

Reviews and Notices of Books.

The Principles and Practice of Surgery. By WILLIAM PIRRIE, F.R.S.E., Professor of Surgery in the University of Aberdeen, &c. Second Edition. pp. 878. London: Churchill.

THE student of the present day has a host of advantages over his predecessors of a generation back; and this is, perhaps, fully shown in the great number of standard works at his disposal upon all branches of medical science. The literature of surgery, particularly of late years, has, indeed, been voluminous; but it would seem not more so than the wants of the profession require, if we may judge by the numerous editions of books that are constantly being issued. The volume before us has sustained a solid reputation, and we gladly welcome the appearance of a second edition.

The author tells us in the Preface, that his work was not put before the public with the design of bringing it into competition with any of the valuable treatises on the same subject already existing; but rather to furnish a compendium of his lectures for the benefit of the students of surgery in the University to which he belongs. Whilst he has carried out his intention most fully, we have no hesitation in saying that the author's book will bear comparison with any of the modern treatises on Surgery. It has, moreover, one feature which cannot but prove useful both to the student and the practitioner, and that is, the omission of all the minutæ of detail which sometimes render the subjects wearisome. This is compensated by the introduction of a large number of excellent wood engravings, which greatly enhance the value of the work. The arrangement of the subjects is simple and all that can be desired; in fact, "simplicity of arrangement, conciseness, and clearness of description," have been the author's endeavour, combined with the elucidation of sound principles and practice, "as well as to give a faithful account of the present state of surgical opinion on the various subjects treated in the work."

The chapter on Inflammation is one of the most important in the volume, and, in re-writing it, the author acknowledges the assistance he has derived from his son, Dr. William Pirrie. The various phenomena of inflammation are clearly set forth, and illustrated by drawings of the appearances shown by the microscope from Bennett and other well-known sources. In considering the significance of the inflammatory process, the author writes:—

"When we speak of any tissue as being in a state of inflammation, we mean by the expression that the natural nutrition and nervous energy of the part are perverted; that certain remarkable changes, to be afterwards described, have taken place in the blood and its containing vessels; and that the normal healthy affinity between the blood and the tissues of the part is deranged."

Mr. Pirrie's division of Ulcers is a good one; and excluding specific ulcers, considered in another part of the volume, he divides them into healthy, weak, indolent, inflamed, phagedænic, gangrenous or sloughing, and sloughing phagedæna. The last three are described together, from their similarity to each other in the circumstances in which they are found, in their symptoms, and in their treatment.

The chapters on Fractures and Dislocations are very full and clear; and almost every form of each is illustrated.

Turning to the Joints, we find that the author agrees with Sir Benjamin Brodie in considering the condition of pulpy thickening of the synovial membrane with morbid alteration of structure as incurable; and he has found it necessary to amputate in every instance which has come under his observation. It is this particular condition, when present in the knee-joint, that has led in many instances to the performance of resection in preference to amputation, and many successful cases have been recorded in our pages. But opinion still seems divided as to whether resection is a better proceeding than amputation.

On the subject of excision of the knee-joint the author observes—

"Whatever opinions may be entertained by many regarding the merits of this operation, it cannot be denied that, in the manner it is now performed, it is one of the simplest and easiest proceedings in surgery. Mr. Fergusson, who revived the operation, recommends an H incision, the cross line, about four inches long, running below the patella. Most surgeons prefer a semilunar incision. In accordance with the practice of the majority of surgeons who have performed this operation, the semilunar incision was adopted in the Aberdeen Hospital in three cases in which one of my colleagues operated, and two in which I did, and nothing could be more convenient."—p. 734.

In the after-treatment, the author enjoins the greatest care in preserving the limb in perfect rest to prevent displacement, especially bowing outwards, to which there is often a tendency. This is effected by means of a long splint applied to the side of the trunk, thigh, leg, and foot, with suspension of the foot in a Salter's apparatus.

"The cases for which this operation is suitable are those of disease or injury which would otherwise be submitted to amputation, and in which the portions of diseased bone requiring removal are not great; where there is not very extensive disease of the soft parts; and where the patient's constitution is such as to make the exudation of healthy material of repair a likely event, provided proper hygienic rules be observed."

After some observations on the history of this operation, which the statistics of Butcher and Price have shown to be most certainly less fatal than that of amputation of the thigh, the author further states—

"There can be no doubt whatever that the result of this operation has already been of the greatest advantage; that great praise is due to Mr. Fergusson and the other distinguished surgeons who made us acquainted with its merits; and that the gratifying result in very many cases has been a most serviceable limb: but it is equally certain that, before we can arrive at perfectly accurate knowledge of the merits of this operation, it would be necessary to have minute information of the condition of the limb, in all cases, several months after operation; for there is reason to believe that in some instances where the patients have recovered, to use the words of a friend of mine, 'the knee turned out so well that the limb was quite useless.'"

We give this quotation the more willingly, because it contains the honest opinion of a surgeon at a distance, who has no doubt carefully weighed all the arguments for and against the procedure.

With regard to the excision of the ankle-joint, an operation that has now been practised by Mr. Hancock with singularly good success several times, Mr. Pirrie says—

"The operation has never, in my opinion, met with the favour it deserves, and less care has been bestowed on its improvement than on many, no doubt owing to the very gratifying results of amputation at the ankle-joint."

His method of performing the operation is by making a semilunar incision on the outer side, raising the flap, cutting off the under extremity of the fibula, opening the joint, bending the foot inwards, and cutting the bones with the pliers.

The quotations we have given will serve to show that the subjects of amputation and resection have been carefully considered; but our limited space will not permit us to do more than to refer briefly to other important sections of the work.

Destruction of articular cartilage is described and illustrated in a manner highly gratifying, and such as must prove most instructive to the reader. The numerous drawings from Redfern render the subject very intelligible, and are accurately given. Ankylosis, in its various forms, meets with attention in the chapter on Diseases of the Joints; and the author confirms the observations of Brodhurst and others on the value of the treatment by rupture of the uniting medium.

We would refer to the chapters on Hernia; Curvatures of the Spine; Deformities, Congenital and Acquired; Diseases of the Eye; Affections of the Mouth, Throat, and Windpipe,—for much important information. A section of the last is devoted

to the Laryngoscope and its Clinical Application, an instrument that must be as extensively employed, in the course of a short time, as the ophthalmoscope.

In the consideration of the various modes of treatment of stricture, Mr. Pirrie gives the following testimony in favour of Mr. Thomas Wakley's instruments:—

“Mr. Wakley's instruments are ingenious, and, in some cases, most valuable. I have used them frequently, with the greatest advantage, in a certain class of cases, and consider them an important addition to the instruments for the cure of stricture—an opinion, I think, that must be entertained by all who have used them carefully in cases for which they are suitable.”—p. 698.

And after describing them, he further remarks—

“Another great advantage of this apparatus is, that one of the elastic tubes can be sent into the bladder upon the directing-rod, which may then be withdrawn through the tube, leaving the latter in the bladder, by means of which the cure is conducted on the principle of the treatment by the catheter, but with the great advantage that much time is saved by a moderately large tube being lodged at once in the stricture.”

We might add much more, but sufficient has been said to show the scope and arrangement of Professor Pirrie's work, which has been much increased in matter by reducing the size of the type. Convinced are we that this book will maintain its place with the standard works of the day. It adds greatly to the reputation of its author; and we have much satisfaction in recommending it to every practical surgeon as offering a complete epitome of the science to the present hour. We would emphatically call it the book of the season.

A Book about Doctors. By JOHN CORDY JEAFFRESON, Author of “Novels and Novelists,” “Miriam Copley,” &c. &c. In Two Volumes. Hurst and Blackett.

THIS is a rare book; a compliment to the medical profession, and an acquisition to its members; a book to be read and re-read—fit for the study and the consulting-room, as well as the drawing-room table and the circulating library. We have before had folios of medical *ana*, of greater or less merit, but they all failed to accomplish what we had a right to expect from such literature. One collector is frivolous, a second ill-informed, a third inaccurate—all incapable of amusing and instructing at the same time. It remained for Mr. Jeaffreson to take a comprehensive view of the social history of the profession, and illustrate its course from the feudal era down to the present day, by a series of biographic and domestic sketches, the materials for which have been gathered from sources of information little known to any save historic students, and from the traditions of olden times, cherished as topics for choice familiar gossip amongst the elders of the colleges. In the preface, the author acknowledges the assistance he has received from Dr. Munk, the learned librarian of the College of Physicians; and Dr. Diamond, of Twickenham House, to whom the “Diamond Collection of Portraits,” preserved amongst the art-treasures of Oxford, owes its existence.

Starting with a lively chapter on medical paraphernalia, Mr. Jeaffreson gives us much interesting antiquarian information about physicians' canes, wigs, and equipages. The physician first makes his appearance on horseback, mounted in a somewhat droll fashion, even as Harvey appeared to his contemporaries:—

“‘He was not tall,’ says Aubrey, ‘but of the lowest stature; round-faced; olivaster (like waintscott) complexion; little eye—round, very black, full of spirit; his hair was black as a raven, but quite white twenty years before he dyed. I remember he was wont to drinke coffee, which he and his brother Eliab did before coffee-houses were in fashion in London. He was, as all the rest of his brothers, very cholericke, and in his younger days wore a dagger (as the fashion then was); but this doctor would be apt to draw out his dagger upon every slight occasion. He rode on horseback with a foot-cloath to visit his patients, his man following on foot, as the fashion then was, was very decent, now quite discontinued.’”

Simeon Fox and Dr. Argent were the last physicians who rode about the town on nags, sitting after the fashion of women. With the Restoration came the London physician's carriage—a change to which the *lex talionis* attributes a yet more important reform—the increase of the physician's fee:—

“For there must now be a little coach and two horses; and being thus attended, half-a-piece, their usual fee, is but ill-taken, and popped into their left pocket, and possibly may cause the patient to send for his worship twice before he will come again to the hazard of another angel.”

The coach-driving mania reached its height in Queen Anne's time, when no physician with the slightest pretensions to practice could manage without his chariot and four, sometimes even six, horses. We have already spoken of the double fee of “the Restoration.” Mr. Jeaffreson tells us a good deal more about fees. Seleucus, for having his son, Antiochus, restored to health, gave Erasistratus sixty thousand crowns; and for their attendance on the Emperor Augustus, and his next two successors, no less than four physicians received annual pensions of two hundred and fifty thousand sesterces each. In comparatively recent times, Coursus de Gungetard, Edward the Third's apothecary, had a pension of sixpence a day; and Ricardus Wye, the surgeon of the same king, had twelve pence a day, and eight marks per annum. In the royal courts of Wales also, the fees of surgeons and physicians were fixed by law—a surgeon receiving, as payment for curing a slight wound, only the blood-stained garments of the injured person; but for healing a dangerous wound, he had the bloody apparel, his board and lodging during the time his services were required, and one hundred and eighty pence. At a very early period in England, a doctor looked for his palm to be crossed with gold, if his patient happened to be a man of condition. In Henry the Eighth's reign, a Cambridge physician was presented by the Earl of Cumberland with a fee of £1. The ordinary remuneration of the profession, at the commencement of the eighteenth century, is shown by the “*Levamen Infirmi*,” which states:

“To a graduate in physick, his due is about ten shillings, though he commonly expects or demands twenty. Those who are only licensed physicians, their due is no more than six shillings and eight pence, though they commonly demand ten shillings. A surgeon's fee is twelve pence a mile, be his journey far or near; ten groats to set a broken bone or out of joint; and for letting blood, one shilling; the cutting off or amputation of any limb is five pounds, but there is no settled price for the cure.”

Of eccentric and extraordinary fees, Mr. Jeaffreson gives a copious list. The Privy Council ordered that Dr. King should be paid £1000 for bleeding Charles the Second on his own responsibility, and so saving his Majesty from an apoplectic attack. Henry Atkins received £6000 from James the First for curing his son, afterwards Charles the First, of a fever. Louis XIV. gave his physician and surgeon 75,000 crowns each for their services in a single operation. For his attendance on Bentinck, Earl of Portland, and on Zulestein, afterwards Earl of Rochford,—the one noble patient suffering under an attack of diarrhoea, and the other under congestion of the brain,—William III. gave Radcliffe 500 guineas, and offered to appoint him one of his physicians with £200 per annum more than he gave any other of his medical officers. The same lucky practitioner received 1000 guineas from Queen Mary for attending the poor little Duke of Gloucester (the Princess of Denmark's son), when, in his third year, he was attacked with convulsions. For attending the Earl of Albemarle, at Namur, Radcliffe also netted 400 guineas, a diamond ring, and 1200 guineas from the treasury. The largest fee Sir Astley Cooper ever received was 1000 guineas; and the highest sum he made in one year was £21,000. The noblest payment ever made to an English physician was that which rewarded Dimsdale:—

“Catherine, the Empress of Russia, was even more munificent than the West Indian planter. When Dr. Dimsdale, for many years a Hertford physician, and subsequently the parlia-

mentary representative of that borough, went over to Russia, and inoculated the Empress and her son in 1768, he was rewarded with a fee of £12,000, a provision for life of £500 per annum, and the rank of a Baron of the Empire. But if Catherine paid thus handsomely for increased security of life, a modern Emperor of Austria put down a yet more royal fee for his death warrant. When on his death bed, the Emperor Joseph asked Quarin his opinion of his case. The physician told the monarch that he could not possibly live forty-eight hours. In acknowledgment of this frank declaration of the truth, the Emperor created Quarin a Baron, and gave him a pension of more than £2000 per annum to support the rank with..... But of all the stories told of surgeons who have grown fat at the expense of the public, the best is the following one, for which Mr. Alexander Kellet, who died at his lodgings in Bath in the year 1788, is our authority. A certain French surgeon, residing in Georgia, was taken prisoner by some Indians, who, having acquired from the French the art of larding their provisions, determined to lard this particular Frenchman, and then roast him alive. During the culinary process, when the man was half larded, the operators were surprised by the enemy; and their victim, making his escape, lived many days in the woods on the bacon he had in his skin."

The chapters on the Doctor as a Bon-Vivant, the Generosity and Parsimony of Physicians, the Quarrels of Physicians, and Loves of the Physicians, are rich with anecdotes of medical celebrities, provoking over and above the boisterous laughter they create, not a little curiosity as to where on earth the author could have derived his stories of gossip. But Mr. Jeaffreson does not merely amuse. The pages he devotes to the exposure and history of charlatany are of scarcely less value to the student of medicine than to the student of manners. The chapter on Imagination as a Remedial Power is curious and important, affording as it does an explanation of the countless delusions which, from Paracelsus to Mesmer, from Greutrades to St. John Long, have fleeced fools and made rogues rich. Against quackery and its professors, Mr. Jeaffreson has an enthusiasm of animosity that is most graceful and natural in one who some years since was himself a student of medicine, and is intimately connected by ties of blood with the profession that he delights to honour. But nowhere does warmth betray him into inaccuracy and exaggeration. The brilliant malice with which he pulls on the stage the more noxious charlatans, and, after covering them with ridicule, tosses them away as contemptuously as ever Beau Brummel did a spoilt cravat, is not less admirable than the prudence which guides him in the attack.

On taking our leave of Mr. Jeaffreson, we thank him most heartily for the mirth and the solid information of his volumes. As we have already said, they appeal to a wide circle. All the members of our profession will be sure to read them. During the winter evenings, when the fire-light plays on the red curtains, and the day's work is done, and the young people range themselves round hearth or lamp, no more acceptable visitor will break in upon the scene than the "Book about Doctors," which suggests to the pupil new fields of inquiry, and for the veteran, whose diplomas were dated near half a century since, has those pleasant memories of the times and the men that have been, and are no more.

Ure's Dictionary of Arts, Manufactures, and Mines. New Edition, chiefly re-written and greatly enlarged. Edited by ROBERT HUNT, F.R.S., F.G.S., Keeper of Mining Records, &c. Illustrated with nearly 2000 Engravings on Wood. Parts XIII., XIV., and XV. London: Longmans.

THE Fifteenth Part, now ready for delivery to subscribers, completes the fifth edition of this very useful and ably executed work. It now forms three closely printed, well illustrated, encyclopædic volumes, which are entitled to a place in every useful library, and in the well provided offices of the manufacturers and merchants of a country like this. We wish "Ure's Dictionary" a continuance of its well-merited success.

New Inventions

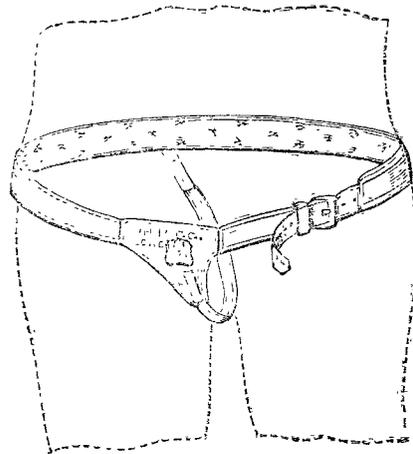
IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

NEW TRUSS FOR HERNIA.

THE undoubted disadvantages arising from the use of a common steel-spring truss have been the incentive for many attempts at producing a bandage which shall fulfil the mechanical conditions required for the support of a hernia, without involving the necessity for a metallic pelvic band.

Every surgeon is aware that in reducing a rupture, force has to be employed in an upward, backward, and outward direction; it is therefore evident that any appliance which fulfils the same office as the hand of the surgeon should have these three directions of mechanical force so combined, that their resultant follows the same line as the hernia itself pursues in descending. These desiderata are accomplished by a truss which has been recently invented by Mr. Heather Bigg, a diagram of which will explain its external form.



The truss has been called a "Triple Lever Truss," on account of there being three small levers, having their anterior extremities concealed within a triangular pad, accurately fitted to the inguinal region of the abdomen. These levers are acted upon by turning a little button in the middle of the pad, when the pressure of the truss can be regulated in such a manner as to offer the exact amount of resistance required to support the hernia.

The advantage of this arrangement is highly important both to the surgeon and the patient, as it enables the pressure to be determined with scientific exactitude, and moreover admits of the same truss being at once adjusted either for violent exercise or the slightest exertion. It thus presents the peculiar condition of the same truss being equally applicable for the slightest as well as the most severe cases of hernia.

It should also be stated that, instead of a steel spring surrounding the body, a soft padded band is employed, so that the truss can be worn either at night or day, and under no circumstances whatever become in the least degree displaced. The levers not being rigidly connected are always in a state of equipoise with regard to each other, so that the pressure of the pad remains uninfluenced by any movement of the body.

MEDICAL STUDENTS.—From inquiries we have made, it appears that 1237 London students have registered this session, being an increase over last session of 132. There seems to have been a corresponding increase in the provincial schools; also in the Irish and Scotch institutions. There is no doubt this increase is owing to a desire on the part of these young gentlemen to escape the wholesome regulations, coming into operation in 1861, of the Royal Colleges of England, Ireland, and Scotland, and the educational institutions of the United Kingdom, backed by the Council of Medical Education.