

The strengths given are not mean strengths, as they should be for statistical purposes, but the maximum strength at starting, so that still higher death-rates would be worked out from the true strength if available.

The writer can testify to at least 15 additional deaths not included in the official returns.

"What then were the causes of this enormous difference? To what was the great mortality of the one, and the insignificant death-rate of the other, expeditions due? What lessons do they teach us for the future? What to aim at, what to avoid? The reply is simple, and may be expressed by the scientific formula *"non-conformity to environment"* in the one case, *"conformity to environment"* in the other. Had the arrangements for the Lushai campaign been as perfect as those for the Miranzai, a deplorable amount of suffering and loss would have been saved. Had the latter been conducted like the former the death-rates would have approximated too."

"Nature is inexorable, and shows no mercy to those who wilfully or ignorantly break her laws. In the Lushai campaign every law of hygiene was outraged, and the figures given on the measure of Nature's revenge. Men, overworked to their utmost power of endurance, "were at the same time fed with unsuitable food, often of bad quality and insufficient quantity; they were exposed with insufficient clothing to great diurnal vicissitudes of temperatures and left without shelter, exposed to a nightly dew 'pouring from the trees like heavy rain.' The arrangements for their treatment were quite insufficient, although the medical department of that day thought the provision ample, and it might possibly have sufficed had there been less sickness.

The main cause of the trouble was the fact that everything had to be carried by coolies, and that in a hilly country 40 lbs. was considered a full load for a cooly. As he had to carry his own food, it is obvious that when the force reached its furthest point, the available balance carried for service purposes was very small, and it was thus necessary to overwork or overload the men to get up sufficient supplies. Each cooly had of course to carry his own clothes, cooking pots, bedding, &c., in addition to his burden of 40 lbs., and it may readily be imagined that he could not carry much. One blanket was no protection whatever against either cold or dew; the food issued to them was frequently not what they were accustomed to, and being without condiments soon palled and disagreed."

The chief causes of the heavy mortality of the 1871 Lushai Expedition are thus summarised:—

- "(1) Want of personal cleanliness.
- (2) Insufficient clothing.
- (3) Want of shelter.
- (4) Excessive work.
- (5) Improper diet.
- (6) Insufficiency of medical attendance.
- (7) Overcrowding.
- (8) Conservancy."

These same causes of mortality apply to the Lushai Expeditions between 1888 and 1890.

"The circumstances and conditions of no two expeditions are or can be precisely alike, and it is in many ways unfair to compare the statistics of a campaign like the first Lushai one, with those on the Samána. Still they all show the great truth that given favourable conditions, whether natural or artificial, the results will be good; and that given unfavourable conditions, whether natural or artificial, the results will be bad, and that it is only by adapting its conditions to its environments that an army can emerge triumphantly from the struggle for life. In the Lushai campaign great natural difficulties were met with, and the means taken to cope with them were inadequate; the result was in many ways disastrous, and the success of the operations was more than once endangered. In the Miranzai expeditions great, though perhaps not quite so great, difficulties were also encountered, but the means taken to meet them were adequate, and the result was a triumphant success, and a complete vindication of the scientific statement that disease can be banished from armies if proper precautions are taken for that purpose. It is gratifying to know too that past unfavourable experience has not been thrown away. The commissariat department is not likely again to supply salt-beef and pork 50 per cent. of the weight of which is made up of kegs and brine, while the residue has little nutritive value."

"CANCER OF THE MOUTH, TONGUE AND ESOPHAGUS, THEIR PATHOLOGY, SYMPTOMS, DIAGNOSIS AND TREATMENT." By Frederic Bowreman Jessett, F.R.C.S. (Eng.) Ballière, Tindall and Cox, London.

THE author tells us in his preface that this work is a reprint of part of his book on "Cancer of the Mouth, Tongue and Alimentary Tract" published in 1886, and excuses its re-appearance on the strength of the importance of the diseases of which it treats. The book is on the whole well written, but requires perusing of unnecessary repetitions. There are also a few printer's errors which require attention, while one or two sentences are not above suspicion as regards grammar. The matter is systematically arranged in six chapters, and the book is furnished with a satisfactory index. The vexed question of heredity is fully discussed with the conclusion generally accepted that it must have some influence in the development of cancer founded on the evidence of Sir James Paget and others. Discussing the matter with regard to cancer of the tongue (p. 71), the author says:—"How far heredity may be a predisposing cause of cancer of the tongue I am not at present prepared to say; for I do feel, if there is any part of the body in which the local origin of cancer may be expected, it is in the tongue; but I am certainly inclined to think that people with an hereditary tendency may be, and probably are, more prone to develop here as elsewhere cancerous ulcers from local irritations than persons who have no such tendency." In Chapter II we are told that epithelioma of the gums, etc., may commence in the bone. This is hardly in accordance with modern pathology, and indeed is partly contradicted on page 36, where it is clearly pointed out that the origin of such growth is from the mucous membrane covering the bones. The classification of tumours in Chapter III also seems to require some modification since *spindle-called sarcoma*, *myeloid sarcoma* and *chondrosarcoma* are distinctly malignant tumours, though perhaps less so when occurring in the jaws than in other parts of the body. The sections dealing with diagnosis and treatment are distinctly good, and the author points out the general uselessness of drugs in treating epithelioma. However, where there is any doubt, and where there is any syphilitic history, he advocates the steady use of iodide of potassium. As regards the treatment of the fissures and sores from which epitheliomata of the lips, gums and tongue nearly always arise. Mr. Jessett wisely insists on the avoidance of all irritating applications, especially caustics, and says:—"Never on any consideration make use of caustics of any kind, as they are utterly and absolutely useless; in fact, by their irritation, often do harm and never any good." After a careful consideration of the relative value of the scissors and the *écraseur*, Mr. Jessett concludes that the verdict should be given in favour of using scissors to remove a portion or the whole of a diseased tongue, giving satisfactory reasons with which we quite agree (pp. 97-105). We also agree with the author that in suspicious cases the disease should be removed from the lips, gums or tongue early, and before there can be any chance of deep infiltration, or of the infection of neighbouring lymphatic glands. Mr. Jessett says, p. 39:—"The early removal of nodules or papillomatous infiltrations of the tongue should be insisted on as all-important; for if a nodule is removed and is afterwards discovered to be benign or innocent in character, how much the worse is the patient for the loss of it? *Not one iota!* Whereas if this apparently innocent nodule be left alone, it may at any moment take unto itself a malignant character."

There is always great difficulty in keeping wounds of the mouth clean and aseptic, but this may be done by great care and by a proper method of feeding after operation. The author now invariably feeds his patients through an elastic catheter passed through the mouth; this method is fairly good, but we would recommend the nasal tube at being easier to pass and less likely to cause the patient pain. Pages 120 to 127 are occupied by a detailed table of cases of removal of the tongue, giving the method of operation, the results, etc. Fifty-four cases have been collected; 12 died. Of these 12, 1 died a year after the operation, cause of death not stated; 7 died of septic pneumonia; 1 of diphtheritic exudation; 1 of septicæmia; 1 of pyæmia, and 1 of exhaustion. The immediate relief given was, however, probably very great. In very bad cases, where no

operation can be followed by benefit, Mr. Jessett points out that severe pain may be alleviated by the division of the gustatory nerve. This operation is a very simple one. Ligation of the lingual artery will also be useful when the epitheliomatous mass is inclined to bleed.

Chapter VI, the last and most important chapter in the book, deals with cancer of the pharynx and œsophagus. Mr. Jessett discusses the operations of *œsophagotomy*, which has been strongly advocated by Mr. Reeve because of the great mortality which follows after *gastrostomy*. It would seem, however, that the further step, *viz.*,—*œsophagectomy*, which includes the removal of the diseased portion of the œsophagus, would be preferable. Statistics show that *gastrostomy* seldom does more than prolong life for a few weeks when most successful, and more often than not death occurs a few hours after the operation. No doubt this is partly due to the fact that it is an operation which is generally performed when the patient is already exhausted by prolonged malignant disease. This view is strengthened by the fact that successful cases have been reported in which the operation was performed for traumatic stricture of the œsophagus.

We would draw the author's attention to the fact that his table at the end of the book headed "Cases of Cancer of the Œsophagus collected from the Medical Journals, etc.," contains four cases in which the stricture of the œsophagus was not due to cancer. In this table the results of 59 operations by *gastrostomy* are given; 2 only recovered, and these two cases belong to the four above alluded to.

**"THE OPERATIVE TREATMENT OF ENLARGEMENT OF THE PROSTATE"** By C. W. Mansell Moullin, M.A., M.D., Oxon., F.R.C.S. John Bale and Sons, London.

THIS publication, though in pamphlet form, is a small monograph in three lectures on the operative surgery of the prostate gland, based on the records of over 140 cases, and on the author's special study and experience. His object is "to set forth the operations that have been proposed for the radical cure of the enlargement of the prostate, and to compare the results obtained by them with those that follow the ordinary methods of treatment." All ordinary methods prove futile in certain cases of enlarged prostate with distressing complications, and death supervenes after much suffering. It is in these cases, and these only, that Mr. Mansell Moullin advocates active interference on the part of the surgeon. "Fully two-thirds of the cases of enlarged prostate, taken indiscriminately, never need any special treatment; and of the rest, a large proportion remain perfectly comfortable until the end of their lives, with nothing more than the habitual introduction of a catheter. It is not the mere fact of overgrowth, however great this may be, that renders operation justifiable, but the obstruction and the irritability occasioned by it." The various operations on the prostate may be considered as still on their trial, and he fully recognises this fact by the judicious and critical manner in which he deals with the subject.

Contrary to many authorities he holds that atony of the bladder, residual urine, and cystitis are secondary to and consequent upon the local condition of enlargement of the prostate, and that this latter is not merely a part of a general senile atheromatous change. He regards the *normal* prostate as purely a sexual structure developed round the first part of the urethra, and in no way concerned with the propulsion or retardation of micturition. The first part of the urethra is merely a continuation of the bladder, and both are derived from the allantois; whereas the rest of the urethra is developed in the front wall of the cloaca. "The true muscular sphincter of the bladder lies at the end of the prostatic portion of the urethra and at the apex of the prostate, not at the so-called neck of the bladder." \* \* \* "The circular coat of the bladder ceases almost abruptly, without any conspicuous thickening, and the longitudinal bands in front and behind changing their direction, sweep round obliquely, and are lost in the fibrous tissue that invests the prostate. The arrangement of the first part of the urethra, above the opening of the prostatic utricle, is the same in the male as in the female, with three exceptions: one is the presence of the caput gallinaginis, which I take to be the rudimentary representative of the original intromittent organ, before the penis was deve-

loped; the second is the addition to its distal extremity of the penile portion formed out of an entirely separate structure; and the third the addition to its circumference of a sexual organ, the prostate, and because of the support it gains from this, the reduction in thickness and strength of its own proper wall."

To understand the true nature of prostatic enlargement it is necessary to study the growth at an early stage as well as in the fully-developed condition. With this object the author has studied an extensive series of specimens taken from subjects at all ages, but especially between the ages of 40 and 50, and the conclusion he has arrived at is that "the enlargement at its commencement is essentially a diffuse glandular growth, spreading chiefly in the mucous and submucous tissues, and later becoming considerably modified by secondary changes, and the failure in the expulsive power is, in almost every instance, the direct consequence of it."

Reasons are given against age, compensatory hypertrophy for partial retention, the presence of a prostatic utricle, or general atheroma being accepted as primary causes of the prostatic hypertrophy, of the atony of the bladder, and of the accumulation of the residual urine. While it is asserted that the two last are secondary to and consequent upon enlargement of the prostate,—the prime cause is upgrowth of the gland."

In Lecture II brief reference is made to palliative operations, such as drainage of the bladder—suprapubic or perineal, and the treatment by interstitial injections (Heine), or electricity (Biedert, Casper, and Roux). Then the subject of radical operations is dealt with, and they are classed according as "the prostate is approached through the penis, or by the perineal or suprapubic route,"—by incision, excision, enucleation, or cauterisation. Of the Penile Operations, those of Mercier and Bottini are described, and the judgment passed on them is that "they succeed best in the cases that require operation the least." Perineal Prostatomy, simple division, is pronounced nearly useless unless combined with prolonged drainage. Better results have been obtained with Perineal Prostatectomy; but its application is said to be "very limited; the only cases in which it is likely to succeed are those in which the growth is of small size, and restricted to the median wall behind." Lastly, Dittel's or Küster's Operation, of Lateral Prostatectomy, in which a wedge-shaped piece is taken from each of the lateral lobes, is considered; but it is stated that "it is not likely to meet with general acceptance," because it is rarely required, "as the lateral lobes, so far as they are obstructive, can in general be dealt with quite as well, if not better, from the interior of the bladder."

The third lecture is devoted to Supra-pubic Prostatectomy and its technique, together with a discussion of its merits and risks. This operation, known also as McGill's Operation, is the one specially recommended by Mr. Mansell Moullin in suitable and selected cases. It is what it professes to be,—a radical operation. The whole growth and obstruction can be removed, and recurrence is very rare,—in fact recurrence obtained in one case only of the 94 collected by the author. Details of the recorded cases operated on by the various methods are given in well-arranged tables, and there is also a very complete list of the bibliography of the subject.

The surgeon will find these lectures well worth perusal, and useful for reference, when he treats the troublesome class of cases under discussion.

**"THE BHISHAGVILAS."**

THIS is a medical journal published in the Marathi character, which has been started at Sholapur in the Bombay Presidency. Its aim is to diffuse among all classes of the people sounder notions of the laws of Hygiene, and to familiarise those native practitioners not versed in the English language with more rational methods of diagnosis and treatment by rendering in the vernacular a synopsis of the current literature of European Medical Science. The range of subjects discussed is ambitious in its character and variety, for it includes Anatomy, Physiology, Hygiene and Demography, Medicine and Pharmacy. We wish the Editor and promoters of this journal all success in their laudable endeavour "to disseminate among both the people and their medical advisers better ideas on the subject of personal hygiene and public health. The diffusion of such