western water-shed of the Peruvian Andes, especially certain "quebradas," or narrow and deep valleys, or ravines among the mountains.

The author classes verruga among the specific fevers. Its histopathology, its varied duration and symptoms incline us, even on the author's own evidence, to rather place it among the infective granulomata.

He describes two forms of the disease, while careful to explain that there is no rigid boundary between them and that one form frequently passes into the other:

(1) Pernicious ("grave") fever of Carrion, the misnamed "Oroya" fever.

(2) The eruptive form, Verruga.

In both forms anæmia is marked, and hæmorrhages not infrequent.

The symptoms of the severe form are an irregular fever usually reaching 104° F. Severe