there is no change in the size or form of the parts allowed to remain, which should, therefore, be at once reduced to sufficiently limited dimensions.

Proceeding upon this principle, I afforded the relief desired, and by the end of a week had the satisfaction of dismissing my venerable patient securely protected against the indiscreet remarks of his juvenile neighbours.

**Part Second.**

**REVIEWS.**

*A Practical Treatise on Diseases of the Skin.* By J. Moore Neligan, M.D., M.R.S.A., etc. etc. Dublin: 1852. Small 8vo. Pp. 439.

Dr Neligan arranges diseases of the skin in ten groups, with two supplementary ones, as follows:—1. Exanthemata; 2. Vesiculae; 3. Pustulae; 4. Papulae; 5. Squamae; 6. Hypertrophiae; 7. Hemorrhagiae; 8. Maculae; 9. Cancrodes; 10. Dermatophytae. The supplementary groups are Syphilides and Diseases of the Appendages of the Skin. This modification of Willan and Bateman’s arrangement is open to several grave objections, which we shall proceed to notice.

Among the Exanthemata, erysipelas is retained, whilst rubella and scarlatina are struck out. Now, it is difficult to account for this. In our opinion, erysipelas is as much febrile in its character as the other two, and is often as infectious. In the order Vesiculae, he places eczema, herpes, pemphigus, rupia, and scabies. Now, if Dr Neligan wishes to abolish the order Bullae, rupia, at least, he should place among the Pustulae. Unlike pemphigus, it forms a prominent scab, produces ulceration, and heals by a cicatrix, and ought never, therefore, to be grouped with such diseases as eczema and herpes. Scabies has long had a doubtful position in artificial classifications; but M. Bourguignon having at length proved experimentally that an acarus is the true cause of the disease, and that the eruption is accidental, it, with phthiriasis and some forms of acne dependent on the entozoon folliculorum, ought to be classed in a distinct group (Dermatozoa).

Dr Neligan has removed ichthyosis from the Squamae, and placed it in a separate genus, the Hypertrophiae, which also swallows up those disorders hitherto called Tuberculæ. But we would ask Dr Neligan whether psoriasis and pityriasis are not also hypertrophies of
the epidermis, and have not equal claims to enter the order Hypertrophia, and therefore still to remain allied? We also consider it unfortunate that the author introduces an order, Hemorrhagiae, only for the purpose of admitting purpura. If this disease had been struck out altogether, on the ground of its dependence on an affection of the system generally, we could understand it; but in an artificial system of skin diseases it is to all intents and purposes a spot, or Macula. Now, as Dr Neligan retains this order with a view of including vitiligo and ephelis, we cannot but consider the introduction of a distinct order, simply because the spot depends on hemorrhage, to be unnecessarily complex. As well might he introduce another order to comprehend ephelis, because it consists of an increased amount of pigment. Neither can we approve of the introduction of an order, Cancrodes, to contain lupus and keloid. The former we regard as a scrofulous tubercular disease of the skin, whereas the latter would with more propriety have been placed among the Hypertrophiae. Thus, if the author, following Hebra, feels it necessary to introduce the order Dermatophyteæ, surely he is equally bound to introduce the order Dermatozoa, which, however, he has not done. There can, we presume, be little doubt that some forms of prurigo are owing to the rapid formation of body lice in the skin, and we now hold that scabies has also been proved to be of animal origin. We do not object, in a practical point of view, to the Syphilides and diseases of the hair and nails being considered in separate groups, although we believe that, as our knowledge advances, the former will be regarded as mere modifications of the simple affections, and the latter as their occasional sequelæ.

So much for classification, which those who seriously study skin diseases know to be a very essential matter—essential both to diagnosis and treatment. It may well be conceived that practitioners who cannot determine the difference between a pityriasis and a chronic eczema, between sycosis and prurigo of the chin, or between prurigo and scabies, may sneer at the labour bestowed on the arrangement of these disorders. But it is exactly on account of the attention directed to their grouping that the eye readily recognises the difference and similitudes between them, and that experience in treatment is at length enabled to interfere with benefit. How, for example, if a certain application be useful for scabies, can it be expected to cure a patient affected with prurigo? No doubt, our remedies are still for the most part directed on empirical principles, but nothing rational can be hoped for unless the nature, progress, and diagnosis of these diseases be first ascertained.

Did our space allow, it would give us much pleasure to comment on Dr Neligan's treatment of the various skin affections. In several points we differ from him; in most we agree. In our opinion he does not attach sufficient importance to keeping the surface moist with alkaline lotions, which in our hands has proved a more cleanly and useful mode of treatment in various skin diseases than any
other. Neither does the employment of simple lard or oil receive much notice, although, whenever it is necessary to exclude air and remove irritation, nothing can be more valuable. Still Dr. Neligan's treatise is a very useful one. It is evidently the result of much experience and thought, and from its conciseness will prove eminently serviceable to the practitioner.

The Physical Diagnosis of the Diseases of the Abdomen. By Edward Ballard, M.D., London. London: Taylor, Walton, and Maberly. 1852. Pp. 276.

Dr. Ballard has produced a highly meritorious work, which we have no doubt will be favourably received, both by students, and by practitioners, for whose use it seems to have been especially designed. His aim has been to collect and arrange in a readable form all that has been positively ascertained regarding the application of means of physical diagnosis to abdominal diseases. The work has no pretension to originality, except in the mode of arrangement of its component materials. It is divided into three parts; whereof the first treats of the method and general results of physical examination of the abdomen by inspection, mensuration, palpation, percussion, and auscultation; the second enumerates the different visceral lesions, with the train of physical signs by which each is to be recognised and discriminated; the third is a mere catalogue of physical signs, under each of which is placed a list of the pathological conditions with which it may be associated,—an asterisk being prefixed to those lesions in which the sign is of diagnostic importance, and copious reference being made under each heading to the chapters of the first and second divisions of the work.

We need hardly reiterate here a conviction which we have frequently expressed, that skill in the employment of the means of physical diagnosis must be acquired by every physician who would practise his profession with satisfaction and credit to himself, or advantage to his patients. But the skill to which we allude is not easily acquired—it is not mere manual dexterity in feeling, kneading, punching, and percussing—it is not that practice of the eye which distinguishes the most trifling abnormalities in outline or colour, and appreciates the most minute spaces in a microscopic field of view—it is not that education of the ear which informs us of time and tune, and pitch, and timbre—but it is the combination of manipulative dexterity in appealing to the evidence of our senses, with sufficient anatomical and pathological knowledge, and habits of sound reasoning. The skill of which we speak must be acquired, by those who can acquire it, by the ordinary preliminary training of a liberal education, in the anatomical theatre, at the bedside of the sick, in the dead-houses of our hospitals, and in the writings of good medical authors.
Treatises like that of Dr Ballard, however excellent and useful in their way, are liable to be abused. The student is apt to consider them as short roads to knowledge which he finds otherwise difficult of attainment. On looking at the third division of the book, for example, an ignorant man might be disposed to imagine, that in a case of abdominal disease, a diagnosis might be arrived at, *opus* Ballard, just as the genus and species of a British moss might be discovered by referring to Hooker and Taylor's Muscologia. It might be so, indeed, if there were no signs but physical signs, if all signs were at all times appreciable—and if for the convenience of diagnosis, diseases would cease to embarrass us by their complications. But how different is the reality! There are no cases of disease more obscure than certain abdominal tumours, and we will venture to affirm that no physician or surgeon can have seen many such, without feeling that his powers of diagnosis, aided by every appliance of modern science, may occasionally lead him to an erroneous conclusion.

The very fact that there seems occasion for such an elaborate compilation as that of Dr Ballard, is perhaps sufficient evidence of the difficulties which beset the subject which his labours are intended to illustrate. He has executed his task in an able manner, extracting, condensing, methodising, and arranging, within very moderate compass, a vast amount of useful information. The style in which the book is written is simple and clear, contrasting favourably with that affectation of aphoristic accuracy which bewilders the readers of some of the most eminent of modern medical writers, and with that intolerable prolixity of detail wherewith certain less distinguished authors swell their volumes and shroud their meaning.

*Military Surgery: or, Experience of Field Practice in India, during the Years 1848 and 1849.* By J. J. Cole, M.R.C.S.E., H.E.I.C.S. London: Highley & Son. 1852. 8vo. Pp. 224.

There are few terms which have been more misapplied than Military Surgery. It certainly should be understood to denote the duty of a military surgeon, who is charged with the medical care of some hundreds of men, women, and children, in the various situations, and throughout the various changes, which the exigencies of their country may require them to undergo, at home and abroad, on shore and afloat, amid the snows of Canada or under the vertical sun of a tropical region, in the burning plains of India or on the pestiferous shores of Western Africa. But, instead of this comprehensive and important meaning, it is too frequently limited to little more than the performance of operations, as if the daily duty of a regimental doctor were lopping off legs and arms. We have been assured that the
whole period of service in the medical department of the army has been sometimes completed without occasion having ever occurred for any other instrument than the lancet and tooth-key; and we cannot too strongly impress upon gentlemen, whose views are directed to this field of professional employment, that what it chiefly requires from them, in addition to the ordinary skill of a general practitioner, will be a knowledge of medical topography, with the endemic and epidemic diseases incident to the different localities where troops may be placed; the specialties of a soldier's life in barrack, in the field, and in hospital; the changes of diet and clothing required by the different circumstances of climate and exposure; the grounds of procedure in recruiting and invaliding, and the careful recording of experience. On the comparatively rare occasion of injuries being received from hostile collision, the surgeon's duty will be chiefly limited to the application of water dressing and the performance of amputation; and, in the latter case, the operation will be much the same, whether it is required by the effect of a round shot or by the crushing of a railway-carriage wheel.

Very different ideas, however, seem to be entertained by the author of the book now before us. After dedicating it to the late treasurer of Guy's Hospital—whence we suppose he is a pupil of that school—he tells us:

"Having reached India in November 1847, in June 1848, by a combination of somewhat singular occurrences, I found myself in medical charge of Lieutenant Edward's army (18,000 strong), then encamped before Mooltan, into which it had driven the rebel Moolraj and his troops."—P. vii.

It certainly was rather a severe trial for the equanimity of an assistant surgeon of six months' standing, without experience, or the preparation acquired by gradually ascending the scale of responsibility, to be thus suddenly invested with the principal, or rather, as it would appear, sole, medical charge of 18,000 fighting men, engaged in field warfare of the most active description. Such an unusual position might be expected to afford some remarkable fruits, and has assuredly done so, if in no other way, at all events in the production of this crimson-boarded, gold-decorated volume, of which the exterior is a fit emblem of the egotism and vanity of its contents.

The author, limiting his ideas of military surgery strictly to wounds and operations, writes as if no man had ever written on the subject before. Indeed, his course of instruction is so elementary, that, in regard to operations, he must needs begin with thus teaching his readers—

"How to hold Instruments."

"Amputating Knives.—The amputating knife should be held between the thumb and fingers; its handle should be free of the palm.

"The Saw should be worked in a horizontal line, and grasped with three fingers and the thumb; the forefinger being thrown out, as in indicating, by the side of the handle."
"Scalpels and Bistouries should be held between the thumb, index and middle fingers.

"Probes, Sounds, Catheters, Artery-Forceps, Needles, &c. &c., should be lightly held between the index-finger and thumb."—P. 52.

He then proceeds, apparently unconscious of all that has been said and written in regard to gunshot wounds, from the worthy old Ambrose Paré down to Mr Guthrie:

"We may now proceed to the consideration of the manner in which we [the author] are accustomed to treat all and every lesion to which the soldier is obnoxious in the field."—P. 63.

In accomplishing such an extensive task within the compass of 150 pages, brevity was, of course, essential; and, accordingly, the directions for treating wounded men bear no small resemblance to those of a cookery-book,—as, for instance, in the case of an incised wound of the scalp, we have the following receipt:

"Treatment.

"Cut and shave off the hair completely around, thoroughly cleanse the wound from all foreign matter, put lint dipped in blood upon it, and a wetted compress over. Apply a bandage, and keep the patient at rest, with the head raised. Give calomel and purgatives, and bleed fully if there be a tendency to cerebral excitement or inflammation. On the second or third day remove the dressing; apply warm water. Lastly, to complete the cure, substitute the bark ointment, F. 33."—P. 177.

And this for "Gunshot Wound of the Kidney":

"Treatment.

"Full and copious bleeding, in order to restrain haemorrhage; digitalis, hemlock, and henbane, to diminish the heart's action; calomel, opium, purgatives, low diet, and profound rest, to keep off inflammation, and, if possible, prevent destructive suppuration and sloughing. Small quantities only of acidulated barley or gum water should be allowed for the first two days. Examine the state of the bladder often, and introduce a catheter on the least appearance of retention of urine."—P. 129.

Having sufficiently illustrated the self-confidence of the author, we may now give a specimen of the wisdom which characterises his work:

"Of chloroform much has been written; in its use much has been done. Some surgeons tell us they cannot operate without it: others declare it never does harm: many imagine it really does good: some look upon it as the most merciful gift of Providence: many swear by it: the natives of India bow down to it, and worship it as a god; some properly consider it (amongst many others) a useful remedy. But the practical surgeon views it in the hands of the military medical officer as a highly pernicious agent, which unquestionably it is. . . . No place should be assigned to it. Leave it with the medical storekeeper; place it on a high shelf in his warehouse, and, if it be hot, remove the stopper from the bottle to keep it cool. . . . That it renders the poor patient unconscious of pain cannot be doubted. But what of that? What is pain? It is one of the most powerful, one of the most salutary, stimulants known."—Pp. 89, 90.

We hope that the authorities of the H.E.I.C.'s Service will remark the sentiments here expressed, and pause before they appoint gentlemen who entertain them to the medical charge of an army.