

In his directions for the employment of electrolysis in hypertrichosis, which are given with the most satisfactory fulness of detail, the author states that it is better to operate in succession upon contiguous hairs, instead of selecting one here and one there, as the latter course is productive of greater pain. The former method may, indeed, be less painful, but is in our judgment much more likely than the latter to result in permanent scarring, in consequence of the greater inflammation produced thereby.

In connection with the etiology of alopecia areata it seems to us that somewhat insufficient consideration has been given to the evidence which has been presented by eminent observers, bearing upon the question of its sometime parasitic nature.

In his account of lupus erythematosus a more detailed description of its appearances upon the hands, which Dr. Hyde is especially competent to contribute, and upon the scalp, would have given it greater value.

The chapter on tuberculosis of the skin is unsatisfactory, in which respect it unfortunately represents fairly enough our present knowledge of an important field of cutaneous pathology.

With regard to the favorable influence of a residence in the United States upon the course of leprosy in the individual, we are not prepared to admit the optimistic views of the author, although there can be no question that the changed ways of living here may materially affect the further spread of the disease among the immigrants from Scandinavia.

But these few questionable points of criticism affect in no measure the great value of the work. We can heartily commend it, not only as an admirable text-book for teacher and student, but in its clear and comprehensive rules for diagnosis, its sound and independent doctrines in pathology, and its minute and judicious directions for the treatment of disease, as a most satisfactory and complete practical guide for the physician.

J. C. W.

TRAITÉ DE CHIRURGIE DE GUERRE. By E. DELORME, Médecin-Major de 1re classe; Professeur de clinique chirurgicale et de blessures de guerre au Val de Grâce. TOME PREMIER. HISTOIRE DE LA CHIRURGIE MILITAIRE FRANÇAISE, PLASIE PAR ARMES A FEU DES PARTIES MOLLES. Avec 93 figures dans le texte et une planche en chromo-lithographie. Pp. viii., 668. Paris: Félix Alcan, 1888.

TREATISE ON THE SURGERY OF WAR. By E. DELORME, Surgeon-Major of the 1st class, etc. Volume I.

WHEN the French army was beleaguered at Metz in 1553, the garrison, depressed by disease and injuries and hopeless of delivery, were almost on the point of surrendering, when Ambroise Paré was conveyed through the enemy's lines and brought into the city. The soldiers greeted him with acclamation, crying, "We need have no fear of dying, now that Paré is with us!" New spirit was infused into all hearts, and a stout resistance to the enemy was maintained until the siege was raised. While perhaps the personal influence of Paré has not attended all of his successors, it is a noteworthy fact that from his day the French military

surgeon has possessed great influence with his comrades and a high reputation among his professional contemporaries. A work upon military surgery, then, emanating from the school of Val de Grâce, carries with it much authority and is entitled to a most careful study.

Not the least attractive feature of the work of Delorme is the extensive review of French military surgery with which it is introduced. Occupying a little more than half of the first volume, the space devoted to the historical aspect of the subject is in marked contrast to that observed in English and American works, and evinces a commendable and patriotic scholarship. The sketches take the form of a series of brief biographies, in connection with which the surgical work of the worthies treated of, is presented. Although the series is arranged in chronological order, so far as the lives of the subjects are concerned, the history of any particular procedure can be obtained only by digging among the mass of disjointed biographical sketches. It would seem that the history of the military phase of the surgical art could have been better shown, had he arranged his matter progressively, so as to show the growth of the various topics involved.

A chapter of considerable length is devoted to the description of the arms of modern warfare, including both cutting and piercing arms and firearms. It is apparently intended to present an exhaustive discussion of the subject, for the arms used by the principal powers are considered in detail, giving the charge of powder, and the size, weight, and shape of the projectile—the latter graphically. We have not the means at hand for testing the correctness of his observations upon the arms of other countries; but when he informs us that the United States Army is provided with the "Remington-Springfield, calibre 58," the "Springfield-Remington, calibre 50," and the Berdan rifles, he is far from the truth. During the War of the Rebellion, when an immense body of volunteer troops was in the field, the arms were almost as various as the volunteer organizations which used them, and we believe that not one time pieces of calibre 50 and 58 were manufactured at the Springfield arsenal. But no such varieties of ordnance as the first two named by Delorme were ever used by our army, nor were any such ever manufactured. The Remington rifle is used by certain militia organizations, but the only model used in the United States service at the present time, and for a considerable number of years past, is the Springfield breech-loader, calibre 45, admitting a cartridge containing seventy grains of powder, propelling a conical projectile weighing five hundred grains with an initial velocity of thirteen hundred feet.

The remainder of the volume is devoted to a consideration of wounds involving the soft parts. Here M. Delorme falls into line with modern surgery by prescribing antiseptic dressings for individual wounds, but it is to be regretted that he has not seen fit to enter more at length into the general consideration of the application of aseptic and antiseptic methods in the treatment of wounds received in war. With all the machinery of a well-equipped hospital, with ample skilled assistance, and with a comparatively small number of cases, civil aseptic surgery has advanced well on the road to perfection. But so much greater are the difficulties with which the military surgeon has to contend, that the case is quite different with the surgery of war. The problem of antiseptic dressings amid the flying dust, the bewildering smoke, and the confusing roar of the battlefield is a difficult one. But surely, starting from the founda-

tion laid by the civil surgeon, many advances in technique must have been made. That the recent wars of the French, the campaigns in Tunis and in Tonquin have not been entirely unproductive in this respect, is very vaguely indicated however. German authors have been particularly fruitful upon this subject, the recent work of Mosetig-Moorhof being a case in point.

The importance of the first dressing cannot be too strongly emphasized at any time, and its importance is all the greater in military surgery where, because of the deluge of wounded, the first dressing must, in many cases, be the only one for a considerable period. Accordingly the dressings should be portable so that they can readily be carried by bearers up to the line of battle itself, where the timely application of a suitable dressing may prevent many a death. The apparatus of aseptic operative work should also be reduced to a minimum in bulk and a maximum in efficiency, for field hospitals and first dressing stations, in particular, are subject to sudden removals. The technique of modern military surgery then differs in essential details from that of civil life, and the absence of a thorough discussion of these points in a work upon the surgery of war is an inexcusable blemish.

His chapter on lesions of the bloodvessels opens with arteries, and considers first contusions, proceeding then to penetrating wounds, illustrating, by drawings of his own specimens, a number of cases of lateral and perforating wounds and complete sections. Here he introduces a section on provisional hæmostasis, showing the methods and localities for the application of digital compression, with some remarks on prepared and extemporized tourniquets. While noting the method of checking hæmorrhage in the leg or forearm by forced flexion of the knee or elbow, he omits any reference to the method of obtaining this result by forcibly flexing a limb upon a hard, smooth surface, which is in most cases applicable to wounds of the entire length of both extremities, and is an exceedingly convenient temporary method of hæmostasis.

In treating of wounds of the veins, he rejects the lateral ligature, believing that, in view of the increased danger of recurrent hæmorrhage, total ligature is the preferable procedure. Neither does he refer to the method of closing lateral incised wounds in large vessels by stitching the lips of the wound together with fine aseptic sutures. On the whole, however, his discussion of wounds of the vessels is excellent and reliable.

More than the usual amount of space is devoted to lesions of nerves, the material for which is largely taken from the works of Mitchell, Morehouse, and Keen, and other American sources. He, however, does not speak of the distance sutures of his compatriot, M. Assaky, which would seem to be particularly adapted to gunshot wounds, where the continuity of a nerve is apt to be interrupted for some little distance.

Delorme is not an advocate of the primary antiseptic occlusion of all gunshot wounds, holding that fragments of shell should always be removed, and that gun or pistol shots should be extracted or left undisturbed, according to the tolerance of the parts and the form and condition of the missile. In this he takes a conservative position, rather in opposition to the tendency of the day. Holding these views, it would be expected that a complete study of the various bullet extractors would be presented, as is the case. He merely mentions, however, the electric apparatus of Bell for locating a projectile, and entirely ignores the valuable induction balance and telephonic probe of Girdner.

Secondary complications of wounds of the soft parts, secondary hemorrhage, and the secondary complications of nerve wounds, together with inflammatory troubles, tetanus and hospital gangrene are fully and ably discussed. Injuries affecting the viscera, bones, joints, etc., are reserved for the second volume, which will complete the work in 1889.

To an extent unusual in authors of his nationality, M. Delorme has made use of the works of foreign writers, conspicuous among whom are American surgeons. The labors of Otis and Huntington in the Surgical History of the Rebellion have afforded him a treasure which he has used freely. And while not complete as a guide to the actual practice of military surgery, this work contains a mass of well-digested information which will be of the greatest service to the student, and in reality marks an advance in the study of the surgery of war. J. E. P.

OPHTHALMIC SURGERY. By ROBERT BRUDENELL CARTER, F.R.C.S., Ophthalmic Surgeon to St. George's Hospital, etc.; and WILLIAM ADAMS FROST, F.R.C.S., Assistant Ophthalmic Surgeon to St. George's Hospital, etc. Illustrated with a chromograph and ninety-one engravings. 12mo. pp. 554. Philadelphia: Lea Brothers & Co., 1888.

THE authors of this work come forward now, not as new candidates for the attention of their professional brethren, but as those who, having already well demonstrated their ability to discuss in a very clear and agreeable manner the subjects here considered, will at once be accorded attention to their new statement of matters both old and new.

In power to make the setting forth of their views entertaining, as well as instructive, they are well matched; and the piquant, forcible way in which facts are presented serves to rouse fully the powers of apprehension in the reader, reducing to a minimum the effort of perusal, while making the most vivid and lasting mental impression. As an instance of the advantage this power gives an author, take this exposition by Carter, of his objections to "the diathetic nicknaming" of iritis:

"There is one ground, however, on which I strongly object to this ticketing of iritis with the names of various diseases; namely, that the habit is likely to mislead the inexperienced practitioner into an endeavor to treat the name on the ticket, while the iritis may be neglected until it has done irreparable harm. I do not know of any disease which prevents the occurrence of iritis, and, hence, I do not know of any with which it may not sometimes be associated. I have very little objection to its being described as 'syphilitic,' because the description is in many cases accurate, and because it has no tendency to interfere with, but rather to promote, the proper conduct of the treatment; but I do not know how to define the conditions under which the epithet may be properly applied. . . . There are books from the perusal of which one could rise with the belief that to distinguish between syphilitic and non-syphilitic iritis would be a simple matter. A further examination shows that the syphilitic iritis of one writer is the non-syphilitic of another, and that the symptoms which one regards as pathognomonic, are by another regarded as unimportant. When we turn to other diatheses or constitutional states, the confusion becomes worse confounded, and the practitioner, possibly not thoroughly skilled in the management of eye-disease, but familiar with rheumatism or with gout, is not to be overmuch blamed if he is led by the 'imposture and force of words' to attend to what he thinks he understands,