

Outlines of the Diseases of Women is essentially suited for the student, it may be read with profit by the practitioner, and is a reliable guide to the teacher of gynaecology.

THE CÆCAL FOLDS AND FOSSÆ AND THE TOPOGRAPHICAL ANATOMY OF THE VERMIFORM APPENDIX. By RICHARD J. A. BERRY, M.D., F.R.C.S., F.R.S. Edin. Edinburgh: William F. Clay. 1897. (Demy 8vo, pp. 76, 17 plates with letterpress. 6s.)

THE author has attempted in this book to give a comparative account of the work which has been published on the subject of the peritoneal folds and fossæ in the neighbourhood of the vermiform appendix, together with the results which he has obtained from an examination of 100 bodies. He has produced a very interesting book, which will be read with interest both by the anatomist and by the surgeon.

The peritoneal folds and fossæ in the region of the junction of the ileum and cæcum are divided by BERRY into two groups—first, the pericæcal or primary fossæ, which are those produced by means of peritoneal folds raised from the enteric mesentery by the vessels to and from the appendix. These maintain their form and situation both before and after their removal from the body. The second group includes the retrocæcal or secondary fossæ, which are situated behind the cæcum and ascending colon, and depend for their existence upon the secondary coalescence, sometimes wanting, of the colon, cæcum, and mesentery to the posterior abdominal wall. These are only visible with the parts *in situ*, and are destroyed by removal of the organs concerned in their formation.

Three pericæcal folds are recognised; these are the ileocolic, ileo-cæcal, and the meso-appendix. These folds give rise to the formation of two fossæ—the ileo-colic fossa and the ileo-cæcal fossa. The author concludes that the pericæcal folds are primary in origin and vascular in function. He thinks that these folds together represent the mesentery of the cæcum, and that the meso-appendix is the true appendicular mesentery. It appears from the constancy of the existence of the meso-appendix and the frequent absence of the pericæcal folds that the appendix is gradually replacing the cæcum in functional activity.

The meso-appendix is constantly present, and is normally situated in 75 per cent. of cases. When normal it is quadrilateral in shape, but when abnormal it may assume any shape and any position. In 6 per cent. of abnormal cases Berry states that the meso-appendix is so situated as anatomically to predispose the subject to appendicitis.

Both the pericæcal folds and fossæ are inconstant, and are of little importance. Two retrocæcal or retrocolic fossæ are described. They are best described as internal and external retrocolic fossæ. They are secondary in origin, and are met with in only a small percentage of cases, but when present they may play an important part in the production of appendicitis. This is due to the fact that one of these fossæ when present frequently lodges the vermiform appendix.

Fifteen full-page reproductions of photographs of the various folds and fossæ in the cæcal region are given. These are of great interest, especially the series which illustrates the different types of the meso-appendix.

A bibliography of the important works which have been published on the subject completes the volume.

NOTES ON BOOKS.

Exercises in Equine Surgery. By P. J. CADIOT, Professor at the Alfort Veterinary School. Translated by A. W. BITTING, D.V.M., Veterinarian to Purdue University. Edited by A. LIAUTARD, M.D., V.M., Principal of the American Veterinary College, New York. (New York: W. R. Jenkins. 1897. Demy 8vo, pp. 130, 56 illustrations. 2.50 dols.) In this volume the exercises in equine surgery given at the Alfort Veterinary School during the scholastic year are described. The author is careful to state in his preface that "all operations are made on the cadaver except those on the animal, while in a state of anaesthesia, secured by an intravenous injection of chloral hydrate." It is satisfactory to find this refutation of serious allegations of cruelty, levelled by some transatlantic anti-

vivisectionists against the Alfort surgery class, which appeared in English newspapers about a year since. Professor Cadiot's book commences with the methods of restraint, and goes on to describe in detail the means and methods adopted in performance of the various operations most common in equine surgery. Though here and there we find described methods and details which others perform otherwise, the author has succeeded well in his task. The illustrations, mostly from the pencil of M. Nicolet, are of a very high order, and help most materially to render the text clear. The translator, Dr. Bitting, has done his work faithfully. The editor Dr. Liautard, contributes a preface, and there is little doubt that the hope therein expressed by him will be realised, that "this little work will not fail to prove of some value and advantage to the veterinary student and practitioner."

REPORTS AND ANALYSES

AND
DESCRIPTIONS OF NEW INVENTIONS
IN MEDICINE, SURGERY, DIETETICS, AND THE
ALLIED SCIENCES.

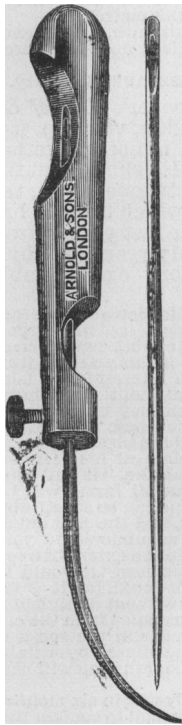
EUQUININE.

A CONSIDERABLE advance has been made of late years in our knowledge of the relation between chemical constitution and physiological action. By modifying artificially the chemical constitution of a drug, it is possible to modify also its physiological action, and similar modification in the chemical constitution of various drugs induce similar modifications in the action of their derivatives. Quinine in large doses causes symptoms to which the term cinchonism has been applied; these consist in a feeling of tightness across the forehead, ringing in the ears, deafness, diminution of the power of sight and accuracy of feeling. This peculiar physiological action of quinine has now been modified by converting it into a derivative—euquinine. It is manufactured by the Vereinigte Chininfabriken Zimmer, and Co., of Frankfurt, and it is stated that the results of its use show that it does not produce cinchonism. Euquinine is chemically the ethylcarbonic ester of quinine. It is produced by the action of ethylchloro-carbonate on quinine, and forms white delicate needles, which are readily soluble in alcohol, ether, or chloroform, but scarcely in water. The solution is alkaline to litmus paper, and with acids it forms crystallisable salts, of which the hydrochlorate is readily soluble in water, the sulphate much less so. Solutions of euquinine in faintly acid water are precipitated by the usual quinine reagents. Chlorine water and ammonia give a green coloration (thalleioquin), and the red coloration produced by chlorine water, potassium ferrocyanide, and ammonia is well marked. The only quinine reaction which does not occur is the formation of iodo-sulphate (herapathite). Euquinine placed on the tongue is at first perfectly tasteless; a very slight bitter taste becomes noticeable after some time. The dose of euquinine as a tonic is stated to be 1 to 3 grains. This substance being almost tasteless can be taken either with or without water. Milk is an excellent vehicle, especially for children. For adults the cachet form of administration is the most convenient. Euquinine could be given in a mixture, a solution being made by means of a little dilute hydrochloric acid, but such solutions have an objectionable and lasting taste.

DISINFECTANT NIGHT LIGHTS.

MESSRS. PALMER AND Co., of Stratford, have sent us samples of Dr. Trestrail's patent carbolic night lights. It is not claimed for these night lights that they free a room from germs of disease, but they are said to impregnate the air more or less, according to the number used, with volatile disinfectants, and are especially adapted for use in bronchial affections. The disinfectant is contained in the inner wrapper surrounding the night light, and is volatilised by the heat of the flame. On testing the night light by burning two or three at the time in an ordinary sized room there was a phenolic and aromatic odour decidedly perceptible and refreshing, and in that respect the burning of such a light

might be in some cases advantageous, but as a disinfecting agent its value must be infinitesimal. The makers are also prepared to supply night lights with any volatile disinfectant which may be prescribed by medical authority.



A NEEDLE HOLDER.

Dr. W. J. BRANCH, of St. Kitts, W.I., sends us a description of a needle holder lately made for the hospital in that island by Messrs. Arnold and Son, of Smithfield, at the suggestion of Mr. Christian Branch, M.B., C.M., and Dr. W. J. Branch. The advantages claimed for the needle, the design of which is shown in the accompanying woodcut, are: (1) It is adapted to suit either ordinary suture needles or long ones such as are used in abdominal surgery. (2) The needle can be easily threaded after being fixed in the holder and before being passed through the tissues, thus saving delay and trouble in the course of an operation. (3) The needle and its thread can be passed with a continuous movement forwards by loosening the screw after the introduction of the needle, and drawing the latter on with the other hand, thus obviating the necessity of first introducing; then threading at the point; and, thirdly, of drawing back, which pertains to the use of a handled needle in abdominal surgery.

BREAST SHIELD AND NIPPLE PROTECTOR.

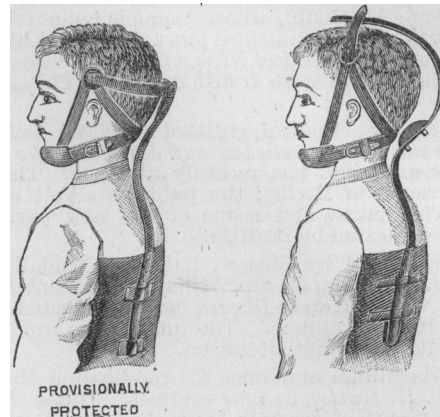
MESSRS. INGRAM AND Co., of Hackney Wick, have sent us a breast shield and nipple protector, for which they claim the following advantages: that it is flexible; that being the same shape as the breast it fits closely thereto, thus allowing natural warmth; that it gives less trouble in suction to the child; that it has a firm base (without being either hard or sharp); that it will keep in position without being held, retains its shape, prevents leakage, will not allow the suction of air, and is durable.

able; that being the same shape as the breast it fits closely thereto, thus allowing natural warmth; that it gives less trouble in suction to the child; that it has a firm base (without being either hard or sharp); that it will keep in position without being held, retains its shape, prevents leakage, will not allow the suction of air, and is durable.

APPLIANCE FOR SPINAL CARIES AND TORTICOLLIS.

We have received from Messrs. Salt and Son, of Birmingham, a modified, and in some respects improved, form of the accessory apparatus used for suspending and fixing the head in cases of caries affecting the cervical portion of the spine. This modification has been devised with the object of remedying certain disadvantages believed to attend the use of the appliance known as Sayre's jury mast, such, for instance, as its unsightly appearance, and the freedom it allows to movement of the head and neck. In the new form the jury mast is carried but little higher than the occiput, and is then divided into two arms extending along opposite sides of the head, and each terminating just above the temple on either side in a firm flat pad. From the centre of each of these pads the head is slung by means of the ordinary straps passing around the chin and occiput. The appliance seems likely to fail in affording the degree of suspension, or rather extension, required by many surgeons. It is very probable, however, that this cannot be attained by any apparatus that has yet been devised, and the centres of suspension in the improved appliance had, it is asserted, been found in practice more satisfactory than those of Sayre's jury mast. The lateral compression of the head by the curved bars and pads is likely to prove useful both in securing continuous rest of the head, and in preventing any sudden and otherwise unguarded movements due to a slip or push. The absence of the elevated bar which forms so prominent a feature in other forms of jury mast is certainly a great advantage not only in respect of appearance, but also in its allowing due attention to proper order of the hair and cleanliness of the scalp.

By altering the relative position of the pads, adapting one pad to the chin and establishing a small quadrant action at



the point of bifurcation, this apparatus can be converted into an appliance for torticollis by which the head may be rotated into its proper axis.

A NEW CHOLECYSTOTOMY SPOON.

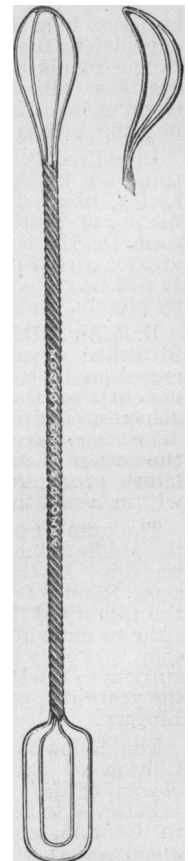
MR. MARK WARDLE, L.R.C.P., L.R.C.S. Edin., of Bishop Auckland, writes: I have often found that the spoons in use present drawbacks. They are frequently too large, and generally too thick, and unless the operator possess a graduated series, the opening in the gall bladder has to be accommodated to the size of the spoon, which in many cases means that it is larger than necessary, a very important point when it is the intention to close both the bladder and parietal wounds without drainage.

Messrs. Arnold and Sons have made to my instructions an instrument in which the spoon part is formed of malleable wire, which admits of its being pressed by the fingers into the necessary breadth, so that in cases in which the calculi are small a very much smaller opening than usual is sufficient.

The stem portion is also sufficiently flexible to allow the gall bladder to be easily reached when it is awkwardly placed, as by being tucked up deeply under the liver, and held by adhesions, and is yet firm enough not to bend too readily.

It should answer as well in removing the smaller calculi from the urinary bladder in lithotomy.

It is designed not so much for hospitals as for surgeons whose work requires them to take their operation bags with them, and where *multum in parvo* is a desideratum.



THE HUNTINGDON COUNTY HOSPITAL.—This hospital, which is situated on a breezy common near the town, has lately been thoroughly renovated, and enlarged so as to contain 42 beds. Teak floors have been laid in all the wards, and the sanitary appliances have been renewed. A small operating theatre has been built, floored with terrazzo and lined throughout with opalite. A mortuary chapel, the gift of one of the governors, is being built. The President of the hospital is Lord Sandwich; the Honorary Secretary the Archdeacon of Huntingdon; and the House-Surgeon Dr. J. H. Pater-son.