the intestinal canal, and thus passing into the peritoneum. In the present case, had anything of this kind existed, it would undoubtedly have been detected, as all the discharge was most carefully examined. Was it, then, a case of simple idiopathic chronic peritonitis? No other conclusion seems tenable; and if such be the correct view, its course and termination were certainly very unusual.

Another point of interest is the possibility of diagnosing between pus and serum in the peritoneum. In the present case, the only peculiarity remarked was the great force of the percussion shock. Pus is a denser fluid than serum, and would cause a stronger shock; but whether of sufficient intensity to be of use in diagnosis is doubtful.

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**Part Second.**

**REVIEWS.**

_The New Sydenham Society. Publications for the year 1861._

Vol. I. _A Year-book of Medicine and Surgery for 1860._ Pp. 578.

Vol. II. _A Volume of Selected Monographs; including Papers by Czermak, Dusch, Schroeder Van Der Kolk, Radicke, and Esmarch._ Pp. 329.

Vol. III. _The First Volume of Casper's Forensic Medicine._ Translated by Dr G. W. Balfour. Pp. 317.

Vol. IV. _Fasciculus of the Atlas for Skin Diseases; comprising Plates from Hebra, illustrating Psoriasis diffusa, Ichthyosis, Lupus seriginosus, Alopecia areata._

We are glad to find, from its last annual report, that the New Sydenham Society continues in a flourishing condition; but, indeed, it deserves to be so; for, whether we look to the character of the works it has furnished to its members during the past year, or to the regularity with which these publications have been issued, it cannot be denied that the promises made in the original prospectus have been amply fulfilled.

The Year-book of Medicine and Surgery for 1860 presents a considerable improvement over its predecessor for 1859. To give some idea of the number of references it contains, and of the amount of labour involved in its production, we may state that the index alone occupies upwards of eighty closely-printed pages. And the very multiplicity of references leads us to remark that the notice of the current English medical literature appears to be somewhat overdone. The headings of a very large number of papers are given,
of which no abstract or notice is attempted, and of which, we doubt not, no abstract would be desirable. It seems to us a mistake to burden the volume with references to single cases of no particular interest, which do not illustrate any special principle. By retrenchment in this respect, space would be gained for more detailed notices of really important contributions. We are aware that the editors have a delicate and difficult task to perform; every man naturally thinks his own contributions important, and we can well believe that there is no lack of letters complaining that important communications have been overlooked. Still, we should like such a volume as that now before us to contain references to those papers only which advance in some respect the science or practice of our profession.

The second volume is one of a class which will be particularly valuable to the members of the society. It is headed "Selected Monographs," and contains translations of five papers on subjects of practical and scientific interest. The issuing from time to time of translations of valuable monographs, we regard as one of the most important duties which the Sydenham Society can perform. Without a knowledge of what is going on on the Continent, especially in Germany, no man can keep up to the level of his profession; but the keeping up of this knowledge, even to those who have at their command the resources of well-appointed libraries, is no easy task, while to residents in the country it is in the vast majority of cases simply impossible.

The first paper in this volume is a treatise on the laryngoscope, by Professor Czermak of Pesth. Liston and Garcia had already recognised the possibility of examining the larynx in the living; but, from the incompleteness of their method, and the difficulty of its application, their observations had led to no practical results. Czermak began his laryngoscopic studies in 1857, and in the following spring made a communication on the subject to the Imperial Society of Physicians of Vienna. Attempts have been made, but we think unsuccessfully, to dispute his priority in the application of the laryngeal mirror to diagnosis. The paper before us gives a full and intelligible account of the construction and mode of employment of laryngoscopic instruments, and contains some interesting physiological and pathological observations. The laryngoscope is, we doubt not, destined to become an important aid to diagnosis; and the translation of Professor Czermak's little treatise will be received as a valuable contribution to English medical literature.

Dr Whetley furnishes a translation of Professor Dusch's paper on Thrombosis of the Cerebral Sinuses. The professor divides cases of this condition into three classes: cases in which the coagulation depends on inflammation in the neighbourhood of the sinuses; cases where the calibre of the sinuses has been diminished, in consequence of the intrusion of foreign bodies and of compression; and those cases where the thrombosis has been occasioned by debilitating
influences. At present, when so much attention is being directed to embolism, and the so-called metastatic deposits, this paper will be read with much interest.

Professor Van Der Kolk publishes, through the medium of Dr Moore, a very remarkable case of atrophy of the left hemisphere of the brain, with coexistent atrophy of the right side of the body. The case, most carefully recorded, is illustrated by well-executed lithographs, and forms a valuable contribution to cerebral physiology and pathology.

Professor Radicke's paper on the importance and value of Arithmetical Means is peculiarly appropriate at the present time. Almost everything is now-a-days reduced to figures and statistics, but there are few who really know what conclusions may legitimately be deduced from them. In particular, numerous sets of experiments have been instituted with a view to determining the influence of various agencies, such as baths, or medicines, in the metamorphosis of the tissues. An individual is submitted during a given time to the influence of the agency in question, and the amount and quality of the excreta are carefully noted. The data so obtained are then compared with those of a second series of days, during which the mode of life is as nearly as possible the same as during the first series, with the exception of the absence of the agency under investigation. It is Professor Radicke's object to show that the deductions drawn from these experiments are in most cases utterly valueless, because disturbing causes are constantly in operation, which produce a much greater influence than the subject experimented upon, and for which no allowance is made in stating the results. The paper must be carefully studied; for, although the subject has been simplified so far as possible, it is still of a more abstract character than the writings usually addressed to the medical profession.

The last paper in the volume, "On the Use of Cold in Surgery," is by Professor Esmarch of the University of Kiel. In the opinion of Professor Esmarch, cold is the most powerful antiphlogistic remedy; so much so, that he states, "Without this remedy I would rather not be a surgeon." The method recommended for the employment of cold consists in the application of bags of vulcanized india-rubber filled with ice, snow, or some freezing mixture. One advantage possessed by these bags over bladders is, that they are bad conductors of heat; hence there is no danger of too sudden abstraction of heat, which in the case of ice-bladders sometimes leads to frost-bites. Professor Esmarch records a number of cases in which various injuries and inflammations, as well as cases of acute rheumatism, were treated by cold applications, continued in some cases during many weeks.

Professor Casper has long had a European reputation as a medical jurist, and the favour with which his writings have been received on the Continent makes it surprising that no translation of his great work had sooner appeared in this country. The Sydenham Society
has, in our opinion, acted very judiciously in selecting this work for publication; and Dr George Balfour, to whom the translation was intrusted, has performed his task in an able and satisfactory manner.

The present volume contains the thanatological division of the work—that, namely, which embraces a consideration of the various questions which may arise in the course of examining a dead body. It consists of two parts, the first, or general division, treating of various general questions, such as the signs of death; the mode of determining the period of death; the method of examining the dead body, the clothes, and the weapons supposed to have been employed; and the method of drawing up the judicial report.

The second, or special division, considers the forms of violent death under the headings, Death from Fatal Mechanical Injuries, Death from Gun-shot, Death from Burning.

Under these different heads an immense amount of valuable matter will be found; and a circumstance which gives the work a peculiar value is, that it is founded almost entirely upon the author’s personal experience, and that all the principles laid down are established or illustrated by instructive cases or well-devised experiments. We would direct particular attention to one very valuable chapter, which embraces a series of cases where death resulted from violence, but where no marks of violence were traceable externally. It has been long known that important internal organs might be ruptured without any external mark being visible, but such cases have always been regarded as exceptional; whereas Casper maintains that the actual truth is precisely the reverse, and he lays down the general principle, “that it is the rule in all such injuries as are followed by instant or very sudden death, particularly in all cases of rupture of internal organs, proving rapidly fatal from internal haemorrhage, for the body to exhibit no external appearance of violence, presupposing, of course, that the origin of the injury be not of itself of a penetrating nature, as a gun-shot, etc., because during the short remaining life of the wounded person there is no time for the production of ecchymosis.” The illustrative cases afford examples of fractures of the ribs, skull, vertebrae, and sternum; of ruptures of the spleen, liver, lungs, and pulmonary artery; and of lacerations of the brain, spinal cord, and pericardium, where there were not the slightest external marks of violence.

The details of a Prussian medico-legal examination are, as might be expected, from the bureaucratic character of the government, of a somewhat complicated nature, but they present features which might be introduced with advantage into the proceedings on similar occasions in this country. No one, it must be premised, can take part in Prussia in a judicial investigation until he has passed a special examination, and has obtained an appointment as forensic physician or surgeon. The examination of the body must be conducted according to a certain method, for which minute directions
have been laid down by the Royal Scientific Commission for Medical Affairs, and which have been recognised by the authorities as binding upon all forensic inspectors. During the progress of examination the physician dictates to the presiding legal official a statement of the appearances met with, and to the resulting document the term Minute of Dissection (Obduction's Protokol) is applied. To this minute is appended "The summary opinion," in which the medical jurists state shortly, and without scientific reasoning, their opinion as to the result of the dissection, especially their opinion as to the cause of death, whether the fatal result was due to violence or natural disease; and if to violence, in what way the violence was applied. In many cases the task of the medical inspectors end here. They may have been able to give an opinion which coincides so well with the ascertained facts of the case, as to make a farther prosecution of the inquiry unnecessary. But in the event of there being any difficulty, the judge calls upon them for a "reasoned opinion" (Obduction's Bericht), in which, after an historical relation of the facts of the case (for it must be stated that the documentary evidence is generally laid before the inspectors), and a recapitulation of the results of the examination of the body; they are bound to support all their conclusions by scientific reasoning; and to return answers to any questions which may have been proposed to them by the judge. Should the medical jurists not agree with one another, should they express their incompetence to give a decided opinion, or should the judge have a well-founded doubt as to the correctness of their conclusions, the matter is referred to the medical college of the province, and, if necessary, to the Superior Medical College at Berlin. There can be no question as to the immeasurable superiority of this system over that followed in this country. In Prussia no one is allowed to take part in a medico-legal examination until he has proved his competence to undertake the duty; in this country the most important and most difficult investigations may be confided to men who have no special knowledge of morbid anatomy, and who may not have dissected a body from the time of their student-days. In Prussia, in all doubtful cases, the points at issue are referred to a central scientific board, who sit as a jury upon the medical part of the testimony; in this country the most delicate medical questions are constantly referred to a common jury, and that in the face of the most conflicting evidence on behalf of the pursuer and defender.

No doubt a jealousy of any interference with the great institution of trial by jury is the cause of the mode of procedure in this country; but such jealousy is altogether out of place; and we are confident that trials would be conducted with far greater fairness both for the crown and for the prisoner (as well as in many civil suits), if the professional questions which are constantly arising, and which can only be satisfactorily replied to by trained medical men, were remitted to an independent and impartial board. In
this way also those scenes would be avoided which have done more than almost anything else to degrade the profession, and to bring medical evidence into contempt, in which a certain number of experts are produced to maintain one opinion, and an equal number come forward to swear the exact opposite, and in which medical men appear, not as impartial and scientific witnesses, but as paid and unscrupulous partisans.

We can with great confidence recommend to our readers Casper's admirable work; without a careful perusal of it no one should undertake a medico-legal examination, or should appear to give evidence in a court of justice.

The last of the publications for the year is the second Fasciculus of the Atlas of Skin Diseases. Regarding this it will be sufficient to say, that it contains well executed reproductions of four of the plates in Hebra's magnificent work.

The Physical Examination of the Chest in Pulmonary Consumption and its intercurrent Diseases. By Somerville Scott Alison, M.D.Edin., etc., Physician to the Hospital for Consumption and Diseases of the Chest, Brompton. London: Churchill: 1861. Pp. 447.

This is a very excellent and a very honest book. There is a completeness and a genuineness about every line of it that entitles it to our highest praise, even although we feel obliged to admit to ourselves that it never can be, in its present form at least, a manual of diagnosis for the more superficial of students, and the less instructed of practitioners. There is a certain exaggeration of details, so to speak, a certain encyclopaedic working out of every branch of the subject, which must appear very complex, and perhaps even unintelligible to a man of scanty personal experience, or of imperfectly-studied experience. So that we think Dr Alison will have to rewrite and condense his book, if he wishes it to prosper as a speculation in the matter of paper and printer's ink. We are not sure, indeed, that he has ever contemplated such a fortune for his laborious investigations, and in this case we can freely desire and anticipate for him the reward he expects; he will assuredly have the thanks and the just appreciation of all who, in hospitals and elsewhere, make the accurate examination of disease the business of their lives, having regard less to immediate advantage or personal convenience, than to the conscientious discharge of duty, and the attainment of secure convictions.

Dr Alison is known to the profession through many original researches, and especially through his contributions to what may be called the acoustics of physical diagnosis, both theoretical and
practical. He has invented a number of new instruments, on the merits of which we are hardly competent to pronounce an opinion, but of which we are disposed to think that one, at least, will survive the period of novelty and curiosity hunting. The double stethoscope is a real and positive gain to the auscultator, enabling him in some instances to obtain indications which could hardly be obtained otherwise. It will not, we think, supplant the old stethoscope, any more than will Dr Camman’s instrument on which it is founded. Such, at least, is our experience of both. Simplicity of structure, if it will do the work at all, always carries the day in the long run over complexity and unhandiness; and none of these bin-aural stethoscopes can be said to be convenient as an instrument to carry about and apply habitually. But Dr Camman’s instrument merely aims at making the ear apprehend differently, perhaps on the whole better, at all events more loudly and emphatically, the same facts in the same combinations as by the ordinary wooden tube. Dr Scott Alison’s, on the other hand, by means of the two points of application to the chest, gives us at least new combinations of facts; compares one point with another at the same instant of time; often, or at least occasionally, a most important and valuable addition to our resources. We hardly know what to say as yet of the ultimate practical value of this instrument; but we can speak to having been able to illustrate by it the diagnosis of certain conditions of the chest in a very satisfactory manner. Still more difficult is it to speak confidently of the use of the sphygmoscope or pulse-measurer; the chest-goniometer or measurer of the angles of inclination of different points of the surface; the water-stethoscope or hydrophone; but on all these new instruments of Dr Alison’s invention, and on all others of all other men’s invention as well, the most complete and the most novel information may be obtained in this volume.

It is not, however, as a describer or even inventor of instruments that Dr Alison has our highest commendations, but as an investigator of morbid phenomena. And without in the least degree depreciating the numerous and excellent works which treat, more or less in detail, of the diagnosis of phthisis, we can at once say that in some respects there is none of them comparable to this one. It has been the fortune of the Brompton Hospital to give rise to at least one other manual of rare excellence; the little volume of Dr Payne Cotton on “Phthisis and the Stethoscope.” But these two books on the same or nearly the same subject by no means interfere with each other. In Dr Cotton’s work we have physical diagnosis in the highest state of simplification and clearness in which it can be presented to the uninitiated by a thoroughly instructed and highly generalizing mind. In Dr Alison’s we have physical diagnosis worked out in detail, in all its turnings and windings, and with due regard to all its special difficulties and fallacies in particular cases. In both, we have the matured convictions of two perfectly single-minded and trustworthy physicians,
long engaged in directing their observations to a particular object. And each of these works is unique in its kind—Dr Cotton's as a guide to the beginner, Dr Alison's as a guide to the finished student. We are not, either on principle or in fact, advocates to a great extent of special hospitals; nay, we are very sensible of their evils and dangers. But if we wished to place the materials of a defence of special hospitals in the hands of their supporters, we should point to these two works, so full of true science, so entirely devoid of pretension and quackishness, and indeed of all the faults usually attributed to specialism. Of special hospitals, indeed, as of all other things, it may be said that there is a good and a bad side; and perhaps the only real test is this, "By their fruits ye shall know them." So judged, the Brompton Hospital can assuredly well justify its existence.

And yet we have, after all, our little critical differences with Dr Alison; and strange to say, they obtrude themselves more in the very first sentence of his book than in any subsequent chapter or even section in it. Perhaps it is almost a necessity of the case that an author may be expected to worship his subject a little overmuch. Yet the following statement, admirable as it is in detail, and thoroughly indicative of a rare mastery of the subject, is to us simply wrong, or rather an inversion of the truth as we see it, with respect to the precedence of symptoms and physical signs (commonly so-called) in consumption:

"If the question were proposed to me, whether, in the case of a patient supposed to suffer from pulmonary consumption, I would be disposed to regard as the more decisive of the question, evidence afforded by symptoms, or that given by the physical signs ascertained by the examination of his chest, I would reply, that I should much prefer the physical signs as the grounds upon which to form my judgment. The symptoms of pulmonary consumption are much more the symptoms of other diseases, than the physical signs of pulmonary consumption are those of other maladies. The short cough, the frothy scanty sputum, the slight shortness and quickness of breath, the quickened pulse, the debility and languor, and the loss of weight, which are the symptoms of pulmonary consumption in its first stage, are not uncommonly the symptoms of other diseases, such as bronchitis, bronchial or tracheal or laryngeal irritation, dependent upon, or connected with gastric, hepatic, or even uterine irritation, and general decline of health. On the other hand, the dulness, or flatness, or shortness of the percussion note; its loss of symmetry, so to speak; the harsh or quasi-tubular inspiration, perhaps divided, with its dry crack and click under the clavicles; the coarse prolonged expiration, with or without its fine crumpling bruit; the defective elevation or expansion of the upper and front part of the thoracic cone, on both sides, or what is stronger, on one side; the strong vocal resonance and fremitus deprived of its relative proportion of one degree more on the right than on the left side; and the systolic bruit of the pulmonary and subclavien arteries, at the same time that other parts of the chest evince the usual characteristics of healthy vesicular breathing, and the heart is free from morbid sounds,—are seldom present without tubercular deposit in the lung.

"The symptoms of pulmonary consumption are more variable in their accession than the physical signs; some, or even many of them may be nearly or altogether absent, during the whole course of the disease. They may escape the attention of the patient, or from motives of interest, or from self-deception,
he may deny their presence. Though once experienced, they may absent
themselves, and leave no trace behind. It is different with physical signs;
they are very regular in the order of their succession; they are generally all
found to lend confirmation and strength to each other; they cannot be dehied
by the patient, and they are little liable to vanish, or if they do disappear, they
are succeeded by other signs well known to be their successors, and still more
demonstrative of the nature of the disease. The worst symptoms of advanced
phthisis often present themselves unpredeed by scarcely a symptom which has
attracted notice; but we know of no cases of this disease marked by advanced
signs unpredeed by the preliminary ones just noted.

"If such be the comparative value of the symptoms and the physical signs
of phthisis in its first stage, what shall we not say of the greater value of the signs
in the latter stages of the disease? The cough, emaciation, sweatings, and
quick respiration, the hemoptysis of advanced phthisis, are simply as suspicious
to the modern physician, compared with the moist crepitation, the dull percus-
sion, the gurgling, the cavernous respiration and cavernous voice, which are
as so many certain proofs. When the wasted, coughing, panting patient is seen
by the physician, he desires at once to examine the chest before deciding upon
the nature of the disease. He is far more desirous to learn the physical signs
in such a case than he would be in another case to acquire the symptoms, when
he has already learned that the physical signs above noted are present. When
the physical signs are manifested to his senses, the symptoms, so far as the
nature of the case is concerned, are now of little value, however truly import-
ant they may be in respect of the relief of the patient.

"Yet it must be admitted, that in a large number of cases of phthisis, at an
early period of the first stage, there is much reason to confess that physical
signs are little developed. Numerous examples of phthisis, at an early part of
the first stage, present themselves without our being able to detect physical
evidence that can be held to be decisive. Even in examples of the disease
of some months' standing, occurring in my own practice, physical signs have
been so ill-marked as to have justified suspended judgment, and it has been
only by means of subsequent evidence, that a decided conviction could be
arrived at, that the disease was all along pulmonary consumption. It is at the
early part of the first stage chiefly, that the defective development of physical
signs is thus found to render diagnosis difficult."

We desire, of course, to advance our opinions without undue
dogmatism, and with all respect for Dr Alison's long familiarity
with the subject; but we think that this, though very good as a
description, is in reality bad teaching. To us the symptoms are
still, and must ever be, the great facts of consumption; the first facts
of diagnosis in most cases; the first and the last facts in all cases
as regulating treatment. Any method of teaching, therefore, and
any statement of opinion which has a general tendency to degrade
these to a secondary rank we must look upon with suspicion, and
it would not be be difficult, we think, to show that the admissions
in the last paragraph of this quotation entirely neutralize the claim
advanced in the first. It is quite true that physical signs present
an easier, a far more rapid, and in some instances a more decisive
diagnosis to ears familiar with them than the older facts; but no
admission of the value of physical diagnosis ough, we think, ever
to go beyond this. To disregard general symptoms is the sure
mark of an imperfectly trained and possibly a blundering physician,
and we do trust that Dr Alison, who very plainly does not so disregard
them, will reconsider the effect of such teaching as this upon the
rising generation of physicians. Physical diagnosis, indeed, though difficult to learn thoroughly, is fatally easy to apply after a fashion. We are very sure that for one error from relying too much upon general symptoms, we could point out twenty arising from an exaggerated or exclusive attention to râles, and vocal resonance, and dull percussion. And if it is said that this only applies to bad physical diagnosis, and forms no argument against good, we admit it; but at the same time remark that general diagnosis is also entitled to a like admission, and that the general symptoms, carefully studied, almost always lead to the inference of phthisis both earlier and more surely than the physical diagnosis of what is called the first stage. We think, therefore, that no error can be more pernicious than to depreciate these symptoms. By so much the more as they are difficult of appreciation in some cases, it is our duty to study them carefully and constantly; not for the purpose of decrying physical diagnosis, but in order to exalt its special utility and give it a right direction and additional certainty.

With the exception of this slip at the commencement, we find almost nothing to criticise unfavourably in Dr Alison's book. Any analysis of it here is out of the question. In a work which is itself simply the inductive analysis of a vast number of facts, which supports no peculiar theory, and advocates no peculiar or novel practice, there is no room to do anything but to direct the reader's attention to it, and to exhort him to place it upon the shelves of his library. The peculiar excellence of Dr Alison's book is its fitness to illustrate emergencies and uncommon conjunctions of facts. The great development given to individual details makes the book difficult to read, as we daresay it was difficult to write; but it is, or ought to be, a magazine of information constantly at hand. We have tested it on a number of very critical points, and in almost every instance have found something beyond the common run of observation, and something which our individual experience assures us is good and sound. And with this remark we take our leave for the present of the author, hoping often to meet with him again.

Medical Climatology. By R. E. Scoresby-Jackson, M.D., F.R.S.E. London: Churchill: 1862. Pp. 509.

In these days of easy locomotion, foreign travelling in search of health is a very different matter from what it was thirty years ago. At that time a voyage to Madeira, or a journey to Nice, was a really formidable undertaking. Tossing about for weeks in a sailing-packet, or being jolted over a thousand miles in a post-chaise or diligence, was a severe ordeal for an invalid who found an English winter too much for him. But as Sganarelle says, "Nous avons
The traveller,

one change was on
tively increased residence. The number of invalid travellers has consequently increased a hundredfold, and with this increase has arisen a new department of medical literature. Formerly, descriptions of watering-places and health-resorts were local publications, and had only a circulation among the visitors to the localities described. Now-a-days, books are constantly issuing from the London press, the object of which is to attract visitors to all the ends of the earth.

In classic days every spring had its Naiad, every grove its Dryad; in modern times it is a poor spa which has no one to enlarge upon its virtues, a very second-rate health-resort without an author to chronicle its cures.

Allowing for a certain amount of couleur de rose in the description of the scenery, and in the enumeration of the virtues of its waters, most of these books may be depended on; and, had the patient or his medical attendant time and patience to read them all, he might at length have some idea as to what locality was best suited for his particular case. But the very richness of this kind of literature becomes embarrassing; where there is so much to choose from, the difficulty of selection is enormously increased. In the good old days there was nothing of this kind: an attack of gout immediately suggested Buxton or Wiesbaden; ideas of Harrowgate or Aix-la-chapelle were evoked by a troublesome cutaneous eruption; Cheltenham or Carlsbad lay before the sufferer from disordered liver; a course of chalybeate mineral waters was synonymous with Spa or Tunbridge Wells. A general guide is now more necessary than ever, one which shall bring together in a clear and compendious summary what is known regarding the numerous health-resorts, and shall state in an impartial manner the merits and disadvantages of each. Such a work it has been Dr Scoresby-Jackson's object to supply, and in the accomplishment of his task he has been eminently successful.

The first four chapters of this work are of a general character, and treat respectively of the causes of physical climate, of hygienics, of mineral waters, and of change of climate as a remedial agent. They contain much sound information adapted both for the professional and non-professional reader; but though they may be perused with advantage by the latter, they do not attempt to teach him to doctor himself; on the contrary, they tell him nothing but what a well-informed man should not be ignorant of, and for all medical details he is referred to his professional adviser. "I have written this book," says Dr Jackson, "for the accommodation of professional men, and I do not intend it, except, perhaps, in rare instances, to be used as a guide by the invalid; he will, if he rightly
understand his own welfare, be subject only to his own medical adviser. This principle I have endeavoured to inculcate upon non-professional readers at every opportunity throughout the work; and it has been simply with a view of avoiding circumlocution, that I have seemed in many instances to address my remarks immediately to the invalid himself."

The remainder and much the larger part of the work is devoted to a description of the various health-resorts in the different parts of the world. A considerable part of Dr Jackson's information has been derived from personal experience, while information as to the places he has not visited has been obtained from every available source. We are told in the preface that the scheme of the present work was projected six years ago, and that the author has read every work upon climate and cognate subjects that he could procure. From this statement our readers may judge of the pains which have been taken in the composition of this volume, and we can assure them that with regard to the various localities described, they will meet with full and trustworthy information.

As an example of Dr Jackson's style we quote a passage in reference to Algiers, in which a principle too often neglected is wisely insisted on:—

"As a resort from the inclement seasons of northern Europe for persons threatened with pulmonary consumption, Algiers, in my opinion, is deservedly in good reputation. The climate is far from being of a relaxing character; on the contrary, it combines with its usual mildness and equability a decidedly bracing and tonic influence. Consumptive patients, in whom there is a well-marked deposit of crude tubercle, may pass one or more winters in Algiers with advantage, under circumstances which afford Nature the most ample leisure for repairing the disorganized structure. The sooner the patient is placed under its influence the more likely is the result to be beneficial. But when the disease has gone beyond what I have mentioned,—when the tuberculous deposit has broken down and softened, and when the patient is obviously sinking rapidly under the malady,—Algiers is not to be recommended. I saw two persons die there who should never have been allowed to leave the comforts of their own homes. The first case was that of a gentleman who, I am persuaded, had no idea of his dangerous condition when he was sent there; and he died without a friend to soothe his last moments, and with no one to speak to at all except those whose acquaintance he had made subsequent to his arrival in the place. The second was that of a lady who was comforted by the presence of a near and dear relative; but in her case, also, the change to Algiers only served to hasten the approach of death. Neither of these cases should have been sent away from home; it was an indubitable act of cruelty to recommend the change alike in both instances. Consumptive patients frequently crave for change of climate only when it is no longer available in the cure of their disease. Careless at first, although eager at last, they rarely seek of their own accord the benefits derivable from this therapeutic agent when it would advantage them. Frequently the physician is not consulted until the time is overpast when resorption to health by such means might have been affected; and then it behoves him steadfastly to refuse his sanction to a removal which would but add another grave to one of those foreign cemeteries, visited so often, and with such compassionate interest, by that class especially which affords in most ample numbers victims to their silent tombs."