sion of the agency and method by which the soluble proteid food becomes finally fitted for appropriation; the process which should be called secondary digestion. Limiting himself too closely, as we think, to the activities resident in the intestinal wall, the author still deals with the subject clearly. This work, small in volume, is by no means so in dignity.

It serves to impress the importance of physiological chemistry, if such impress be necessary.

It presents an orderly statement of complex facts, and is, moreover, a work of graceful utterance, logical thought, and good English.

H. B. F.

A MANUAL OF DISEASES OF THE EAR FOR THE USE OF STUDENTS AND PRACTITIONERS OF MEDICINE. BY ALBERT H. BUCK, M.D., Clinical Professor of the Diseases of the Ear, College of Physicians and Surgeons, Columbia College, New York, etc. Second revised edition. New York: Wm. Wood & Co., 1895.

WE are told in the preface of this manual that "the present edition differs from that of 1889 in the following respects: A new chapter, entitled 'Analysis of Symptoms,' has been introduced as Chapter III.; some additional text has been added to the chapter on 'Chronic Purulent Inflammation of the Middle Ear;' and the section devoted to a description of operations upon the mastoid process has been entirely rewritten and very much amplified. While there are other portions of the book which I should now write somewhat differently if a favorable opportunity for so doing presented itself, the alterations which I should introduce would be of trifling importance, and certainly would not justify the expense of making entirely new plates for these portions of the work."

The new chapters in this edition, enumerated by the author in his preface, the whole of which we have quoted, are characterized by complete and thorough revision, excepting the chapter on Chronic Purulent Inflammation of the Middle Ear. Here the operation of excision or resection of the carious and necrotic membrana tympani and ossicula is entirely ignored. This unfortunately limits the usefulness of the work, as it fails to give the most important directions possible for the treatment of this vital ear malady, and the warding off of its most dangerous sequelæ, mastoid necrosis, sinus-thrombosis, pyemia, and brain-abscess.

It would be difficult to find an aurist of to-day who would reject this invaluable means of treatment of chronic purulency of the ear, which is, after all, only carrying out an ordinary indication of antiseptic surgery in ear disease. And we are, therefore, greatly surprised to find Dr. Buck so far in the rear in so important a matter. As we have often said before in other places, this method of cure of chronic otorrhœa prevents mastoid disease; but an operation for the relief of mastoid necrosis, while it may temporarily relieve the chronic mastoid disease, will not cure the chronic otorrhœa which has caused it. The otorrhœa continues until the necrotic elements in the middle ear are eliminated.

But so long as the chronic otorrhœa continues the patient is liable either to another mastoiditis or some other vital sequela of chronic purulency in the drum-cavity. This is all the more impressive when an otorrhœa continuing after a mastoid trepanation is finally promptly cured by excision of necrotic tympanic tissues.

In regard to "acute diffuse mastoid osteitis," to which the author devotes nine pages, we must insist upon what is now the accepted teaching of *antiseptic* aural surgery, that *acute* mastoiditis is the result of improper treatment of the primary acute tympanic inflammation. If the latter is not secondarily infected, as it too often is, by a septic, irritant treatment with syringes, swabbings, and insufflations of septic medicaments, or inflations of septic secretions from the nares through the Eustachian catheter and inflation-bag, into the drum-cavity, acute mastoiditis will not ensue.

There is only one treatment of any value in acute otitis media, viz., prompt paracentesis if there is not early spontaneous rupture of the membrana tympani, and then antiseptic drainage with a narrow strip of iodoform-gauze or carbolized gauze, and nothing else. All moppings, syringings, etc., now become septic irritants and *stop* the discharge. Thus pathogenic germs which are successfully escaping from the ear are retained and dammed up in the middle ear, the antrum, and the mastoid cavity, and the patient then suffers from a secondary infective inflammation of the mastoid. Too often this is the result of the engrafting of the staphylococci from the finger of the patient or the physician, or some septic medicament, upon the already inflamed ear.

When the proper treatment of acute otitis media, which can be conveyed in a few words, is fully appreciated and carried out, both by physician and laity, the numerous pages now written on "mastoid disease" will be useless, and the number of cases now reported, with increasing frequency it would seem, will diminish. But no diminution of this important disease will take place until its causation by improper treatment is checked.

This manual, according to its title-page, is prepared for "students and practitioners of medicine," but it fails to tell them some important facts, as we have stated, and is entirely too voluminous in matters of interest only to the specialist to be of value to the general physician—a fault it shares with nearly all treatises and manuals on the ear. If these books are to be useful for "students and practitioners of medicine" they must grow smaller instead of larger. Large ones may be of service to the specialist, but bulky ones can never be convenient for the busy medical student or general physician. This manual under consideration contains nearly 500 *closely leaded* pages; a mass of difficult reading. For this, however, the publisher and not the author is responsible.

C. H. B.