frequent instillation recommended, and for the very sufficient reason that, in plastic iritis, the elastic fibres of the iris are paralysed by the exudation into its substance. Indeed, too much stress is laid on the breaking up of the adhesions, which are not properly the disease, but due to the accidental circumstance of the close apposition of the lens to the iris. When atropine fails after a fair trial, he does not hesitate to recommend mercury in some form, especially in syphilitic iritis; but the rules for its administration are not laid down with sufficient precision. For he does not lay stress on bringing the system quickly and gently under the influence of the medicine; then, and only then, will the pupil yield to the mydriatic, coincident with a general improvement of the symptoms. The action of the medicine must be kept up by continuing it in gradually diminishing doses for a month or two at least. When the health is feeble or broken down with the poison, great benefit is got by the administration of cinchona before, and the mercury after, meals.

The remarks on the treatment of adhesions of the iris, as well as on sympathetic ophthalmia, are very judicious, and will repay a careful perusal.

Having dwelt at some length on the more common diseases of the eye, the space at our disposal does not permit, neither is it necessary for us to do more than make a general reference to the more special parts of the work. Here, as elsewhere, we have the fruits of an exceptionally large experience, and the matured judgment of one who has contributed largely to the recent advances made in this branch of medicine.

The translator has succeeded perfectly in preserving the brilliant style and spirit of the original. He modestly expresses a hope that, whilst the work is intended primarily and chiefly for the practitioners of general medicine, it will also, in many respects, be found not unworthy of the attention of the specialist. We apprehend that, whilst it will be read with pleasure and profit by the former, its thorough appreciation must be left to the latter.

The value of the work is enhanced by numerous illustrations, and the translation of the French formulæ.

Outlines of Medical Treatment, intended as a Companion to the Student's Guide to Medical Diagnosis. By SAMUEL FENWICK, M.D. London: J. & A. Churchill. 1879.

"WHEN recently occupying the Chair of Medicine at the London Hospital Medical College, it was my custom to devote the

last few lectures of each session to a short outline of the medical treatment of the various diseases which had been described during the course." This opening sentence from the preface indicates the origin of the present work. In his dedication of this little book the author speaks of it as an "attempt to remedy a defect in our medical education—viz., the tendency to adopt physical diagnosis as the basis for treatment to the disparagement of those indications furnished by symptoms, which are of so much importance in leading to a correct method of rational treatment." And on the title page, this volume is said to be "intended as a companion to the *Student's Guide to Medical Diagnosis*," likewise written by Dr. Fenwick, and now extensively used by students, with whom it is a general favourite.

There is something attractive in the idea of dealing with the treatment of disease in the same way in which the diagnosis is dealt with in Dr. Fenwick's other book: indeed, we believe students have often expressed a desire, in reading up his former manual, to have along with it, or incorporated with it, some similar short guide to the treatment of the various diseases alluded to. We fear, however, that the present volume scarcely meets this idea. In the first few chapters, indeed, some general directions are given as to dealing with acute and chronic diseases, particularly as to watching the state of the circulation, of the nervous system, &c., the importance of rest, and of maintaining nutrition, and so on. But in the subsequent portions of the book the treatment of various definite diseases is discussed very much in the same way in which it would appear under the heading of "Treatment" in any work on the Practice of Medicine.

We are rather disposed to doubt the wisdom of thus separating the treatment from the discussion of the diagnosis, etiology, and pathology of the various diseases. Dr. Fenwick's Lectures, as originally delivered, were not open to this objection, as they formed an addendum to a general course on the practice of medicine: and even in this volume, by short sections on prognosis and in other ways, he seeks to lessen the force of the objection which we have suggested. We would much prefer our students to read of the treatment of disease in immediate connection with a full and proper discussion of the whole pathology and diagnosis of the affection.

So far as we have gone over the various sections, the main lines of treatment are judiciously stated, and formulæ are given in an appendix, to which reference is constantly made with regard to details in prescribing.

We could have desired that some greater care had been exercised in the printing of these formulæ, as little errors in such prescriptions are apt to confuse those students whose knowledge of Latin may be such as to make them hesitate in correcting the words printed in their handbooks. We do not refer to the fact that some of the prescriptions are given in English and some in Latin forms, for we consider that quite legitimate, although the mixing of the formulæ seems confusing, but we have also combinations in the *same* formulæ, thus (88), Atropia, 1 gr.; Morphiæ Hydrochlorat., 8 grs.; Spirit and Water, 1 oz. Again, Liniment Aconiti and Liniment Belladonnæ, &c., occur repeatedly in adjacent formulæ. Further on we read Potassæ Bromid. and Potassæ Iodid. (97 and 112); these are not the recognised names either in chemistry or pharmacy. Still more misleading for the unwary student preparing for his examinations are such errors as digitalis foliæ (168), vini antimoniale (177), infusi cinchona flavæ (53), &c. Of course, a little extra care on the part of Dr. Fenwick would remove at once all these slips, which, although trivial in one sense, have a much more serious aspect when we consider that a book like this is apt to be learned word by word, and almost committed to memory by a certain class of students.

The following extracts may suffice to show that the book is written by one of extended experience, who is not afraid to supply illustrations, from his own practice, of what he considers errors and warnings. We do not doubt that they will prove of great interest to our readers:—

"After a lengthened hospital experience as a student, I had arrived at the conclusiont hat blood-letting, and all other depressing measures, were always injurious in pneumonia, and that we should either allow the disease to run its course, or should support the heart by stimulants. With such impressions I entered upon practice in an agricultural district, and one of the first important cases that came under my care was one of pneumonia. I could not fail to remark that the breathing was more oppressed, the pulse harder, and the general distress greater than I had been accustomed to see. I, however, abstained from all active treatment, and hoped the patient would go on favourably. Day by day the symptoms increased in severity, and in the second week she succumbed to the disorder. Mortified at my want of success, I called upon a medical friend and asked him how he was in the habit of treating pneumonia. 'Oh!' replied he, 'in the ordinary way, free bleeding, tartar emetic, &c.' To all my offers

to prove to him that bleeding could never cure any inflammation, he only replied that the practice was successful. Shortly afterwards another case presented itself. Here, again, the symptoms were so urgent I felt that active treatment of some sort was required, but prejudice stood in the way, and the patient was only ordered a saline aperient. At the next visit he was much worse, and in desperation I opened a vein, intending to abstract only a small quantity of blood. It spurted from the distended vein so freely that a considerable quantity was lost before its flow could be arrested. The patient was at once relieved, and recovered without a bad symptom.

"During the whole of my residence in that part of the country I invariably used bleeding in the first stage of pneumonia, and always with relief to the patient. I returned to a manufacturing district, and one of the first cases I was called upon to treat was one of pneumonia. Finding he had not been bled, I used the lancet, but the blood merely trickled from the vein, and he became so faint that it was necessary to stop it. The man sank rapidly, and from that day I have never had occasion to use the lancet in this disorder. Now, you will remark that the same disease required different treatment, because the condition of the vascular system was different. In the countryman, the reaction of the heart set up by the inflammation was intense, the blood was driven with great force through the limited area of the pulmonary capillaries, and, in consequence of the obstruction thus produced, the right side of the heart and the venous system became overloaded. Venesection at once relieved a condition that might otherwise have proved fatal, and gave time for the inflammation to subside, and for the powers of nature to repair the mischief. In the latter case the action of the heart was depressed by the inflammation, and stimulants, not venesection, were required to enable it to maintain the circulation until nature could restore the lung to its healthy state."

"An anecdote that used to be related by an old teacher of my own has often been of service to me when I have felt impatient from not attaining rapid results. Dr. S. was requested to see a patient along with a young practitioner. When they retired to consult upon the case the physician thus addressed his junior colleague:—'As we seem quite agreed upon the diagnosis, you had better give him some digitalis.' 'I prescribed it,' said the other, 'but it did not at all agree with him.' 'Then have recourse to mercury in combination with

it,' remarked Dr. S. 'I did so,' was the reply, 'and it made him so ill I was forced to give it up.' 'Give him some acetate of potash,' was the next suggestion, but this had also been ineffectually tried. Much amused, the senior recommended various diuretics, but all had been employed in vain. At last Dr. S. addressed the practitioner in these words:—'Your patient has, I find, been under your care for ten days, and in that time you have employed at least ten powerful drugs, no one of which has succeeded. Now, I only know of one remedy likely to be successful in such a critical case.' 'I am sure I shall be most grateful to you for any suggestion,' replied his colleague, 'after so much disappointment.' 'Well, then, sir,' rejoined the physician, 'try some *patience*, for I fear that the want of this has been the only cause of your failures.' 'And that remedy, gentlemen,' Dr. S. used to say, 'cured the patient.'"

Notes for Students. Pathological Anatomy: a Guide in the Post-mortem Room. Part I. By ROBERT J. LEE, M.A., M.D., Cantab. London: T. Richards. 1879.

THE author of this very concise little book has this advantage over some others who have come forward to "assist the student," that he has had practical experience in the subject about which he writes. His remarks, therefore, have some foundation; and in general they are worthy of careful attention. But, in some particulars, the extreme brevity of his description leaves room for error or, at all events, misunderstanding, a fault which is common to all these minute manuals. For example, to remove the bowels he recommends us (page 8) to "ligature the rectal end of the colon: divide beyond: draw the intestines first to one side, then to the other, dividing the abdominal attachments of the mesentery, and remove the intestines." And again (at page 22), he says, "detach the intestine from the mesentery, remove the ligatures, and wash away the excreta by attaching the duodenal end of the bowel to a water tap. While distended with water, open the canal along the mesenteric attachment." Now, this method of procedure is not only difficult, but injurious, for by it the contents of the bowel are washed away, and we have no certainty as to the nature of the contents in different parts: while the force of the water would burst open any weak ulcerated place. We think the plan usually followed, of separating the bowel from its mesenteric attachment *during*