generally and successfully used. Convalescence was tedious. Every one of the real feverish attacks were sent away during convalescence. The other short cases soon recovered outside, and returned to their duty.

The foregoing do not refer to the cases occurring during the first winter, 1854. They refer merely to what I saw from May 1855 to July 1856. They occurred among young strangers, while, on the other hand, many cases of cholera occurred among the older soldiers. They were caused by exposure to heat and cold, dry and damp atmospheres. They were varied in their type, from the short ephemeral type to the continued typhus. They differed in no degree from what is seen here.

The mortality at first (1854) was fearful. During the time the foregoing cases occurred, many comforts, etc., were afforded, and the soldiers had less hardship to undergo; and, accordingly, the type of disease was modified and more easily treated. Had our troops been in a position where the stores could not be so easily reached, had they been continually on the march under a tropical sun, and been fed constantly on salt pork instead of fresh meat, the mortality would have remained much the same as before.

The proximity of the port of Balaclava saved our army, and the remaining in one climate enabled our men to get inured to it and thus be fit for any duty required.

EDINBURGH, March 1857.

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Part Second.

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REVIEWS.

British Obstetric Literature.

Our critical columns are too few to admit of extended notices of the many works kindly sent to us for that purpose. Even good books must sometimes be turned off with a few lines. We therefore propose now, in a few sentences, to review a whole regiment of the light infantry of obstetric literature, apologizing to many excellent authors for the scanty justice we find it in our power to do them.

A Manual for Midwives and Monthly Nurses, understood to be from the pen of Dr Churchill of Dublin, is a very praiseworthy attempt to improve the text-books, and through them the minds, of a valuable and too much neglected class of female practitioners.

Dr Pretty's Aids during Labour, etc., is a little book of considerable merit, but not of proportionate value and usefulness.

Dr Clay's Complete Hand-Book of Obstetric Surgery is very incomplete, and has numerous faults, literary and medical. But it
Dr M'Cosh's advice to Officers in India. By John M'Cosh, M.D., late of the Bengal Medical Staff. London: 1856.

Hygienic, Medical and Surgical Hints for Young Officers of the Royal and of the Merchant Navy. By W. M. Saunders, M.D., Surgeon, Royal Navy. London: Churchill. 1856.

Few books are so useful as those which serve, by their information, to facilitate one's entrance on a new sphere of life. Their value is greatly increased when they embody the results of a life-long experience, and not a mere collection of opinions and preconceived notions, strung together by one whose acquaintance with the subject is of the
most cursory description. The author of a true work of the kind can, however, look for little of that lasting reputation which most book-makers flatter themselves they may attain. Introductory manuals, of all kinds, are essentially of temporary interest; and where we have, as in the present case, the ever-changing condition of a profession, or of a proverbially unstable country, for the subject-matter, but a few years have to elapse, and our book of “advice” no longer satisfies the requirements of the time.

Dr M'Cosh's work, published fifteen years ago, has had the advantage of the additions and corrections of its author's matured experience; and presents to the young officer, whether military or medical, an excellent compendium of useful hints and advice as to his introduction into Indian life, his manner of living, his expenses, the prevalent diseases of the country, and as to the best method of avoiding them, etc. In fact, the work is a little encyclopædia of information on miscellaneous subjects, which, under such a title, admit of being grouped together, but which we might in vain look for in larger and more elaborate descriptive works.

Among other subjects of interest, Dr M'Cosh gives an account of the various Sanitaria which Government has provided both for the officers and the men. The description of the scenery is remarkably good, and the advice interspersed as to the most suitable class of cases for each locality appears to us very judicious.

**Hill Stations of Bengal.**—The Sanitaria resorted to by the officers of Bengal are Darjiling, Nainee-thal, and Almora, Missourie and Landour, Simlah and Subatoo, Dhurmala and Murree. These are all seated on or near the outer range of the Himalayah; they have nearly the same altitude, 7000 feet above the sea; and nearly the same climate, though many hundred miles apart, and many degrees different in latitude; for it is remarkable that latitude has less influence upon the temperature of the atmosphere than the altitude.

These Hill Stations are the brightest spots in our Indian service, the oases in the desert of our tropical exile, the lands of promise in the wilderness of our weary wanderings, where one and all at some period of their pilgrimage hope to resort to, as a refuge in time of trouble. A summer residence in these hills is quite delightful compared with the fiery ordeal of the plains. The climate is indeed European, even Italian. In the hottest weather the thermometer rarely rises above 76 in the shade, and frost and snow prevail in the winter; a fire in one's room is at all seasons agreeable, two or more good English blankets on one's bed, and personal clothing as warm as one would wear at home.

**Scenery of the Himalayah.**—The scenery of these hills is, I believe, the most stupendous, the most sublime in the world;—valley scooped out of valley, hill raised upon hill, crag hung upon crag, and mountain piled upon mountain, far above the limit of man's existence, far beyond the reach of the wild ass or the ibex; far above the existence of all vegetation; the glacier and the perpetual snow the only occupants; the avalanche, the thunderbolt, and the sunbeam the only visitants. In one summer's day one may taste of the climate of every region of the globe. One may start at early dawn with the heat oppressive, the thermometer at 100, and ascend before dark to the freezing point; through a succession of zones, from the palm tree, the mango, and the banana; through forests of the pine tree, the cherry, and the walnut; the oak, the rhododendron, and the yew; the chestnut, the cedar, and the cypress; the box, the holly, the mountain-ash, the alder, and the birch; and enjoy his evening dinner on a
carpet embroidered with mosses and lichens, on the border of the vegetable world, with a glacier for his table, and a handful of snow to cool his wine.

A Sunset in the Himalayah.—The Dhoon, and the Dhoon breeze, and the Dhoon mist, are the most prominent traits in each landscape. Few scenes in nature can surpass the variety of the sublime and beautiful during one single day. At sunrise the Dhoon is seen, expanded 3 or 4000 feet below, like a boundless meadow, dappled with forests and fertile fields, cut into sections by numerous rivulets, with every tree and every house distinctly marked. Beyond it appears the Sewalic range, the cemetery of an antediluvian world, exhumed by Cauteley and Falconer, those eminent geologists, who have reversed the order of the march of intellect, and directed it to an era anterior to man's existence, when the mammoth and the mastodon were the monarchs of the world, and the solid rock that now encases their bones was a plastic mass of mud. Beyond the Sewalic range the fertile plains of Upper India may be traced to an immense distance; the Jumna, filled by the melted snow and the periodical rains, is seen on the right, meandering like a rivulet, or overflowing its banks like a sea. On the left is seen the most magnificent monument of the Company's dominions, the great Ganges canal, the mighty river being turned from its bed, and measured out in streams to fertilize the provinces through which it runs along a course of 7 or 800 miles, with a breadth of 170 feet, a depth of 10 feet, and fit also for navigation.

About seven in the morning, the dews of the night ascend and congregate in clouds, expanding and enlarging till the Dhoon is hidden from view. Soon this grand army forms into divisions, each advancing up some of the many ravines, filling every valley, and shrouding every ridge in impenetrable fog. About nine, the leading columns have got to the crests of the mountain, and a grand struggle takes place between the ascending clouds from the south, and the remains of the night wind from the north. Now, as the north wind lulls, the vanguard of a division rolls over the ridge, but as it freshens is driven back again, broken and dispersed over the curling heads of the main body in the centre. About half-past ten the day is generally decided, the south wind prevails, and a whole hemisphere of clouds bursts over the mountains like a deluge, rushes down the opposite valleys, and envelopes the highest mountains in gloom. A steady heavy fog continues during the day, so damp, that every hair on one's cheek has its dew-drop. Now and then the sun looks through, the lightning flashes, and the thunder rolls. The windows of heaven are opened, and soon every crevice resounds with the rush of water. Towards sunset the north wind regains the ascendancy, the nimbus clouds are once more beat back to the plains, the lost sun comes out in glorious majesty, illuminating every rock and every ridge with golden light and purple shade, tinting the clouds and the sky in such gorgeous colours as to drive the landscape artist to despair. I have seen many sublime scenes in many lands, but none to be compared to a sunset in the Himalayah.

Dr M'Cosh believes that all the Sanitaria on the Himalayah are on too high an elevation, and that, as continuous residences throughout the year, lower sites would be preferable.

Dr Saunders addresses another, but not less important, class of officials. It is more particularly intended for non-medical readers, and originated in a wish expressed by many officers to the author, "to have some practical guide which would be so portable as to admit of its being carried in the pocket, and so concise as to present at a glance what ought to be done as immediate steps, until medical aid can be obtained," the value of such a work having been felt by many of those officers "when detached on boat service," when emergencies of all kinds are apt to occur.
Dr Saunders tells us that he has availed himself of notes collected by himself from the works of Blane, Lind, Wilson, Bryson, Johnson, etc., and so long ago as 1842, when he first entered the tropical climates as an assistant-surgeon. The leading facts of naval hygiene are succinctly stated, and divested of undue technicality of language. The laws of infection, and the means of eradicating and guarding against it, are correctly detailed, and the dangers of tropical climates pointed out. The subject of cholera is not over-looked, and some remarks are made as to the precautions requisite to be taken where that disease is prevalent. A third of the volume is occupied with short descriptions of the diseases and accidents that are apt to occur during a cruise, and of the immediate measures to be adopted.

Though specially written for non-professional readers, we are convinced that all young medical men entering the navy or the merchant service, would profit by its perusal.

Antiquities of Kertch, and Researches in the Cimmerian Bosphorus; with Remarks on the Ethnological and Physical History of the Crimea. By Duncan Macpherson, M.D., of the Madras Army, Inspector-General of Hospitals to the late Turkish Contingent, etc. Folio, pp. 132. London: 1857.

We cannot but take an interest in Dr Macpherson's account of the remarkable discoveries of Grecian antiquities, which he was privileged to make at Kertch, during the occupation of that region by the Allied forces in 1855. It is gratifying to us to see a fellow-countryman and a professional brother distinguishing himself in a field which, although not yielding much fruit to the practical physician, is one that promises large returns to the medical philosopher who will diligently cultivate it.

The work before us appears in a sumptuous form, and under high patronage. It is illustrated by twelve coloured plates, and by many woodcuts, representing the more remarkable articles exhumed from tumuli and the neighbouring soil, once trod by the busy inhabitants of a large and wealthy Greek colony. The first part of the book consists of a good historical sketch of the history of Greek colonization in the Crimea, and along the coasts of the Sea of Azoff and the Euxine; the second is occupied by the detailed account of Dr Macpherson's own researches; and the third, by illustrations of Crimean ethnology. In the narrative of facts observed in entering tombs, that had remained undisturbed for more than two thousand years, not a few things are mentioned well worthy of the attention of the physiologist. But, of course, it is chiefly on account of the light thrown upon history and ethnology that Dr Macpherson's labours are valuable. His success will stimulate him to undertake similar
researches amongst the ruins of old India, whither, we believe, he has recently returned.

An Introduction to Clinical Medicine: Six Lectures on the Method of Examining Patients, and the Means necessary for arriving at an exact Diagnosis. By J. Hughes Bennett, M.D., F.R.S.E., Professor of the Institutes of Medicine and of Clinical Medicine in the University of Edinburgh. Third Edition, with numerous Woodcuts. Edinburgh: 1857.

Dr Bennett's little work is, without doubt, the best introduction to clinical medicine which we possess. Every sentence bears evidence of having been written by one not only intimately acquainted with the subject, but who knows well the wants of the student, the difficulties that beset him in becoming familiar with the modern methods of physical diagnosis, and in acquiring that habit of careful observation upon which so much depends in the study and furtherance of the healing art. A third edition, we are glad to see, has been called for; additions have been made wherever necessary; and some very useful woodcuts appear for the first time, and render the volume more complete.

Part Third.

PERISCOPE.

MIDWIFERY.

THE URÆMIC CONVULSIONS OF PREGNANT, PARTURIENT, AND LYING-IN WOMEN.

[The following is the continuation of Dr Matthews Duncan's translation from Dr Braun's work. See p. 953.]

(Proofs of the Identity of Eclampsia, Vena, and Uræmia.)

II. Acute Bright's disease is the first link of a chain of morbid changes leading on to puerperal eclampsia.

This view is supported by the following arguments founded on experience:—

a. In an observation made by Oppolzer and myself, we prognosticated the outbreak of eclampsia, two days before its occurrence, from the presence of abundant albuminuria, and from the blood containing a large quantity of urea and carbonate of ammonia.

b. Devilliers, Regnauld, the author,2 Litzmann, and Wieger have published a

1 Clinik der Geburtshilfe, etc. S. 352.
2 C. Braun: Klinischer Bericht aus Trient. 1854. In Scanzoni's Beitrügen, Bd. 3, S. 20. Würzburg, 1855.