cine. Upon the whole, the dictionary may be said to be thoroughly up to date, and may be recommended to those who wish concise information upon the newest additions to medical knowledge. M. B. H.

STRICTURE OF THE RECTUM: A STUDY OF NINETY-SIX CASES. By CHARLES B. KELSEY, M.D. New York, 1890.

THE pamphlet before us contains the results of the author's experience in the treatment of stricture of the rectum. It is essentially a practical treatise, and is useful for this reason. After discussing the classification, symptoms, and diagnosis of stricture of the rectum, the author proceeds to a consideration of the methods of treatment. Dilatation, either alone or in connection with incision, is recommended as one of the most reliable agents in the treatment of this disease. The author very properly condemns the use of violence in practising dilatation; a bougie which is large enough to cause pain by stretching is always too large to do anything but harm. He advises the use of the soft-rubber bougie; a size being selected which will pass through the stricture without force and which may be left in place for several hours without causing uneasiness.

The treatment by incision, or external posterior linear proctotomy, is advocated in cases which cannot be cured by simple dilatation, and which are not caused by malignant disease. Out of the seventeen cases of proctotomy tabulated there were two deaths—both of which were cases of malignant stricture. We agree with the author's statement that neither theoretically nor from practical experience can the operation of proctotomy be recommended in malignant disease.

The treatment of electrolysis is dismissed with a few words. Electrolysis reduced to fact means, in the treatment of stricture of the rectum, either simple dilatation or the application of the cautery. The olive-pointed electrodes, placed against a stricture and gently pressed inward for ten or fifteen minutes, will cause exactly the same amount of dilatation and absorption whether the elaborate battery be connected with them or not.

The operation of excision is discussed and the technique of the operation is described. The operation should be performed as quickly as possible, bleeding being disregarded or controlled by sponge pressure until the whole diseased mass has been removed. The secret of success in extirpation of the rectum is to remove the disease as speedily as possible, and to control the bleeding by pressure during the operation and afterward until ligatures can be applied. The author states that in all his experience he has never seen a case of hæmorrhage which could not be controlled by direct pressure. There is a superstitious fear of hæmorrhage in the minds of men who have had but little experience in rectal surgery.

Colotomy is urged in suitable cases; the inguinal being preferred to the lumbar operation. As regards ease and certainty of performance, the subsequent cleanliness of the patient, and the ability to care for the opening, all the advantages are in favor of the inguinal operation. The dangers of the two operations are about the same.

In describing the operation of inguinal colotomy the author makes two valuable suggestions. Before the selected portion of colon is attached to the parietes, it is drawn downward till it is held firmly by the mesentery above, and is then fastened to the edges of the wound in this position. This proceeding prevents prolapse of the mucous membrane from the upper segment, a sequel which has never followed in any of the author's cases.

The second suggestion is to use a harelip pin as the first step in fastening the gut to the abdominal wound. The pin is passed through the parietes and through the mesentery of the gut, thus firmly securing it so that it cannot be displaced should straining occur under the anæsthetic or after. Again, it insures the formation of a sharp spur in the posterior wall of the gut.

The pamphlet concludes with a table of operations: proctotomy, colotomy, and excision.

C. B. P.

ON THE TREATMENT OF DISEASES OF THE NERVOUS SYSTEM. By C. W. SUCKLING, M.D. (Lond.), M.R.C.P.; Professor of Materia Medica and Therapeutics at the Queen's Hospital; Extra Acting Physician to the Children's Hospital; Physician to the Workhouse Infirmary; and Consulting Physician to the Orthopædic and Spinal Hospital, Birmingham. 8vo., pp. 278. London: H. K. Lewis, 1890.

As the preface indicates, this little volume was prepared to serve as a complement to the author's earlier work on the *Diagnosis of Diseases of the Brain, Spinal Cord, and Nerves*. Dr. Suckling states his aim has been to render it a short and practical handbook of treatment. We think he has succeeded admirably. The diseases are arranged alphabetically; a concise definition precedes the outlined treatment in each instance where the name of the malady does not clearly define itself, and in many of the sections points of much value in diagnosis are interspersed. Indeed, in some of them semeiology is quite elaborately considered; that, for instance, on "Syphilis of the Nervous System" contains no less than seven pages devoted to the discussion of diagnosis, forming an excellent guide to the recognition of its various phases. When the size of the book, and the large number of subjects handled, are considered, it is surprising how completely yet concisely most of them are disposed of. In few instances does anything of importance seem omitted. Thus, though the chapter on "Convulsions" occupies less than three pages, it would be difficult to find anywhere a such brief compass so much valuable data as to diagnosis and treatment. It is of interest to note that the author here does not neglect to mention lead as a cause of eclampsia, and advises an inspection of the gums in cases of convulsions the origin of which is obscure—a point not often found in large treatises on diseases of the nervous system.

Amyl nitrite by inhalation is justly regarded as a valuable remedy in the paroxysm of angina pectoris where the blood-pressure is raised, but a much larger quantity may be required to influence the increased tension than the limit named—five minims. Ten, or even fifteen, minims rapidly inhaled will often succeed in aborting the paroxysm of