

**"A MANUAL OF THE PRACTICE OF MEDICINE PREPARED ESPECIALLY FOR STUDENTS."** By A. A. Stevens, A.M., M.D. W. B. Saunders, Philadelphia, 1893. The word "prepared" used in the title of this book gives a very fair idea of the class to which it belongs. It is a "cram" book, and contains a crowd of tasteless facts gathered from the best works on medicine. We have no fault to find with the compiler's selection of facts and theories, nor can we complain of the way in which the condensing process has been carried out; but we can and do object to such books being offered to students. The busy practitioner might find the book useful sometimes to refresh his memory, but the student who reads it will not know much of the science and art of medicine when he lays it down. Dr. Stevens, we think, must have felt that some apology was necessary for producing another "cram" book since he begins his preface with a quotation from Pope:—

"Half our knowledge we must snatch, not take."

Surely this is not true of the student of medicine, and if were so, we should try to correct this evil instead of assisting the snatching process. Take one of the works from which Dr. Stevens has snatched knowledge for the use of students, viz., Hilton Fagge's *Principles and Practice of Medicine*. It contains 2,300 pages and at the rate of only 20 pages a day can be read in little over three months, the student making his own notes and condensations at the time. These notes and the course of lectures and clinical teaching which he must attend should relieve the student of any necessity for books of the dictionary type.

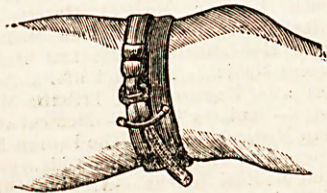
**"OPHTHALMIC ATLAS."** By Mr. F. Haydon, Western Ophthalmic Hospital, London. Published by Down Bros., St. Thomas' Street, London.

THIS is an ingenious method for rapidly recording pathological conditions of the fundus by means of superimposed layers of colours. The colours, which can be erased by scraping, are orange red, black and enamel white.

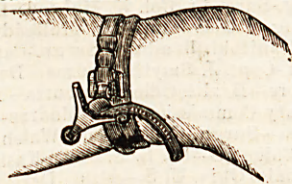
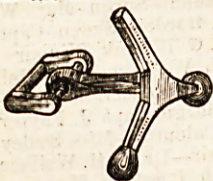
## NEW INVENTIONS.

### SAMWAYS'S TOURNIQUET CLIPS.

Two new forms of fasteners for use with India-rubber tourniquets have lately been patented by Messrs. Down Bros., London. They bear the name of the inventor, Dr. Samways of Guy's Hospital. The one form is shaped like an anchor, while the other is in the shape of a grapple. Both are simple and handy in their application. The advantages claimed for these clips are: They are small and light, simple and cannot get out of order; quickly applied and removed. The tighter the rubber is applied, the more securely the clip holds; it fastens equally well at any point, and it does not cut the rubber.



*To apply the Anchor Pattern Clip.*—Hold the clip in one hand and pass the stretched rubber once, twice or thrice round the limb, then beneath one of the anchor flukes, over the shank, back beneath the other fluke, and let go.



*To apply the Grapple Pattern.*—Hold the clip in one hand, with the two knobbed flukes pointing towards the limb, pass the stretched rubber round the limb, then beneath one of the knobbed flukes, over and round the shank, and up between the same fluke and the rubber.

## Correspondence.

### CHEST-MEASUREMENT OF RECRUITS.

TO THE EDITOR, "INDIAN MEDICAL GAZETTE."

DEAR SIR,—Surgeon Captan Ross, I.M.S., in his article on the "Chest-Measurement of Recruits," professes to have discovered a new method by which greater accuracy can be attained than by the old one. As a matter of fact he is only repeating what was enunciated a long time ago by the London recruiting medical officer, whose method has been carried out for some years past. It is to deduct from the maximum chest-girth  $2\frac{1}{2}$  inches for men of average height, and  $3-3\frac{1}{2}$  inches for exceptionally tall men, in whose case, as well as I can remember, there was found to be a greater difference between the maximum and minimum measurement to the extent indicated.

BERNARDMYO,

M. KELLY, SURGN.-CAPT., A.M.S.

March 3rd, 1893.

### PREVESICAL ABSCESS.

TO THE EDITOR, "INDIAN MEDICAL GAZETTE."

DEAR SIR,—The case related by Dr. Monomath Nath Chatterjee at the December meeting of the Calcutta Medical Society recalls to my mind two similar instances of purulent accumulation in the hypogastrium simulating over-distended bladder. In both these cases (male subjects) a prominent fluctuating swelling existed from pubes to umbilicus, resembling in size and shape a six months' gravid uterus; the bladder was found to be empty, fetid pus issued in strong jets through the exploring trochar. A free incision was made in the middle line above the pubes, a large quantity of pus was evacuated, arrangements for thorough drainage were made, and satisfactory recovery ensued. The accumulation of matter, in such cases, takes place in the prevesical space, or *porta vesicæ* of Retzius. This space, which is bounded by two layers of the transversalis fascia, contains a lot of very loose areolar tissue, and extends towards, or to, the umbilicus, having on its posterior wall the urachus, and on each side the obliterated hypogastric artery. Physiologically, the arrangement appears to be designed to permit of the changes of size and shape which the bladder undergoes. Surgically, it is important as being the space through which the bladder can be safely entered suprapubically, and pathologically this triangular cavity, filled ordinarily with loose tissue and veins, and bounded by firmer fascial connection laterally and posteriorly, may become distended with urine, blood or pus under various circumstances, sometimes to a very considerable extent. In such cases the peritoneum is protected by a distinct layer of fascia, and is pushed upwards by the fluid just as it may be displaced by the fingers in the living or dead subject on entering the space in question. In performing the suprapubic operation, I have always found this displacement so easy and effectual, that I have never concerned myself with distending either rectum or bladder, or worried myself by any fear of injuring the peritoneum, though pushing the bladder forwards Petersen's method undoubtedly facilitates the operation by bringing the viscus nearer the surface and diminishing the depth of the wound. I observe that there was a suspicion in Dr. M. N. Chatterjee's case of the abscess trying to evacuate itself through the bladder. This is an event which I have repeatedly observed in these prevesical abscesses both in males and females, and in most cases has resulted in satisfactory and permanent recovery.

UPPER NORWOOD,  
February 9th, 1893.

K. McLEOD.

## Appointments, Leave, &c.

### APPOINTMENTS.

MACKINNON, Surgeon-Major-General Sir William A., Director-General, A.M.D., to be Honorary Surgeon to the Queen, *vice* Inspector-General J. R. Taylor, C.B., deceased.