able to ascertain, has nothing to do with it. Now, this is scarcely enough to refute a more definitely assumed position. He does not even as much as say that he has ever made any careful attempt to ascertain whether race has anything to do with it or not; that he has, in fact, even voluntarily put himself into any other attitude of mind than that of assuming that race cannot have anything to do with it. Still less does he make any reference as to investigations respecting the particular race I speak of.

My interpretation of the biblical phrase was based chiefly on the frequency of psoriasis as computed by myself amongst my Jewish acquaintances and patients, and only secondarily on the patness of that phrase as a pathognomonic description of the disease; but Dr. Myrtle, in disposing of my dogma, does not think it essential to say that any Hebrew patient affected with skin-disease has ever come under his notice. It is a *primæ facie* inconsistent, although not quite a contradictory, statement to say, as he does, of a disease which is confessedly hereditary that it cannot be an affair of race. But, to comment on my commentator, who will agree with Dr. Myrtle in saying that, although those whom this disease more particularly attacks "are especially the blooming and healthy," yet "its depressing effect on the spirits is so great and constant" that the female, at least, "soon grows melancholy, and ere long falls a victim to decline?" and who, after joining him in saying "I have been struck with the number of cases where the disease is confined entirely to parts of the body which are always under cover," will then (speaking in general terms of the female subject of it) say "she cannot go into society and dress like other girls?" If evening toilette be referred to, it is inaccurate to impute to psoriasis a general tendency to affect the upper part of the back or the neck and shoulders, and, even if it were so, the remark is hardly a relevant one, now that high square-cut bodies with sleeves to the elbow are *de rigueur* for evening dress. But Dr. Myrtle goes farther, he says "she may be admired, have offers of marriage, but all is a mockery." I sincerely hope it has not come to that.

Is Dr. Myrtle unaware that a great many married ladies have psoriasis, and, more than that, had it at the time they were wooed and won? or does he think that "blooming healthy individuals" are at such a discount, even with the drawback (if it be one) of a patch or two of psoriasis? I wish I could say, with Dr. Myrtle, that, as a general result, the effect of the Harrogate waters on psoriasis contrasts most favourably with that obtained from all other methods of cure previously adopted; if so, I could find a short cut out of many an occasional difficulty. But I have met with too many persons with psoriasis who had "steadily persevered" with the Harrogate waters "for months."

THE LEPROSY OF THE BIBLE.

By A. DUNBAR WALKER, M.D.

THE leprosy of the Bible has always been a vexed question, and in the present day seems no nearer solution than before. That the "creatures" (for really persons without hands and feet, wanting the greater part of the nose, with voices reduced to little else than a croak, and whose existence is a burden to themselves and their friends, are little above creatures) who meet one at the gates of a Syrian town in the present day are the lepers of Scripture, is generally disallowed; for the disease is not contagious, commences quite differently, and produces a disease in no particular resembling that recorded in Leviticus. Elephantiasis Græcorum, also, as seen in the East, is hereditary, which is not recorded about leprosy of old. Dr. Hebra, in a note to his article on scabies, in his comprehensive and learned work on skin-diseases, has suggested that scabies was the leprosy of the Israelites, adducing in its favour—1, the contagious character of the disease; 2, the cure employed in Naaman's case—washing in the Jordan, a river whose water contains sulphur. In analysis of Jordan water sulphur is found, but certainly not in sufficient quantity to remove scabies by "washing seven times". The amount of sulphur in solution varies according to the place from which the water is taken: if near the source, it is in small quantities; and there is no doubt that it was near the commencement of the river that Naaman washed, for it is this part that lies on the road to Damascus. The most convincing circumstance, to my mind, that scabies was not the disease, is its rarity in Syria in the present day. In a year's experience of all kinds of diseases in Syria, amongst which were many cases of skin-diseases, no case of scabies presented itself to my notice.

Mr. Balmanno Squire has put forth in the JOURNAL the idea entertained by many, that psoriasis presents many of the features recorded in Scripture regarding leprosy, supporting his theory by its frequency amongst English Jews and Asiatics. Of the greater frequency of psoriasis amongst Orientals, and more especially amongst Syrians, my ex-

perience in Syria is quite confirmatory; for amongst the Arabs I saw many cases, and more in proportion to the number of inhabitants than in England. But at the same time, of northern and western nations, removed far from Asiatic influence or blood, Norway affords as many cases of psoriasis, in proportion to its inhabitants, as Syria; and we find in this country elephantiasis Græcorum cropping up. Psoriasis is also a non-infectious disease, which was a character that pre-eminently distinguished the ancient leprosy. My own comparison of the Scriptural disease, with diseases now known in Syria or any other country, has brought me to think that the leprosy of the Israelites has entirely disappeared; and that, when in existence, it depended on some fungus which attached itself to the hairs of man and animals, producing a crust similar to favus, only of a white colour, for we find it producing its effects not only on men, but on the skins of animals worn as garments, and on the walls of the houses.

As to the treatment of psoriasis, Dr. Myrtle's remarks are very sensible: that there is no specific in arsenic, cod-liver oil, or any other individual medicine, I quite agree with him. As the patients that labour under the disease are so different in age and constitution, so must our remedies vary; and if one remedy fail, another must be tried. The most potent remedies being, no doubt, change of air and diet, unfortunately the disease is apt to recur, after the patient has resumed for some time his former habits and abode. In a case which I had under my care, a sea-voyage acted beneficially by dispersing the disease, but it returned after two years.

NOTES ON BOOKS.

A VERY useful little *Medical and Surgical Handbook for the Guidance of Officers in command of those Vessels in H.M. Service in which no Medical Officer is borne*, has been issued by the Admiralty. It is very concise, dwelling practically on hygienic measures, as cleanliness, ventilation, sleeping arrangements, clothing, food and water, sun-exposure, and endemic morbid influences; it then scans briefly, in alphabetical order, the common disorders and accidents to which seamen are liable, giving good modes of treatment easily applicable to them. In many respects it resembles the similar *brochures* that have been so well prepared as guides to merchant captains by Spencer Wells and by Harry Leach, excelling them in the style of the pictorial illustrations of surgical accidents, and in the manner in which cases of suspended animation by drowning should be dealt with on the directions of the Royal Humane Society. We recommend it as well adapted to its purpose, and likely to be very useful, as such lessons cannot be too strongly impressed on all executive officers, especially as they are often on detached service in boats, without any medical officer at hand. We believe it is the intention of the Admiralty to institute a series of lectures on this important branch of nautical education at the new Naval College, Greenwich.

The Student's Handbook of the Practice of Medicine, by H. AUBREY HUSBAND, M.B. (Edinburgh, E. and S. Livingstone), is by far too meagre for an useful purpose; and we think it really impossible that any student preparing for examination can be so ill-informed as to benefit by reading it. It savours of the absurd attempt to compress the whole practice of medicine into a *brochure* that can be carried in the waistcoat-pocket.

Syphilis, its Nature and Treatment: with a Chapter on Gonorrhœa. By C. A. DRYSDALE, M.D. Second Edition. London: Ballière, Tindall, and Co.—Dr. Drysdale must be counted amongst the honest doubters. He draws a very heavy indictment against the use of mercury in the treatment of syphilis; and, although this is amongst the heresies of modern times, it is one which deserves attention. This disbelief in the value of mercury as an antisymphilitic may be only an excessive reaction of opinion against the undoubted abuses which have been, and the exaggerated faith which still is, allied with its use. The results of the study of the natural history of syphilitic iritis by J. Z. Laurence, Gascoyen, and Hart, alone suffice to show that its value is certainly over-estimated by the majority of ophthalmic practitioners; and no better field of observation could be selected as a testing-ground than iritis and irido-choroiditis, where the processes of deposition and absorption of lymph may be watched with the naked eye and with the ophthalmoscope. It has been sufficiently ascertained that reabsorption will go on very actively without the intervention of mercurial treatment; and it may be doubted whether the influence of mercury really hastens the process. Dr. Drysdale's book is somewhat confused and ill-arranged, and he does not possess sufficiently the faculty of assorting his collections of observations and opinions, and balancing them; but, as a small magazine of collected statements on the important subjects which it treats, it has much interest and value.