

February; from that time the disease lasted in both divisions of the population until May and June respectively. With the year 1865 an epidemic begins affecting, as it seems, exclusively the civil population. It would be very desirable if the results thus obtained were verified by the publication of as many cases as possible observed in this place. Nevertheless, this result is probably essentially reliable, that the disease has confined itself to the first five or six months of the year. This agrees with Boudin's statements, who in a report including 172 cases, reckons 109 in the first half of the year and sixty-three in the second. The maximum fall in the months of January (26), February (29), and December (20), and the minimum in August (3). It cannot be denied, therefore, that the coldest seasons of the year are specially disposed to produce the disease. Two elements may come under consideration with respect to this point: the local effect of cold and the condensation of a portion of the population in confined spaces. Comparison with the years 1861 to 1863 shows that in those years, too, isolated cases of quite analogous nature occur; thus, in 1861, cases 1 and 3; in 1862, case 3; in 1863, cases 1 and 2 (?) may belong to this disease. It is very remarkable that in these sporadic cases also distinct indications are met with, in the reports of dissections, of the presence of parenchymatous organic diseases, and this circumstance may still further confirm the identity of the cases in question with the epidemic affections of the last two years."

(To be continued.)

REVIEW VII.

1. *Diseases of Children: a Clinical Treatise based on Lectures delivered at the Hospital for Sick Children, London.* By THOMAS HILLIER, M.D., &c. London, 1868. Pp. 402.
 2. *A Practical Treatise on the Diseases of Children.* By D. F. CONDIE, M.D. Philadelphia, 1868. Pp. 783.
 3. *The Surgical Treatment of the Diseases of Infancy and Childhood.* By T. HOLMES, M.A., Surgeon to the Hospital for Sick Children, &c. London, 1868. Pp. 648.
 4. *Leçons Cliniques sur les Maladies Chirurgicales des Enfants.* Professées par M. J. GIRALDÈS, Chirurgien de l'Hôpital des Enfants malades, &c. 1er—3ème fascicules. Paris, 1868.
- Clinical Lectures on the Surgical Diseases of Children.* By Dr. J. GIRALDÈS, Surgeon to the Hospital for Sick Children. 1st—3rd parts. Paris, 1868.

OF the four works whose titles we have just enumerated two deal with the medicine, and two with the surgery, of early life. They represent almost entirely the state of science with regard to the most important of all our specialities, and we should be wanting, therefore, in our duty to our readers if we did not give some account of them.

Dr. Hillier's book is so good in one way as to be disappointing in another. By modifying lectures delivered at the Hospital for Sick Children, he has produced what he rightly describes as "a series of short monographs," which testify to so much careful observation and study as to give us serious grounds for complaining that he has not published the results of his experience with regard to many other infantile diseases of importance. Thus, gastric, intestinal, hepatic, and renal affections are not noticed, scrofula is only incidentally referred to, and syphilis dismissed in a dozen lines. We trust that Dr. Hillier has only postponed these subjects for a second edition of this valuable work, in which case room might be, perhaps, made for them by curtailing the articles on pleurisy, pneumonia, and scarlatina, which, although not too long for the importance of those diseases, are out of proportion to the size of the work. Where all is instruction, it is difficult to select anything for special praise; but, to our minds, the articles on tuberculosis, pyæmia and otorrhœa, and acute and chronic hydrocephalus, are the most interesting. In his account of diphtheria he argues strongly—against those who (as Sir Wm. Jenner and Mr. Squire) would distinguish between croup and diphtheria. One very commendable feature of the volume is the formulary for prescriptions; another is the large number of illustrative cases, of which many are very valuable.

Dr. Condie's book is, in many respects, the most striking contrast to Dr. Hillier's. The English author avoids, even more than most clinical lecturers, quotations from other authors, and seems to rely almost exclusively on his own experience, while Dr. Condie is profuse in his references to others, and keeps his own judgment and experience too much in the background. Were his subject philosophy, and not medicine, we should say that he is a syncretist, and not an eclectic—that is to say, he collects and registers various, and often conflicting, opinions, without any effort to conciliate or systematise them. This tendency is most notable in those points where the progress of science has led to the abandoning of opinions which were formerly held. Thus, we believe that the accounts of lung-collapse and gastro-malacia would be unintelligible to any one who has not studied those questions, simply because contradictory statements, introduced into successive editions of the

work, have been allowed to remain in juxtaposition without sufficient explanation. The articles on diphtheria and croup, again, are very confused, from the same defect. The description of "remittent fever" as a disease of the digestive organs, and the omission of all reference to the true nature of the epiphytic skin diseases, are also, no doubt, due to the incomplete preparation of the later editions of this work, which is the more unfortunate because it contains a great amount of useful matter. The whole of the first part (containing the general pathology, semeiology, &c., of children's diseases, is remarkably superior to the rest of the work; the description of infantile cholera, which is much more frequent in the United States than in Europe,¹ is interesting, both as to pathology and treatment. The disease is attributed to the action of hot, moist, and impure air, primarily upon the skin, and secondarily upon the mucous surface of the alimentary canal, which is already predisposed to disease by dentition; the chief means of treatment is, therefore, to supply abundance of pure and cool air.

Epidemic cerebro-spinal meningitis has, in some American epidemics, been observed almost exclusively in children under fifteen years of age. Many American physicians still seem to rely upon the action of mercury in this disease, while others have found decided benefit from the administration of large doses of quinine.

The reader will meet with some expressions here and there in this book which will remind him that the author is not an Englishman, of which, perhaps, "illy," for the adverbial use of "ill," is the most curious; but the style is, on the whole, more flowing and easy than that of most American books we have read.

It is a pleasure to us to turn to a work of which we can speak in terms of unqualified praise. Mr. Holmes's 'Surgical Treatment of the Diseases of Infancy and Childhood' is a book quite *hors ligne*, and one which the student and the experienced practitioner may alike study with pleasure and profit. It combines all the good qualities which should be found in such a work, being the fruit of considerable book-study, as well as of an extensive practice, clearly and elegantly stated; and (what is no little matter) with everything done, in the way of excellent plates and engravings, and judicious typographical arrangements, to facilitate its perusal.

Our best course will be to give an analysis of the more important parts of the work, as it may be taken to represent the present state of infantile surgery.

It is divided into two parts, the first treating of malforma-

¹ Dr. Condie is wrong in supposing it to be unknown here.

tions, the second of injuries and surgical diseases. Some of the malformations (hermaphroditism, joined twins, tracheal fistula, &c.) are too rare to have any practical interest, although even the description of these contains cases of importance which have occurred in the author's own experience; but others are among the most important surgical affections of childhood.

We are glad to see that Mr. Holmes gives prominence to the fact that all dangerous operative procedures for *nævus* should be avoided, since the disease is, when left unchecked, seldom or never fatal. He condemns excision by the knife in all dangerous positions, and thinks it should always be confined to hospital practice. He recommends the use of setons (which he generally dips in solution of perchloride of iron) for large *nævi*, subcutaneous ligature for smaller ones, and repeated applications of strong nitric acid to those which are merely superficial. Ligature of the carotid, or even of the vessels at the base of the tumour, is condemned as dangerous, and uncertain in its results; vaccination is only available in such cases as may be much better treated by nitric acid; and injection of the perchloride of iron, though it has the advantages of being very effectual, and leaving hardly any visible trace of its action, has in several instances proved fatal, by coagulating the blood in a large vein. If employed at all, only two or three drops should be injected into different parts of the tumour at each sitting. The purely palliative treatment, by pressure or cold, is tedious and troublesome, and offers no security against a return of the disease.

In harelip Mr. Holmes always uses pins, and not the suture. He leaves the pins in for only forty-eight hours, so that no mark of them remains, and he has never yet had a case in which the wound gave way after their removal.

The operations of staphyloraphy and uranoplasty are recommended to be performed, in otherwise healthy children, before they have acquired the habit of speaking in the peculiar way characteristic of cleft palate, say at about three years of age. It would formerly have been very difficult to operate on such young patients, but the use of the gag invented by Mr. T. Smith, which holds the mouth open to the widest extent, has made it much easier. The operation will, however, always be a troublesome and tedious one (Billroth estimates its duration at about three quarters of an hour), and union is, perhaps on the whole, less likely to occur in infancy than later in life.

In case of imperforate rectum we are advised to wait for a day, if the symptoms are not urgent, so as to allow the lower part of the bowels to become distended. If there be then no positive evidence of the presence of the rectum, it is probably better only to make a puncture with a grooved needle or explor-

ing trocar, and, if no meconium is found, to proceed at once to colotomy. If any further search in the perinæum is to be made it should be a careful dissection, aided by the presence of a staff, kept strictly in the middle line, in either the bladder or vagina, according to the sex. If the colon has to be opened, Littre's operation should be preferred to Amussat's; and this because in infants the colon usually has a long mesocolon (so that it could not be opened from behind without wounding the peritoneum), and presents at once in the wound in the groin. M. Rochard is quoted to prove that colotomy has been successful in ten cases, and in three of these at least the artificial anus did not prevent the patient from leading an active and easy life. In those cases where an imperforate rectum opens into the vagina there is little danger to life; but when the natural passage is restored the vaginal fistula does not, as a matter of course, close. Recto-vesical fistula, in the male infant, is more serious, as the urethra is choked by the accumulation of solid fæces; such cases require, therefore, earlier operation than the last variety; generally, if the intestine opens into the urethra, it will be accessible from the perinæum, but if into the bladder, colotomy will be necessary.

The general remarks on operations in childhood, which are prefixed to the account of the surgical injuries and diseases of infancy, will be read with great interest. Mr. Holmes is, on the whole, of opinion that operations are less dangerous in children than in adults, inferring this, partly from some statistics (which he published in vol. i of the 'St. George's Hospital Reports'), partly from the *à priori* considerations that the healthy state of the viscera, and the ease with which long confinement or pain can be endured, more than counterbalance the more transitory effects of violent pain or hæmorrhage, which are more serious in the infant than in the adult.

A very minute account is given of the operations for opening the windpipe, which are so frequently necessary in children, and several points of detail brought into notice, which, although we have not space to mention them here, should be read by those who are likely to have to perform them. Mr. Holmes has established, we think, that Mr. Marsh's objections to the performance of laryngotomy (in vol. iii of the 'St. Bartholomew's Hospital Reports') are not valid, and that in very early life it would be extremely unwise ever to operate below the thyroid isthmus; even in older children tracheotomy should only be performed when a larger opening (for the extraction of foreign bodies) is required than can be made above. In case there is reason to suppose the existence of some polypus or other tumour in the larynx, he recommends that, after laryngotomy,

the thyroid cartilage should be divided through its whole length, so as to expose the interior of the organ, care being taken to avoid the vocal cords. Although this does not appear to be so dangerous an operation as one might have supposed, we cannot say that the results, as he gives them, of his cases are sufficiently encouraging to lead to its general adoption.

We hope that Mr. Holmes is mistaken in fearing that, because he dissents from the ordinarily accepted views of the nature of "struma," he will be regarded as ill-informed on the subject. We quite agree with him that the way in which low inflammations and diseases of very different kinds are "lumped together" betokens an unscientific habit of mind, and leads to errors in prognosis and treatment. He follows Sir William Jenner in discarding altogether the word "struma," and in distinguishing sharply between tuberculosis and scrofula, two diathetic states which, so far from requiring the common term struma for connecting them, need to be kept carefully apart. But he also brings into prominence a point which has been too much neglected, viz. that many of the cases known as "scrofulous" are only examples of local disease which, by long continuance, have produced general disorder. These are constantly confused with the totally opposite state in which local disease is produced by a pre-existing diathesis, and a careless diagnosis (for which the words "scrofulous" and "strumous" are an excuse) leads to serious mistakes in treatment.

We cannot do more than refer briefly to the excellent article on rickets. Mr. Holmes tells us that the experience of the Children's Hospital is that phosphate or superphosphate of lime is of no real use in this disease; with regard to its surgical treatment, he is decidedly in favour of applying splints to prevent deformity. With all deference to his authority, we should be inclined to add Dr. Hillier's qualification—that the splints will only be of use when the general disease has been cured, and merely the local softness of bone remains.

The account of periostitis will be read with particular interest, as the disease has only been accurately known within the last ten years, and this is probably the best description of it in the English language. In cases of this kind, where the disease has gone so far as to separate the bone from its surroundings, and periosteal abscess has resulted, the author strongly advocates subperiosteal resection of the diseased bone, even before new bone has formed. He claims two advantages for the operation over the expectant plan of treatment—the one, that it removes a constant cause of dangerous irritation; the other, that the operation is more easily performed, and is more rapidly re-

covered from, before than after the formation of a large sequestrum, and it is fair to admit that his detailed cases bear out his statement. The principal objection is the great probability of shortening of the limb.

On the other hand, Mr. Holmes is decidedly in favour of not removing bone which caries has destroyed, but of trying perfect local rest, with or without the application of a strong liniment of mineral acid, as recommended by Mr. Pollock.

The chapter on joint diseases is remarkably practical; the author rightly attaches little importance to the distinctions usually established by systematic writers between affections of the bones, cartilages, tendons, ligaments, and synovial membranes, but confines himself particularly to questions of prognosis and treatment. Abscess, the almost invariable result of joint disease in children, should generally be freely opened, and, supposing any further operative measures to be required, the smaller joints may be excised; but if the knee, hip, or shoulder be affected, amputation will generally be required.

Mr. Holmes applies to the consideration of chronic joint diseases the general principles* which he lays down under the head of struma. He is of opinion that the majority of what are called "strumous joints" are merely instances in which long-continued local disease has produced constitutional mischief, basing his opinion on the ordinary course of such cases, which, in their origin, progress, tendency to spontaneous cure, and usually complete recovery after excision or amputation, resemble local rather than diathetic diseases. The pathological appearances, too, are rather those of simple chronic inflammation than of any peculiar morbid action.

The whole question is analogous to that raised by some modern German and French physicians—whether pulmonary phthisis is, in many instances, not a simple chronic pneumonia; but it is more easily soluble, and much more immediately practical, for, if chronic joint disease is essentially constitutional, operations ought only to be performed when urgently called for; while if it is local, it may generally be advisable to perform them, if only for the sake of preventing the local disease affecting the general health.

Of all the operations for diseased joints, Mr. Holmes is best entitled to speak with authority about excision of the hip, which he has performed more frequently than any other surgeon. He has preserved notes of nineteen cases, in all of which he followed the rule of not operating as long as there was any reasonable chance of natural recovery. To abridge his statistics, we may say that three of the nineteen made complete recoveries, three have useful limbs, but with sinuses, one case was doubtful,

and two were very little benefited. Seven died from the direct results of the operation, one of whom was in a dying state when it was performed, and five of pyæmia, which seems then to have been prevalent at the Children's Hospital. The remaining three cases died some time after the observation; one from independent disease, the other two from long-continued suppuration.

These, as Mr. Holmes very fairly allows, are not satisfactory results; but, considering the ordinarily long duration of the disease, and the hopelessness of a natural cure in poor children once the bones have become carious, they imply that the operation will often be advisable merely to save life, while the limb is far more mobile after a successful excision than after spontaneous cure.

With regard to the vexed question of excision of the knee, our author is of opinion that it is a more severe operation than amputation, being both more immediately dangerous to life and requiring a longer time for convalescence. It is, therefore, only to be recommended in the most favorable cases, in which it has over amputation the great advantages of leaving a useful limb instead of a stump.

We have dwelt so long on this subject that we have no space to give an account of the important suggestions made by our author for the various operations in disease of the tarsal joints, but we regret this the less that we hope what we have already said will induce every practical surgeon to study the book for himself. We would especially call attention to the chapters on infantile prolapsus, hernia, and stone. The highest praise we can give them is that they are fully equal in merit to the rest of the volume.

Mr. Holmes is unable to find room in his volume for diseases of the eye; if any special account of these is desired, probably none can be found better than that given by M. Giraldès, in the lectures which stand last upon our list. As these are still unfinished, it would be unfair to say more in the way of criticism than that they are, perhaps, *too* clinical. Being the exact reproduction of the lecturer's words, the continuity necessary in a book is constantly broken by digressions to cases of a totally different kind, under treatment at the same time. Besides diseases of the eye, hydrocephalus, harelip, hydatid cysts of the liver, ovarian and myeloid tumours, are the principal subjects treated of, and all of them in a way that is thoroughly practical and interesting. When finished, these lectures will probably form a complete course of infantile surgery, worthy of the successor of Guersant, and of the unrivalled means of observation at M. Giraldès' disposal.