

is especially opportune in its appearance, as its object is to enable the large corps of surgeons and assistant surgeons, attached to the various regiments doing duty in the field in the unfortunate civil war now raging in the United States, and who have been taken, in the majority of instances, from the duties of civil practice, to discharge their new functions in the most efficient manner possible.

We have stated that the volume is opportune in its appearance. Few surgeons in civil practice are acquainted with the duties devolving upon the army surgeon in the time of war. These embrace a far wider range than the former has the slightest idea of, and in truth the education which adapts a surgeon for the ordinary duties of civil practice falls far short of that which is necessary to the military surgeon. Hence in England at the present day, those who seek the office of surgeon in the army are compelled to undergo an additional course of instruction upon subjects not usually elaborately dwelt upon in the ordinary training of a surgeon for civil practice, and especially with regard to military surgery and hygiene. This important deficiency in medical education has been forcibly and painfully urged upon the attention of the military authorities in England, and whatever faults may have been committed hitherto, the British Government is now taking the greatest care to improve this condition of matters. Unfortunately in the United States, this has not yet been attempted; while the few works on Military Surgery which have been published, and these chiefly in England and France, are scarcely within reach of the majority of surgeons of the United States army. Hence Dr. Hamilton's work, drawn up with great care, and with a full knowledge of the importance of his subject, with an especial adaptation to the peculiarities of the climate of his own country, moreover, is presented to us at the right time, when the people are engaged in a fratricidal war, which none deplore more than we Canadians do.

The volume opens with an eloquent introductory lecture delivered by the author at the opening of his course on military surgery at Bellevue Medical College, New York, in the month of April of this year. The subjects of the rank and authority of the medical officer are herein ably discussed, and although it is perfectly true in regard to the former, that while in almost every other national service, the due position of the medical officer has been recognized, it has only been very recently, 1858, that the Queen's warrant was issued establishing his proper rank and position in our own, a tardy act of justice, not granted until after repeated representations, but which had been accorded in the American service since the year 1847. According to the warrant alluded to, the relative rank of the medical officer is as follows: The staff or regimental assistant surgeon ranks as a lieutenant, and after six years full pay, as a captain; a staff or regimental surgeon as major; and a surgeon major as a lieutenant colonel; a deputy inspector general of hospitals as a lieutenant colonel, and after five years full pay service as such as colonel, and an inspector general of hospitals as a brigadier general, or after three years full pay service as such as a major general. Still, however, the old division of officers into combatants and non-combatants seems to be held, and in the author's sweeping condemnation of this absurd division we heartily concur; and in fact as regards courage, in our opinion that of the medical officer far transcends that of the other officers of the line,