

destroyed; but the publication of such a book at the recommencement of his scientific labours gives us but little encouragement to expect further progress.

M'Donnell's Lectures on Surgery.¹—This contribution to surgery consists of five lectures upon syphilis. In the knowledge and treatment of this too common disease, Dr. M'Donnell considers that we do really make progress, as in politics, by the action and reaction of Conservatives and Reformers. As a proof of its importance he adduces the attention to and study of it by some of the greatest minds the world has ever produced; and of its difficulties and obscurities, the slowness of the march of improvement in practice.

Among those who have achieved much for mankind in this respect by giving more power and discretion to "the physician armed with a club," he points with pardonable national vanity to Collis, Carmichael, and Wallace.

He considers that the first great step towards proving that syphilis is a true toxæmic disease, and, therefore, one capable of self-cure, was made by Carmichael, and confirmed by the researches and experiments of Rose of the Coldstream Guards.

The author adopts the modern doctrine, as established by the labours of Lee, Lancereaux, Diday, Puche, and Fournier, and more especially by the report of the committee on venereal diseases, that venereal sores may be syphilitic or simple, the latter form being much more frequent; that the true syphilitic disease may commence in three forms, viz., a dry papule, a chancrous erosion, and a hard chancre, the last being the most common, and the first the rarest; that hardness of the base of the sore, though usual, is not always present, and that, consequently, it is not safe to guarantee the patient from the occurrence of secondary symptoms even after the presence of a simple venereal sore. He believes the true syphilitic sore always to have a more or less prolonged period of incubation, as in other toxæmic diseases, from the time of contact to the appearance of the primary symptoms, while the simple sore appears within three or four days. He has been enabled to observe five cases in which this period was ascertained with the necessary scientific precision to be from twenty-seven to thirty-four days, corresponding closely with cases observed by Chaussat and Lancereaux (viz. twenty-eight to thirty-five days); and with the results of inoculation as observed by Wallace, Vidal, Necker, and others (viz. a mean of twenty-seven days).

The true syphilitic sore cannot be inoculated on the bearer. This he considers to be proved with a few rare exceptions by the experiments of Ricord, Clerc, Henry Lee, Puche, Poissin, Nadaw, Rollet,

¹ *Lectures and Essays on the Science and Practice of Surgery.* By ROBERT M'DONNELL, M.D., F.R.S., F.R.C.S.I., M.R.I.A., Surgeon to Steeven's Hospital, Dublin. Part I. 1871.

and Laroyenne. The simple sore, on the contrary, as is well known, is capable of inoculation again and again.

The syphilitic sore cannot be cut short by excision or cauterization, however early, of the sore and its neighbouring structures. This is proved by the testimony before the Venereal Committee.

The author considers that syphilis is a true toxæmic poison capable of being entirely eliminated, and not constituting when the system is invaded, a real diathesis, but followed sometimes by a cachexia which is the result often of debility, debauchery, poverty, and mercury combined.

The author does not discard the use of mercury entirely; on the contrary, he considers that in the true syphilis we have no remedy equal to it, but he recommends it to be used as rarely and as carefully as possible. Out of the carefully watched cases of primary syphilis under his own care and very favorable circumstances in the Mountjoy Convict Prison, only two required mercurials to accomplish a satisfactory cure.

The author believes that we cannot by any kind of treatment prevent the constitutional infection, in this respect adopting the opinion embodied in the report, and founded upon the evidence brought before the Venereal Committee. The cases which our forefathers took as proofs of the efficacy of the administration of mercury in the prevention of secondaries were, he thinks, cases of simple ulcer mistaken for true syphilis. He ascribes the honour of the first introduction of iodide of potassium as a remedy to Wallace, and the first scientific study of the natural history of syphilis to Carmichael. With respect to the practice of syphilisation, first tried upon animals by Auzias-Turenne in 1850, and afterwards followed out by Böeck in the human subject, he adopts the opinion expressed (after experiment in 259 cases upon Böeck's plan), by Messrs. Lane and Gascoyne, of London, viz., that syphilisation is not a treatment which can be recommended for adoption," and its results "not sufficient to compensate for its tediousness, its painfulness, and the life-long marking which it entails upon the patient." He agrees with Mr. Gascoyne that an early and uncomplicated syphilis has a great natural tendency to recover of itself, and that this is sufficient to explain the good results which sometimes occur after syphilisation. Cleanliness and the early use of washes and detergent lotions he considers to be a great preventative of the disease. The author thinks highly of warm and vapour baths, either simple or medicated, and of the sulphur waters of Harrogate and Kreuznach, in syphilitic affection of the skin.

The style of the lectures is free, flowing, and easy, and constitutes very pleasant reading, satisfactorily conveyed in a very plain and distinct type. In the last lecture he sums up the testimony of living authorities as to the cases in which mercury should be employed, by

quoting them in the way of question and answer as examined before the Venereal Committee; and his conclusion is that "the vast majority of well-informed practitioners in the present day do not give mercury until they are certain that the case is one of true constitutional syphilis." Most of the eminent hospital surgeons both in England and Ireland, however, still adhere to a moderate course of mercury in the primary symptoms of hard chancre. One, Mr. Erichsen, still advocates its use in both soft and hard sores; while the military surgeons mainly discard its administration altogether, and Mr. Longmore thinks in addition that the secondary symptoms are more manageable when it has not been used. The author concludes his pleasant and instructive lectures by a light and humorous sketch "more Hibernico," of the modern revolution in the domain of King Mercury by which he has lost much of his temporal power, the revolt headed by the Garibaldi of venereal revolutions, the illustrious Ricord, and much forwarded by the "mob orator" Paul Diday.

Gamgee on Fractures.—This, though a new work, is the expansion of various papers and teachings of the author during the last twenty years, especially in relation to the employment of immovable apparatus in the treatment of fractures, a subject to which Mr. Gamgee successfully turned his attention early in life. The lectures are singularly controversial for the audience of students before which they were delivered, but the students of Queen's College, Birmingham, have no cause to complain of want of clearness or of absence of dogmatic teaching on the part of the lecturer, though his views may not in all respects commend themselves to his brother practitioners.

In his first lecture Mr. Gamgee quotes Gross on the importance of the subject of fractures and their treatment (which nobody would deny), and then proceeds to dissect South (on Chelius), Le Gros Clark, and Hornidge for their opposition to immediate reduction and circular compression in cases of fracture in which swelling has already supervened. Seven cases are then quoted to illustrate the success of Mr. Gamgee's treatment by immediate reduction and the use of the starch bandage in examples of fracture complicated with spasm, blebs, extravasation of blood, and inflammatory swelling.

The second lecture is devoted principally to exposing the error of Pott (for whom, however, Mr. Gamgee expresses great admiration) in attributing the displacement, and especially the eversion, of a fractured limb entirely to muscular action. The now exploded teaching of Duhamel and Dupuytren as to the necessity for provisional callus is also severely reprobated since "the treatment of a

¹ *On the Treatment of Fractures of the Limbs*. By SAMPSON GAMGEE, Fellow of the Royal Society of Edinburgh; Surgeon to the Queen's Hospital, Birmingham. London, 1871. Pp. 296.