

The author discusses treatment with great fulness. His suggestions may almost be compressed into the dictum, "Live an active and frugal life," using the term in the wide sense of working within one's strength, and being frugal not only in food and drink, but as to all excess in matters connected either with body or mind. Various drugs are passed in review, and the advantages and disadvantages of colchicum touched upon. Salicylates are useful in a minor degree. The nature of the attack and the condition of the patient must influence all treatment. Alkalies do not dissolve the biurate, but perhaps the kidneys are thus assisted in separating uric acid from the blood. Even lithia salts are poor solvents. The treatment of chronic gout is largely one of environment, but guaiacum is useful. Uric acid is formed not only from animal albumen, but from vegetable albumen also, though in a less degree. "Live by the baker, the dairyman, and the fruiterer" (Haig), with a minimum of meat, and with regular and moderate exercise. In gouty glycosuria and diabetes, strict diabetic diet is not appropriate. Those wines agree best which act upon the patient as diuretics. British and foreign spas are passed in review; and the climate of Clifton and the waters of Bath are commended.

The book is an exhaustive study of gout in all its forms, and is characterised throughout by thorough common sense.

On Gall-stones or Cholelithiasis. By EDWARD MANSFIELD BROCKBANK, M.D. Pp. x., 301. London: J. & A. Churchill. 1896.

This volume is the outcome of an investigation on the solvent action of various drugs on gall-stones which was carried out in 1892 at the Owens College, Manchester. It gives a good account of the present condition of our knowledge of a disease which is even yet only imperfectly understood. The author has not discovered any specific remedy, but he has some belief in the practical utility of large doses of olive oil; and he prefers the lighter forms of nitrogenous foods to the carbohydrates, fats, and sweets. He has little faith in cholagogues, but he believes that the last decade has seen a great improvement in the prognosis of many cases which cannot be relieved by medicinal treatment: and he describes the indications for surgical aid in the treatment of calculous affections of the biliary passages.

A Treatise on the Surgery of the Alimentary Canal. By A. ERNEST MAYLARD, M.B., B.S. Pp. xxiv., 724. London: J. & A. Churchill. 1896.

It is not easy to write a review of this work: it is at once so praiseworthy and so disappointing. It is praiseworthy in this, that it proves great industry in reading; it is disappointing

because it is incomplete in the presentation of facts and without discrimination in practical advice. Not enough has been read to provide a full summary, and not enough practice has been had to provide definite and discriminative advice. Thus the work is of little use to the expert and confusing to the tiro.

The arrangement of matter is not altogether satisfactory. Chapters are arranged apparently according to their length, and their length alone. Thus, chapter vii. concerns "Tumours: malignant—carcinoma and sarcoma;" chapter viii. "Carcinoma (*continued*)." Chapter ix. deals with "Non-malignant or cicatricial stricture;" chapter x. with "Cicatricial stricture (*continued*)." And so it is all through. Appendicitis has one chapter to itself and three "*continueds*." A book on intestinal surgery is not a serial novel, where the length of the chapter is regulated by the size of the magazine: on such a subject as this scientific arrangement and sequence should alone be permitted to rule.

As an example of the method of the work we might fairly select Malignant Disease of the Œsophagus, in Chapters vii. and viii., to the titles of which we have called attention. As to treatment, we find firstly some advice as to foods, secondly the use of tubage, and thirdly "for separate and fuller consideration the question of operation" is left. Here however we have mention made of gastrostomy, and all that we are told of its value (p. 81) is that "David Newman records four consecutive successful cases." Then follows this sentence: "Contrasting, however, the operation successfully performed with the alternative of permanent tubage, it must be confessed that in the majority of instances the patient with a tube in the œsophagus is, in various ways, in a more comfortable position than one with an artificial orifice in the stomach." This may be true, but the author provides no facts in support of his argument. He makes no reference to vital facts in selection of methods. Œsophagostomy and gastrostomy are classed as "the two operations worthy most consideration." "The former operation," we are told, "is performed when the disease is located high up, and the opening in the œsophagus being thus below the seat of obstruction, a feeding tube can be easily passed from the wound into the stomach. Occasionally the œsophagus is opened above the level of the disease, the object then being to facilitate the passage of a tube which otherwise would be conducted with pain or difficulty through the natural orifices." Statements such as these, directly contravening the enlightened and experienced surgery of the day, should be supported by something more than facile remarks of the author. As compared with the four consecutive successful cases of gastrostomy of David Newman, at least something should have been quoted in favour of œsophagostomy above the stricture.

Some of the chapters in the book are decidedly below the level we should expect in a modern work. The worst are those

dealing with intestinal obstruction. In the treatment not a word is said about intestinal drainage, which most surgeons regard as of some importance. More than two of the four pages given to a discussion of the treatment are occupied with a table, and explanation of some thirty cases, culled chiefly from the *Lancet* and the *British Medical Journal*, of which the author makes the *naïf* remark: "It is possible that every successful case is published, but it is certain that every unsuccessful one is not." For statistics of operations for intestinal obstruction, Mr. Maylard should go to Hospital Reports and not to Medical Journals. Not every hospital surgeon now-a-days publishes every successful case of intestinal obstruction which he operates upon. Similar criticism might be made of the author's handling of other varieties of obstruction. Everywhere he has missed some crucial point in treatment: nowhere can he be relied on as a safe guide. Most markedly is this seen in intussusception and in volvulus.

Our careful study of this work leads to the conclusion that it is worth reading, but not safe to follow. It is worth reading because it brings together many stray facts and observations, gathered in wide if not exhaustive study: it is not safe to follow because it does not reflect the best work of the best surgeons, and provides no original or well-supported advice from the author himself.

Diagnosis and Treatment of Diseases of the Rectum, Anus, and Contiguous Textures. By S. G. GANT, M.D. Pp. xiv., 399. Philadelphia: The F. A. Davis Company. 1896.

Dr. Gant's volume is not undeserving of some amount of praise. It is printed on good paper, in clear bold type, and the numerous sub-divisions are made evident at a glance, by the device of separate paragraphs with headings, so that reference is greatly facilitated.

Fistula in ano is treated well, and the illustrations are useful from a diagrammatic point of view. Much stress is laid on the possibility of incontinence of *fæces* resulting even after a single division of the two sphincters, and on its extreme probability when the division is made in more than one place. The directions for the treatment of ramifying, multiple and horse-shoe fistulæ are very practical; and the question of phthisis with regard to operation in these cases is considered. On this point Dr. Gant distinguishes between simple fistulæ in phthisical patients and tubercular fistulæ. Hemorrhoids are fully treated (with the exception of their pathology), and the author expresses his preference for the clamp and cautery, and gives fifteen reasons in favour of the superiority of his own clamp from its being "neat and attractive" to "the best clamp made, for the reason that it exerts equal pressure at all points and under all