

not for the few professors elected—long ago, from their superior talents and experience, McGill College would be but a second rate institution to-day. But these clever men cannot live forever—who will take their places? Is it to be young men who are to derive their experience in the very seats they occupy, which they change and interchange among themselves without regard to fitness, as school-boys do at marbles? The true professors among us look on the play in silence and wonder—what next?

NEW BOOKS.

THE PRINCIPLES AND PRACTICE OF OBSTETRICS, by Gunning S. Bedford, A. M., M. D., Professor of Obstetrics in the University of New York; 3rd edition, 8vo, pp. 775. Wood & Co., N. Y.

Eminently practical ourselves, we necessarily admire this qualification in others, and the medical work before us fully deserves our commendation in this particular. Written in a concise and pleasing style, replete with practical facts, remarks and instructions, it is really an excellent work for either medical man or student. Apart from his own extensive experience, our author quotes from over three hundred different eminent writers in support of the opinions advanced. Besides the very thorough treatises on labor and its complications, he enters fully into the anatomy of the organs of generation, and menstruation, and reproduction, and finishes with anesthetics. The United States have always been celebrated for their authors on midwifery—and this one fully sustains their reputation. We do not, therefore, wonder at its being adopted by so many colleges as a text book: it would rather have surprised us had they not done so. We congratulate him on its well-merited success.

ON PLEURISY.

BY HYDE SALTER, M.D., F.R.S.

Being part of a Clinical Lecture delivered at Charing Cross Hospital. (Concluded.)

The *Prognosis* in all these cases is entirely favorable. About the cases of the girl and lad, in which there was no effusion, there has been from first to last, peculiarly little besides the local condition. That local condition has never been of a serious character. In the case of the girl, the pleura of the left side has merely to resume the state that the right pleura has already resumed, and which a few days has sufficed for it to resume, for her to be well. In the boy, as far as one can judge, the smoothing of the membrane will be a slower process. The man's case, as we have seen, is rapidly improving day by day,—each day, the physical signs mark a subsidence in the effusion. It is now only a week and a day since I first listened to the chest and found, in the right half of it, apparently *serum, et præterea nihil*; and now there is but a small quantity in the most dependent part of the pleural cavity, and the lung has all but re-occupied its old situation. A few steps more in the same direction, and every drop of serum will be gone.

As far as physical signs go, I will venture to predict that the two last that will be lost will be the percussion-dulness and the diminished vocal fremitus; the percussion-dulness last of all. It is wonderful how these two signs hang about after pleuritic effusion. Long after natural respiratory murmur has been re-established, long after every trace of *agophony* has disappeared, we shall probably find traces of these two signs. I venture to pre-

dict this on the strength of what I have observed in other cases. What is the cause of this lingering percussion-dulness and imperfectly re-established vocal fremitus, I find it very difficult to guess. It is certainly not dependent on lung-compression or unabsorbed effusion. The only thing that I can imagine is, that the film of gelatinous fibrine-clot, to which I have already referred, so often found lining the cavity of the chest, and covering the surface of lung in pleuritic hydrothorax, may, by intervening between the lung and the chest-wall, act as a *damp*, and in the one case stop the conduction of the percussion-stroke from without, and in the other the conduction of the bronchial vibrations from within.

How soon the girl and the young man will lose their friction-sound it is impossible to say; nor does it matter. Pleuritic rubbing is one of the most variable and uncertain of physical signs as regards its duration, and one of the least important as regards its prognostic indications. You may just catch it for a day, or it may persist for weeks—yes, for months; and if it does so persist, a man is not a whit the worse for it, if he has recovered his health in every other respect. A man in whom all the functions of life are perfectly performed is not the less a sound man because you hear in his side a sound you do not hear in another's. I remember a patient in King's College Hospital, some years ago, who was kept in the hospital several weeks after he was in other respects well, in consequence of strong pleuritic sound and fremitus in his left pectoralis region. The man was a strong sturdy fellow, and made himself so generally useful that he became a sort of supernumerary servant of the hospital. We used to amuse ourselves, I remember, by making him strip, and feel with the palms of our hands on the pectoralis this friction-thrill each time he breathed. At last the physicians were ashamed of keeping him in any longer; and he left the hospital with not only the sound, but the fremitus, as strong as ever. In Wingall's case, the friction will very likely last equally long. In the girl's case, however, I should expect that the rubbing would soon disappear, merely because it has so quickly disappeared on the opposite side.

There is one curious question that these cases suggest:—What is the determining cause that gives such different anatomical results in different cases of one and the same disease? Why in one of these cases should there have been effusion without roughening, and in the two others roughening without effusion? Shall we find the explanation of this difference in the condition of the blood? Shall we find it in any diathetic peculiarity? That it is not to be found in the nature of the exciting cause seems pretty evident, because in these three cases the exciting cause was one and the same.

I must not dismiss you without saying just one word about *Treatment*.

You will have observed that in all the cases my treatment was very simple. I aimed at three or four definite and intelligible objects with a view of placing the parts under the conditions most favorable for inducing and maintaining the natural reparative processes. These conditions in my opinion are:

To give functional and physical rest;

To allay pain by direct sedation;

To keep up vital power.

To give functional and physical rest, because the part is crippled, and to work a crippled part is to