

son's " treatment; and secondly from his anger at the practical joke played upon him. He had forgotten his imaginary disease in his real indignation.

A soldier of fortune under Cromwell, and an Oxford graduate, Sydenham returned to Oxford after the end of the first Civil War. In 1655 he married and set up in practice in Westminster. In those days St. James' Park and Pimlico formed a stagnant marsh and malaria was rife in the locality. The Countess Anna of Chinchon had returned from Peru to Spain in 1640, and had brought with her the celebrated Peruvian or Jesuits' Bark. Sydenham commenced to use it freely in his practice for cases of ague. Indeed, as Dr. Comrie points out, we owe cinchona in malaria to Sydenham rather than to Sir Robert Talbor, who has received much of the credit for it. Talbor was an unlicensed practitioner and a quack: but with an eye to the main chance. He used a secret powder consisting of four ingredients, one of which was cinchona bark. Having been called in he cured Charles II of an ague with the powder; was knighted and protected by a special permission to practice without a licence. But it was Sydenham who did the spade work and investigated the action of the bark in ague.

An acute clinical observer, a man of widespread knowledge of men and medicine, and an expert pharmacist, Sydenham's writings are of great value even to the practitioner of to-day. For phthisis he recommended riding and—incidentally—fresh air. In lues venerea he used mercury by inunction until a salivation of four pints in 24 hours was obtained. In plague and during the great London epidemic he advocated bleeding. This may seem strange; but one must contrast Sydenham's methods of fresh air and bleeding with those advocated by others: the patient swathed in blankets, drenched with cordials and stimulants, a roaring fire in the room, and no ventilation. He freely used opium in fevers and introduced a liquid laudanum containing cloves, cinnamon and Canary wine.

Of his writings his treatise on gout, from which he himself was a life-long sufferer, is perhaps the most celebrated; but his " Epistle on the Epidemic Diseases up to 1679 " is more important and valuable. It deals with the use of Peruvian Bark in ague and the treatment of rheumatism. The " Epistle on Venereal Diseases " is also a classic. So also is the *Processus Integri* with its passages on the treatment of small-pox. In this disease Sydenham kept his patient out of bed if possible for the first six days in order to " cool " him and gave abundance of bland fluids and small beer. It was Sydenham further who first clearly distinguished between the chorea of children—(Sydenham's disease); and the hysterical St. Vitus' dance of adults.

Dr. Comrie's book will find many readers. It gives us a charming presentation of one of the greatest of English clinicians; a man of kindly

wisdom and courtesy, distinguished in the profession which he adorned, full of humour, yet as his writings shew, also with a deep and sincere piety. We close the book with regret and with the mental picture before us of the " prince of English physicians " sitting at his open window in Pall Mall, looking out over St. James' Park, with a great silver tankard of beer beside him and a pipe in his mouth, a wise, humane, and kindly philosopher.

R. K.

POST-GRADUATE LECTURES DELIVERED BEFORE THE FELLOWSHIP OF MEDICINE, Royal Society of Medicine, 1919-20. JOHN BALE, SONS AND DANIELSSON, London. 10/6 net. Preface by the Right Hon. Sir Clifford Allbutt.

THIS volume, the first of a promised future series, represents the very acme of present day teaching by British Surgeons and Physicians. Perhaps the best part of it is the delightful introduction by Sir Clifford Allbutt: an introduction which in happy phraseology outlines the real meaning of a Fellowship of Medicine and dwells upon the value of post-graduate lectures. The volume consists of ten lectures. " Syphilis and Insanity " is the title of a lecture by the late Sir George Savage. The great difficulty experienced in distinguishing between neurasthenia and G. P. I. is well commented on. Perhaps the most striking part of this lecture is its clear account of syphilophobia: illustrated by instances of lives wrecked and even of suicides due to either fear that infection has been acquired, or fear that others may discover that the patient has been infected. Mental disorder is not confined to the late stages of syphilitic infection: transient symptoms may be discerned even in some early cases. In the onset of G. P. I. there may be often traced some subsidiary factor such as influenza or traumatism. Sir William Hale White writes on the prognosis in exophthalmic goitre. There can be no doubt that many cases tend to spontaneous cure: and the author dwells on cases which have been for long periods in hospital, have been discharged without apparent improvement, but who have been found, years later, cured and leading active lives: many of them married and with families. The study is based on 169 hospital cases and 54 cases in private practice followed up, after only medicinal treatment, some years later. The mortality in after years was found to be only twice that calculated for non-goitrous females in similar circumstances. Sir Humphry Rolleston's lecture on grave familial jaundice of the newly born brings together a remarkable tale of 25 family groups with a 77 per cent. mortality in the disease. He concludes that the disease is due to foetal toxæmia of maternal origin: and that immediate measures must be taken on the onset of jaundice in the mother.

Dr. Hernaman-Johnson's lecture deals with combined treatment with special reference to

surgery, electricity and X-rays. Thus in tubercular glands of the neck he recommends radiation as the first line of treatment, the residual infection being dealt with by the surgeon. Post-operative raying is to-day coming into its own in carcinoma. Plastic surgery often calls for the assistance of the radiologist. Like Naaman the Syrian, the medical generation of to-day is too apt to look for some great thing rather than to utilise the simpler measures which lie at hand. "General practice is in reality the only logical form of practice. But no human mind can compass the whole field of medicine. Hence the hope of the future lies in specialism tempered by co-operation." We are reminded of a distinguished clinician who remarked that "Osler" will probably be the last of the English classics on general medicine. Dr. J. D. Mortimer writes on the after-effects of anaesthetics, and the whole lecture should be carefully studied by anaesthetists. It is of little use for distinguished surgeons to ask the anaesthetist whether he cannot do "something to avoid this horrible after-vomiting" when their own activities have largely contributed to producing it. Dr. Wilfred Harris's lecture on Chronic Paroxysmal Trigeminal Neuralgia and its treatment must be read *in extenso*. He has made the study of this condition and its treatment by alcohol injection of nerve roots and of the Gasserian ganglion so specially his own that every word of the lecture is authoritative. Two interesting points in his excellent lecture are his test by novocain as to whether the needle has reached the proper spot: and the fact that gelsemium is the only drug which is of any efficacy when given orally in this condition. Writing on pyorrhoea alveolaris Dr. N. Mutch gives an interesting analysis of the bacterial state of the intestine. In the mouth, duodenum and jejunum *streptococci* are present, but, as a rule *B. coli* is absent. At the lower levels the proportion of streptococci diminishes and that of *B. coli* increases: so that *streptococci* are practically absent from the pelvic colon. Roughly there are two classes of *streptococci* in these intestinal infections: one of high virulence and associated with acute infections: the other—and more important—sugar-loving or glycophilic and with strong saprophytic powers. With stagnation and starch dyspepsia the latter flourish and this intestinal association is especially connected with pyorrhoea. In such conditions the author recommends colloidal sulphur and a combination of ammonium ichthyo-sulphurate with proteins. "Morbid Mental Growths" by the late Sir George Savage is a presentation of states of delusion verging on paranoia. One of the cases given is that of a man, once bitten by a dog and subsequently treated at a Pasteur Institute, who became possessed by a morbid fear of dogs. Two whole-time nurses were employed to keep every dog away from his room and to look for dogs' hairs on the carpets. The case ended in an asylum. Such

morbid mental growths may spring from very simple delusional ideas affecting only the individual and may end in homicidal or suicidal mania. Finally come two useful lectures by Mr. W. H. Trethowan on deformities and disabilities of the feet due to static and mechanical causes and to paralysis. Here there is a wealth of information for the general practitioner on a subject of every day importance: a discussion of the various causes of lameness and of their modern treatment.

"Post Graduate Lectures" is an admirable volume, and should become one of the best known annual British publications.

R. K.

MEDICAL AND SURGICAL REPORTS, EPISCOPAL HOSPITAL, Philadelphia. Wm. J. Dornan Press, Philadelphia. Vol. V. 1920. By ASTLEY P. C. ASHHURST, M.D.

THIS beautifully illustrated and well got up volume is the fifth of an annual series, interrupted by the war. With an average of 294 in-patients a day and 222 out-patients there is associated a visiting staff of 58 physicians and surgeons and assistants, and a resident staff of 17. As a result this collection of papers is one of special merit and interest. Dr. Ashhurst reviews a series of 18 cases of tetanus, dealing with every aspect of the disease. He also describes four cases of gunshot wounds of the vascular system: including one of ligature of the first portion of the subclavian artery for a bullet-wound of the axillary artery. Dr. Bruce Gill writes a valuable paper on plastic, reconstructive surgery of the hand and forearm: and also contributes a remarkably successful case of cure of Dupuytren's contracture. In the latter condition he makes a transverse incision across the hand along the distal palmar crease; dissects away the entire palmar fascia: and places a free fat transplant from the thigh smoothly beneath the palmar skin. The cosmetic and functional results are excellent. Dr. Ashhurst's paper on screw fixation in joint fractures is profusely illustrated by radiograms. Dr. C. B. Squires writes on spontaneous pathological fracture.—"Result of excision of the left hip for acute osteomyelitis, ten months after operation. Stable joint, 1 cm. shortening, moderate range of movement" is one that he may be congratulated on. A valuable paper on tuberculous bone and joint disease in children is followed by an interesting account of birth injuries to the shoulder.

A case of Jacksonian epilepsy due to an endothelioma of the right cerebral hemisphere successfully removed by operation, and papers on lethargic encephalitis, are followed by an interesting paper by Dr. Hooker on the association of leukoplakia with syphilis. The author considers that only a very small number of cases of leukoplakia must be considered as non-syphilitic and comments on the influence of alcohol and tobacco in causing the condition. In dealing with epidemic