As to aphasia, it is exceedingly difficult to diagnose it immediately, just after a bad injury, and it is therefore rather one of the symptoms which are of value in the later stage. Convulsions do not contra-indicate the trephine, though by themselves they are not sufficient to warrant its use: and the same may be said of meningitis. In any case an antiseptic trephining operation is not an additional element of gravity in a case: and, according to our author, all trephining and, indeed, all operations which are amenable to it, should be performed under antiseptic precautions.

It will be observed that Dr. Championnière is ardently in favour of the use of the trephine. But, at the same time, he has not a large field of personal observation bearing on it. He quotes, indeed, only one case out of his own practice: and this makes us less inclined to bow to his authority. When he has a score of cases of his own to comment upon the remarks he has to make will, no doubt, be more valuable. He quotes with admiration the paper of Dr. Hudson of Redruth (*Brit. Med. Jour.*, July 1877) on the successful practice of the surgeons attached to the Cornwall mines. These surgeons have been in the habit of freely trephining in head cases; and some of them have collections of sixty or more discs of bone removed by them from the heads of miners, with good results. But, however nice it may be to collect this kind of counters for one's private museum, the statistics are too vague and one-sided to be taken as a guide in practice.

We must wait, therefore, for further facts before committing ourselves to the guidance of our author. His work, however, will well repay perusal. It is charmingly written, and is full of suggestion and instruction.

Pott's Disease—its Pathology and Mechanical Treatment, with remarks on Rotary Lateral Curvature. By NEWTON M. SHAFFER, M.D. New York: G. P. Putnam's Sons. 1879.

THIS is a work of 82 pages, which seems to have been written for the purpose of opposing the "Plasterjacket Treatment" of Pott's disease as advocated by Sayre. While Dr. Shaffer denies to Sayre the merit of originating the treatment, he yet claims for himself the greater merit of being the "first to call attention to the fallacies" of this treatment. We cannot help thinking that local causes have had some effect in intensifying the hostility which the author shows to Sayre's method.

Dr. Shaffer attaches very great importance to the occurrence of *persistent reflex muscular spasm* in the disease under notice: and he thinks that much of the deformity of joints in disease is due to this muscular spasm. The arguments used seem to us inadequate to prove the importance of this factor, and we still adhere to the idea that the deformity is the result of mere posing of the part in such an attitude as will give most ease, and that the muscles are shortened on account of the posture. There would thus be no persistent spasm, but the reverse.

It is a new fact for us, if it be not a mistaken idea on the part of the author, that he "was the first to call attention to the fact that a chronic disease may exist in any given articular tissue which is sparsely supplied with nerves, or which is devoid of neural elements, without presenting any subjective symptoms which are of sufficient importance to attract the attention of the patient." We thought that this had been known before.

Another thing which Dr. Shaffer says he was "the first to point out" is that "reflex muscular spasms in chronic joint disease always indicates osteitis." Our author claims, we perceive, to be a pioneer in the pathology and diagnosis of bone disease.

As to Dr. Shaffer's treatment. Suspension is dangerous and unnecessary; it would be as reasonable to suspend a patient with hip joint disease by the leg, as suspend a case of Pott's disease by the head and shoulders. As for supports, any support which acts on correct principles will relieve the symptoms. But cure of the disease is a different thing; and Dr. Shaffer does not think any support is capable of effecting the amount of good which is claimed for Sayre's jacket. The jacket also is filthy and inconvenient, and does not give the results desired. And so Dr. Shaffer has left off using it. He divides the treatment into three varieties, according to the seat of the disease (1) in the lumbar and last five dorsal vertebræ, (2) in the upper dorsal, and (3) in the cervical vertebræ.

In the first class any mechanical support will do. In the second class Dr. Shaffer uses a steel frame with shoulder straps. In both these cases he applies the support while the patient lies in bed, perhaps with the aid of manual extension. In the third class he uses the steel support of class two, plus a head rest fixed to the back upright of the steel framework.

The last part of the book is occupied by cases, and a short summary of results, from which we learn that in 1877, Dr. Shaffer treated 299 cases of Pott's disease, of whom 16 were cured, 44 were benefited, 14 were discharged *for neglect*, 2

were incurable, 10 died, and 213 were continued to 1878. This is a large field for observation, and Dr. Shaffer has evidently worked in it carefully and to good purpose. But his otherwise very creditable book on Pott's disease is marred to a certain extent by the evident bias in favour of his own little tips as opposed to the method of Sayre, to whom he denies even the credit of originality.

Essays on the Treatment of Deformities of the Body. No. 1. The Treatment of Pott's Disease. By FREDERICK R. FISHER, F.R.C.S. London: J. & A. Churchill. 1879.

THIS is the first of a series of four Essays on Deformities, which Mr. Fisher has decided to publish. It is simple and clear in style, well printed, and so arranged as to avoid useless repetition.

The first part of the Essay is devoted to the pathology of the disease, which is, according to our author, a result of insidious inflammation in badly nourished subjects. He combats the theory that injury is the main cause, and refers to the statistics of the National Orthopædic Hospital to prove that more females than males suffer from Pott's disease. The chief object of the essay is to discuss the proper treatment; and here we have a very clear and good account of the details of the methods used. Considerable importance is attached to the *Recumbent Method*, i. e., the fixing of the patient in a supine posture, so as to prevent "all movement of the trunk" without causing an irksome feeling of restraint. This is effected by a *Bed frame* (see *Lancet*, February 23, 1878), to which the patient is to be strapped: and Mr. Fisher states that he has kept patients (children and others) so strapped down for weeks and even months without bad effects. He considers that, in the less severe cases at all events, the application of Sayre's or any other form of mechanical support should be preceded by a few weeks of the recumbent method.

As to the spinal supports, the preference is given to poroplastic jackets, made on a block of the shape of the body, and moulded to the body of the patient while soft. Steel instruments are seldom used, though their use is not by any means condemned.

The author prefers the recumbent treatment followed by the application of the poroplastic body jacket in cases of disease below the third dorsal vertebra. But when the disease is above