for holding a small quantity of water of desired temperature, in which a current is established by means of two flexible tubes, an upper one with a stop-cock communicating with a reservoir, a lower one leading to a waste vessel.

We are thus brief in our notice of this portion of Dr. Arnott's contributions from a belief that it deserves and will amply reward a careful perusal, and that it ought, and we would hope will be in extensive demand. And the same remark is applicable to the concluding portion, that in which he treats of diseases of the urinary organs—viz., stricture of the urethra and stone in the bladder, advocating for the former dilatation and eccentric incision, or a combination of the two; and for the latter a modified plan of operation of an analogous kind. His aim is—the great desideratum of the surgeon—the maximum of efficiency with the minimum of risk.

ART. XXII.—*On Combined External and Internal Version.* By J. BRAXTON HICKS, M.D., F.R.S., Lecturer on Midwifery and Diseases of Women, and Assistant-Physician at Guy's Hospital.—*London*, 1864. 8vo, pp. 72.

THE truth of the old saying, that "there is nothing new under the sun," is in a great measure exemplified in the production of Dr. Hicks' little book on combined external and internal version. Not only did Wigand, in 1807, demonstrate that, by means of external pressure applied through the abdominal and uterine walls a certain definite revolution of the foetus could be accomplished, but so long ago as 1653 we find, in Welsch's translation of an old Italian book (*Mercurio: 'La commare draccoglitrice.'* Venice, 1604) a tolerably accurate description of this principle. A glimmering of the doctrine existed even in still more ancient times, for at p. 50, in a very old work by Rueff, published at Zurich in 1554, the external grasp of the hand, for the improvement of the position of the child, is spoken of! The two last works appear entirely to have escaped the observation of Dr. Hicks, though he has of course made a just acknowledgment of Wigand's admirable essay, where it is clearly shown that in transverse positions, by means of external manipulation, the long axis of the child can be placed in the long axis of the uterus. Unquestionably this point has not engaged the attention of British practitioners, but it has been long recognised by many German obstetricians. Dr. Hicks has brought the principles alluded to more prominently before the profession in this country, and applies them more universally than has been done hitherto. Regarding Wigand's method and his own modification, the author writes:

"He noticed, which is indeed the fact, that in the greater number of the so-called transverse presentations the child laid obliquely, not rigidly transverse; that either the head or the breech is nearer the os. He had discovered that pressure upon the exterior would make the foetus move to a considerable extent; this fact he adapted to the rectification of the abnormal position of the foetus. He found that, by pressing on both poles of the child in opposite

directions, he could bring that end which was nearest into the os uteri. Thus, as the head was nearest the os in the majority of cases, he more often employed cephalic version. He only employed the inner hand to guide and receive the head or breech into the os. As a motor power it does not appear that he used it; indeed, he particularly directs attention to *outer manipulations alone*. This it is important to bear in mind, because in this point consists the difference between being able *merely to rectify abnormal presentations, and being able to accomplish version in any manner; whether partial or complete, podalic or cephalic*. Even where he employed cephalic version (and here the plan to be pointed out in this treatise the nearest corresponds to Wigand's) he did not push back the presenting part in the direction of the feet; and thus, as will be hereafter shown, he was unaware of the advantage to be gained by this procedure."

The mode of operating is described by means of illustrations, without which a good idea cannot be given to the reader. The cases which in Dr. Hicks' estimation are suitable to the employment of the combined version, are malpresentation, convulsions, small pelvis, or other deformity, extreme depression, and placenta prævia. Of the last he says: "If I can feel the membranes and find the head presenting, I then proceed as in an ordinary case before described." Our own impression is, that if the membranes can be easily felt, the preferable plan would be to rupture them and leave the case to nature. The advantages of the peculiar mode of version which he describes are summed up under two heads—first, those of avoidance; secondly, those of acquisition.

“(a.) *Avoidance.*”

“1. We shall avoid the addition of the hand, and perhaps of the arm, to the uterine contents, with the present and chances of future irritation caused by it.

“2. Entry of air into uterus.

“3. Liability to ruptured uterus, the pressure being opposite to that of the ordinary method.

“4. Much of the pain and distress felt in the ordinary plan.

“5. The necessity of baring the arm, and perhaps the removal of the coat of the operator.

“6. Much of the fatigue and distress felt by the operator by the pressure of the uterus during contractions.

“7. The increase of collapse by the presence of the hand in cases of severe exhaustion.

“I do not wish to lay any more weight upon these points than they deserve. The dangers of cautious turning by the old method are not so great as have been supposed, the unphilosophical deductions from the statistics of this operation having given erroneous results.

“(b.) *Of Acquisition.*”

“1. We shall gain opportunity of correcting malpresentations as soon as recognised.

“2. The capability of early delivery.

“3. The opportunity of using the child as a compress in placenta prævia.

“4. The capability of version at a time when the old method is impracticable.

“5. The opportunity of producing cephalic version much more readily than formerly.”

We think that the author has over-estimated the applicability and advisability of combined version, especially in cases of arm-presentations, where the liquor amnii has escaped any length of time, and in placenta prævia.

Dr. Hicks concludes by giving twenty-four illustrative cases. The last case is one of twins; the second presented with the back. Immediately after the extraction of the first child an examination was made, and another bag of membranes discovered; this was ruptured, but Dr. Hicks adds that he was unable to effect the delivery of the second child for some time, owing to a *very rigid* os uteri, which was only the size of a five-shilling piece! We are somewhat at a loss to understand how such a condition of the os uteri could be possible immediately after the extraction of a full-sized child, with a twin still in utero.

Dr. Hicks has certainly done some good in bringing before the profession the advantages of combined external and internal version, but we cannot help expressing a hope that his next literary production will be written with greater care.

ART. XXIII.—*A Companion to the British Pharmacopœia; comparing the Strength of the various Preparations with those of London, Edinburgh, and Dublin, United States, and other Foreign Pharmacopœias, &c.* By PETER SQUIRE, F.L.S., Chemist on the Establishment of the Queen, &c. Second Edition.—London, 1864. pp. 256.

THE rapidity with which the former edition of this work has been disposed of is perhaps the best indication of its merit. The new edition, however, possesses qualities which render it really much more useful and handy than its predecessor. The entire work has apparently been revised with much care, necessary corrections have been made, and necessary additions contributed. Much new matter refers to preparations which are "not officinal," and all such are distinctively and clearly indicated. The description of the various drugs contains a statement of their preparations and doses, and a full index exists, combined with a table of the doses, so that in this index, by the use of Italic and Roman letters, the eye seizes at a glance the name of the preparation, its dose, the page at which it is described in the volume, and the fact whether it is in the 'British Pharmacopœia,' or not officinal. Altogether the work is almost a necessary complement to the new 'Pharmacopœia' as it at present exists.