

other, beginning and ending at these points, so as to avoid wounding the facial arteries. A short transverse incision from the symphysis of the jaw to within *one inch* of the border of the *lower lip* was also made, and the flaps dissected upward, in this way fully exposing the tumor. The muscular attachments, with the mucous membrane, were divided, and the bone sawn through on either side. The patient made a good recovery.

Necrosis of superior maxillary bone following typhoid fever. Presented by Dr. J. EWING MEARS.

The specimen of necrosis of superior maxillary bone was removed by operation from a boy 6 years of age, who had suffered from an attack of typhoid fever. The history given by the mother of the patient was as follows: "Fifteen weeks since, the boy was attacked with typhoid fever, and was quite ill for three weeks. During the fourth week of the disease the right side of the face gradually swelled, and, under the belief that an abscess was forming, a poultice was applied. Suppuration ensued, and a copious discharge of very offensive pus escaped. The teeth, as far forward as the canine, became loose, and were removed." The soft tissues gradually receded from the necrosed portion of bone, exposing the alveolar border. Although the dead bone felt quite firm in place, it was thought best to remove it, believing that it was detached and was held by the soft structures. These were accordingly separated by the knife, and the piece was grasped by the bone-forceps and dislodged. It measured one inch and a quarter from before backwards, and one inch from below upwards, and consisted of the greater portion of the body and alveolar process of the bone, with parts of the malar, nasal, and palatine processes.

The occurrence of necrosis of the jaws after attacks of exanthematous diseases, as smallpox, scarlet fever, and measles, is well established by the numerous instances which have been recorded, but is regarded by Mr. Salter (*Holmes's Surgery*) as rare after the continued fevers. Dr. Keen (*Toner Lectures, 1877*) also alludes to its rare occurrence *after typhoid fever*.

PHILADELPHIA ACADEMY OF SURGERY.

MEETING OF APRIL 5, 1880.

VICE-PRESIDENT D. HAYES AGNEW, M. D.,
in the chair.

DISCUSSION ON THE TREATMENT OF COMPOUND DISLOCATION OF THE ANKLE-JOINT.

[See Original Communications, p. 595.]

DR. ADDINELL HEWSON stated that his experience was not altogether definite in pointing to the treatment by amputation. He had gained a good result, with only slight resulting deformity, in a young person

who had sustained a compound dislocation of the ankle. He had reduced the luxation, and then suspended the limb while keeping it lying on the fibular side.

Dr. William Hunt's experience in the Pennsylvania Hospital among adults led him, as a rule, to favor amputation. There was less risk in amputation than in conservatism, and a good point for the application of an artificial leg was attainable. If the shock would not permit a primary amputation, a secondary operation might be available.

Dr. Thomas G. Morton had at times made an incision, in order to get an opportunity to examine the parts, when he felt sure there was a fracture leading into the joint. In such cases he advised immediate amputation.

Dr. John H. Packard thought that each case should be treated upon its own merits and by no rigid law, for, though statistics showed that amputation at the lower third of the leg was favorable, the fact that the posterior tibial artery was intact would render conservative efforts justifiable in certain instances. The involvement of the tarsal bones in the injury was an important element to take into consideration, since the probable occurrence of subsequent necrosis would make the condition less favorable for conservative measures.

Dr. John Ashhurst, Jr., thought that several classes of injury were being confused in the discussion. When the astragalus was entirely dislocated there was much greater injury done to the soft parts than when only partial displacement occurred. Again, a fracture entering the joint made the case much more serious than a simple fracture of the fibula, though there might be a dislocation in either instance.

In Pott's fracture, with partial displacement of the astragalus, accompanied by a wound, there is no true dislocation, and conservative treatment without operation may be tried.

If there had occurred a true compound dislocation without fracture, and operation was required, he would prefer in young and healthy adults excision to amputation. If, however, there was compound luxation with fracture of a bad form, amputation was to be done. The danger in all these compound injuries arises from confined pus, and free escape for pus is certainly given by excision. In his opinion, complete excision of the astragalus was better than to attempt partial excision of the joint. Statistics show that primary excisions are not so unfavorable as they were formerly considered. When the joint was completely crushed, amputation would be done by all surgeons.

Dr. J. Ewing Mears mentioned in this connection a patient who died from pyæmia, after having refused to allow amputation for an injury of this kind, where great comminution existed.

Dr. D. Hayes Agnew stated that he would

invariably amputate in the hypothetical case presented by Dr. Brinton.

THE OBLIQUE INCISION IN OPERATIONS.

Dr. Packard desired to call attention to the advantage of oblique cutaneous incisions in avoiding scar and favoring immediate union. Two weeks previously he had removed a large breast by oblique incisions, and had dressed the wound with adhesive plaster and cerate, after securing the vessels with catgut. On the fifth day the wound had healed from end to end, and there had not been enough pus to soil the dressing. The method had been previously recommended by him, elsewhere, as a method of avoiding scar, but, as it seemed to promote union by first intention, probably because of the larger surface of contact, he desired to bring the subject to the notice of the Academy.

JOHN B. ROBERTS,
Recorder.

REVIEWS AND BOOK NOTICES.

THE HAIR: ITS GROWTH, CARE, DISEASES, AND TREATMENT. By C. HENRI LEONARD, M.A., M.D., Professor of Medical and Surgical Diseases of Women and Clinical Gynæcology in the Michigan College of Medicine, etc. Illustrated by one hundred and sixteen engravings. 8vo, pp. 315. Detroit, C. Henri Leonard, Medical Book Publisher, 1880.

Prof. Leonard tells us that his treatise is "of as much value to the laity as to the profession," and it is evident that he has had two classes of readers in his mind, for while the earlier chapters of the book contain much information with regard to the chemistry, anatomy, and physiology of the hair, other chapters are filled with anecdotes and legends, scraps of poetry, and more or less apt quotations from various prose writers, such as we have long been accustomed to find in popular works on the skin and hair. The mixture is not a happy one, for the book is too scientific in parts for the lay reader and much too superficial for the student. The absence of exact reference is a serious fault, for many of the statements made, which would be very interesting if true, cannot be verified, and are consequently worse than worthless.

Dr. Leonard has serious scruples with regard to lending himself to the pernicious custom of dyeing the hair, but coyly yields, not without a show of resistance, and gives a full chapter of formulas and directions, now and then begging his readers not to have anything to do with these deleterious cosmetics, and washing his hands of all responsibility in the matter. The earlier chapters are devoted to the physiology of the hair; the body of the book is taken up with a description of the various diseases of the scalp and hair, fol-

lowed by chapters on customs of dressing the hair, etc.; and the work is concluded by a chapter on beards.

The most satisfactory portions of the work are those where the author gives his personal experience, but these are not numerous, and the rest of the book, although evidently the result of much reading and investigation, is rendered useless for the student by the absence of reference to authorities.

Dr. Leonard being Master of Arts as well as Professor, we cannot suppose him responsible for the almost innumerable literary and grammatical blunders which disfigure his book; but we are bound to say that his proof-reader has betrayed him shamefully, for a work so crammed with errors of this sort it has never before been our misfortune to have to read.

A. V. H.

THE STUDENT'S MANUAL OF VENEREAL DISEASES. Being the University Lectures delivered at Charity Hospital, B. I., during the Winter Session of 1879-80. By F. R. STURGIS, M.D., Clinical Lecturer on Venereal Diseases in the Medical Department of the University of the City of New York, etc. New York, G. P. Putnam's Sons, 1880. 12mo, pp. 196.

Take it all in all, this is by far the most instructive and interesting manual of venereal diseases with which we are acquainted. Dr. Sturgis is a writer of reputation on these affections, and, though simple and elementary in its scope, his little book shows everywhere the hand of a master. The ground usually covered by treatises on venereal diseases is fully gone over, but by rigidly excluding all extraneous matter, by refraining from the discussion of mooted points and confining himself to the most concise description of the affections commonly met with, Dr. Sturgis has managed to include within the covers of his manual pretty much all that it is advisable for the student to know in order to cope with ninety-nine out of a hundred of those cases he is most apt to be called upon to treat. Added to this, Dr. Sturgis is master of an easy and attractive, though occasionally somewhat slipshod, style, and he has emphasized the important points by italics, which catch the eye, rivet the attention, and are apt to be retained in the memory. Without at all competing with the excellent works of larger size, like Bumstead and Taylor, of which the profession in this country is justly proud, Dr. Sturgis's book is invaluable for the student and practitioner. We regret to observe several errors of composition and grammar, with numerous typographical blunders.

A. V. H.

THE MICROSCOPIST. Fourth Edition. By T. H. WYTHE, M.D. Philadelphia, Lindsay & Blakiston, 1880.

We cannot call to mind any medical book which bears such testimony to "Westward

ho!" as the rallying-cry of modern civilization. Here is a first-class scientific work issuing from the Western portals of the East,—from the doorway which opens to the great barbarism of Asia. The setting sun is almost vanquished.

In the present volume we have a great enlargement of previous editions by the addition of both text and illustrations until the former has swollen to nearly four hundred and fifty pages and the latter to over two hundred and fifty figures. The work is certainly more complete than it was, and can be commended as an excellent guide to the young or inexperienced microscopist. The old hands had better purchase such a book as the "Micrographic Dictionary," which is a library in itself.

THE VENEREAL DISEASES, INCLUDING STRICTURE OF THE MALE URETHRA. By E. L. KEYES, A.M., M.D., Professor of Dermatology and Adjunct Professor of Surgery in the Bellevue Hospital Medical College, etc. New York, William Wood & Co., 1880. 8vo, pp. 348.

The subscribers of Wood's Medical Library are fortunate in having so admirable a work as this included in the series for 1880. The name of Dr. Keyes is sufficient guarantee that the views presented are original as well as fully up to the level of our knowledge on the subject of which it treats. In scope Dr. Keyes's book occupies a middle place between exhaustive treatises, like that of Bumstead and Taylor, and elementary manuals, like that of Sturgis. Venereal diseases are treated systematically, all important points being dwelt upon and minor topics passed over without undue discussion. A large number of coarse but effective wood-cuts, from Dr. G. H. Fox's well-known photographic series, illustrate the text, and aid greatly in demonstrating the arrangement and distribution of the various lesions.

The typographical errors in this book would make angels weep. If Dr. Keyes can look with unmoved countenance on such a heading as that of "The pustulo-bulbous syphilide" (p. 160), he must have been hardened by the frequent sight of this extraordinary word on previous pages.

A. V. H.

THE PRACTITIONER'S HAND-BOOK OF TREATMENT, OR THE PRINCIPLES OF THERAPEUTICS. By J. MILNER FOTHERGILL, M.D. Second American from the Second London Edition. Philadelphia, H. C. Lea's Son & Co., 1880.

This book was, in its original edition, carefully reviewed in this journal, and the opinion arrived at that it was an eminently practical and useful volume. The success predicted has been achieved, and we welcome the new edition as an improvement upon the old one, in that it contains certain additional discussions of important subjects, such as, When to

Give Iron, The Means of Acting on the Respiratory Nerve-Centres, Artificial Digestion, Ovarian Irritation and its Reflex Consequences, etc.

THE SKIN IN HEALTH AND DISEASE. By L. DUNCAN BULKLEY, M.D., etc. AMERICAN HEALTH PRIMERS.—No. X. Philadelphia, Presley Blakiston, 1880.

Dr. Bulkley's reputation as a dermatologist insures the scientific accuracy of this popular work, and it may be added that the clear and concise manner in which the subject is treated makes it pleasant and, in most respects, profitable reading to the layman, and not without value to the physician other than specialist. We think Dr. Bulkley has made a mistake in including a miniature treatise on skin disease within the pages of his work. Nothing good can come of this course. The layman who sips of this Pierian spring of dermatological lore will obtain just that little knowledge which is so dangerous to himself and so trying to the physician, who may have to cope with his patient's "information" as well as with his disease.

A. V. H.

GLEANINGS FROM EXCHANGES.

TREATMENT OF SPINAL CURVATURE BY HAMMOCK-SUSPENSION.—In the *British Medical Journal* for June 26, Mr. Richard Davy, the well-known orthopædic surgeon, publishes a lecture on this form of treatment. He takes exception to one or more points advocated by Sayre, these exceptions applying principally (1) to the risk and personal discomfort, both to the patient and surgeon, of the tripod suspension; (2) to the cracking, creasing, and consequent insufficiency of the support, due to the necessary shift of the patient's surroundings; (3) to the weight of the plaster of Paris.

Mr. Davy believes, as a result of numerous experiments with hammocks, that more spinal curvatures will be fortified in the manner to be described than after the suspension method of Sayre. The method is as follows. A piece of strong canvas is procured longer than the patient's height, and the arms are passed through two slits in the canvas at suitable points, so that in the first instance a loose, canvas, long apron, with ends, one turned downward over the chest and the other on the floor, fits round the front and sides of the body. This apron is then removed from the patient, and a vest applied of thicker material and far more open mesh than those usually supplied by the surgical instrument makers. The canvas hammock is next slung at two fixed points, by attaching its folded ends with two stout bandages; and the surgeon should test its bearing-power by the weight of his own body. The patient is placed in the canvas (as represented in an engraving) prone