ART. XI.—*An Expository Lexicon of the Terms, Ancient and Modern, in Medical and General Science, including a complete Medical and Medico-legal Vocabulary.* By R. G. MAYNE, M.D. Part IX.—London, 1859.

THIS valuable work is now drawing to a close, the ninth number bringing the main body of the Dictionary down to the last letter of the alphabet. A considerable number of addenda are given in this part, and as they only belong to letter A, it is to be feared that the appendix will almost rival the body of the work in size. We will hope, for the author's sake, that his first edition may prove so acceptable to medical men, that a second may soon enable him to place these waifs and strays in their proper places. In a work of this kind it is unavoidable that omissions should occur which are discovered after it is impossible to rectify them, except in the manner adopted by Dr. Mayne.

The Dictionary, as we have repeatedly pointed out, contains a large amount of information, well arranged, and very accessible; and we have little doubt that it will soon come to be regarded as a necessary appendage to the library table of every man of science and scientific dilettante.

ART. XII.—*Contributions to Midwifery, and Diseases of Women and Children; with a Report on the Progress of Obstetrics, and Uterine and Infantile Pathology in 1858.* By E. NOEGGERATH, M.D., and A. JACOBI, M.D.—New York, 1859. pp. 466.

THE Contributions in this volume consist of seven essays, which we notice seriatim—

1. "Three cases of induction of premature labour after Cohen's method." Dr. Noeggerath advocates the induction of premature labour by the method known as that of Dr. Cohen, of Hamburg, and which consists in the injection of water into the uterine cavity by the means of a catheter inserted between the membranes and the inner surface of the uterus. At the same time Dr. Noeggerath discusses other methods, and by the comparison of the results, establishes to his own satisfaction the conclusion that Dr. Cohen's method is the safest and most efficient with reference to both mother and child. It is a method that has not been generally employed by English obstetricians, but has found great favour among our German brethren. A report of its successful employment in a case of distorted pelvis was given to the Obstetric Society of London by Dr. Trouncer, in October of the present year. We have referred to the monograph of Dr. Krause, of Dorpat ('Die Künstliche Frühgeburt'), in which, from the details of cases to be found scattered throughout British and Continental medical literature, Dr. Krause concludes, as does Dr. Noeggerath, in favour of Dr. Cohen's method.

2. "Four cases of injection of a caustic solution into the cavity of the womb, illustrative of the advantages and dangers connected with

this proceeding," are sufficiently conclusive in their results to deter any than a very rash man from adopting such measures after their perusal. Out of four cases, two exhibited alarming symptoms, and one resulted in death; and yet Dr. Noeggerath could pen such a sentence as the following, immediately after the statement of such results—"The question, whether caustic injections into the womb are connected with dangers or not, seems to me unsettled." (!) What amount of mortality would Dr. Noeggerath deem requisite to settle this question?

3. "On the employment of pessaries." This essay recommends Zwanck's pessary (or Eulenburg's Hysterophor), a modification of which by Dr. Savage, of London, presents improvements.

4. "On the parthogenesis of uterine polypi," in which, from the occurrence of a *placenta succenturiata*, rapidly developed into apolypoid tumour, the writer infers that light is thrown upon the origin of uterine polypi.

5. "A case of invagination of the colon descendens in an infant, with repeated hæmorrhages in the *colon transversum*," by Dr. Jacobi, is interesting from the rarity with which it is met with in medical literature.

6. In this essay, Dr. Jacobi very strongly recommends the employment of oxysulphuret of antimony in inflammatory diseases of the infantile respiratory organs—in "inflammations of the larynx, trachea, bronchi, bronchia (?) and lungs"—"after the inflammatory fever is removed, and the disease has reached its highest development." Its benefits, Dr. Jacobi states, are to be obtained by giving it in full doses—e.g., a grain and a half to three grains repeatedly. At a later period of the disease, the writer remarks that the oxysulphuret may be combined with iron, quinine, &c. It occurs to ourselves, that at the particular stage of the disease indicated by Dr. Jacobi as suitable for the administration of this remedy, the patient is in a fair way for recovery, and that the virtues of the medicine are somewhat masked by the advances of health.

7. "On the etiological and prognostic importance of the premature closure of the fontanels and sutures of the infantile cranium." Dr. Jacobi shows, from the researches of Eichmann and others, that in well-developed children the large fontanel is closed at or before thirteen months of age, and that it is open at the same period of life, or later, in a large majority of badly developed children; and that as the size and form of the cranium result from the process of ossification at the sutures, pathological conditions will follow on their premature closure. Dr. Jacobi, however, adds that this law is not without limitations, and quotes the statement of Huschke, that the cranium increases in size up to the sixtieth year. The brain, however, the writer repeats, does not increase in size after the completion of the ossification of the fontanel and sutures, and he is of opinion that the increase of the cranium is effected by the absorption of the osseous substance of the inner surface and its reproduction on the exterior. "The intellectual faculties, and those of locomotion and sensibility," are injured by premature closure of the sutures, and consequent diminution of the

cranial cavity. Idiocy if life extends beyond infancy, cerebral affections of a similar character to those of inflammatory diseases, and a condition that has often been spoken of as hypertrophy of the brain, are the forms in which the effects of this abnormal condition of the bones have been manifested. The condition of cranium here pointed out by Dr. Jacobi has been very little noticed by pathologists, but we have ourselves seen examples thereof.

The latter portion of this work, the "Report on Obstetrics," although comprising three-fourths of the entire volume, it will not be necessary that we dwell upon, beyond stating that it presents a very full summary of all that has lately appeared in various periodicals, and other recent works upon obstetrics, and the diseases of women and children. Dr. Barnes's periodical Reports upon the same subjects will not have left our readers uninformed of any important communications.

ART. XIII.—*A Digest of the Vital Statistics of the European and Native Armies of India.* By JOSEPH EWART, M.D., Bengal Medical Service.—London, 1859. 8vo. pp. 182.

WE are glad to find the medical officers of our Indian army availing themselves of the numerous opportunities within their reach for studying the causes of the diseases prevalent in the tropics and their mode of prevention. We had lately occasion to advert to the works of Dr. Jeffreys and Dr. Norman Chevers,* to which the volume before us constitutes a most important addition. Dr. Ewart goes over some of the ground already traversed by Dr. Chevers, and adds a vast amount of original and very valuable matter, which must have an important bearing upon the future management of our troops in India. The great mortality to which at present they are liable, is illustrated by the following startling announcement—

"The European army has hitherto *disappeared*
 In Bengal in about every $10\frac{1}{2}$ years.
 In Bombay " $13\frac{1}{4}$ "
 In Madras " 17 "
 In all India " $13\frac{1}{2}$ " "

Dr. Ewart agrees with Dr. Chevers in assigning to the Bengal Presidency the highest rate of mortality; but he accounts for this by the greater abundance and virulence of malarious exhalations in the Gangetic Presidency, rather than by the greater exposure of the troops to the dangers and vicissitudes of war, and by the frequent postings of corps in new stations. Probably all of these causes operate. It is gratifying to find that of late years a gradual and progressive diminution of the rate of mortality has been taking place, and we cordially agree with the author when he expresses his belief that a much greater diminution might be effected by an increased attention to sanitary measures.

After considering the general mortality among our European troops

* British and Foreign Medico-Chirurgical Review, Jan. 1859, p. 110.