literary enterprises of the century, and fully deserves the success which we believe has been accorded to it. We may, however, be permitted to make one suggestion. We have often heard medical men say that they would be glad to be able to purchase the one volume which they require if they could only do so without being saddled with the other four volumes. This is especially the case with the specialist, who perhaps would wish to have the one volume relating to his specialty, and to whom the remaining volumes of the publication, owing to want of reading leisure, are but as literary curiosities on his library shelves. If the publishers saw their way to separating the work in this fashion, we believe that they would gain an increased number of subscribers, in this country at least.

R. Norris Wolfenden.

Anæsthetics: Their Uses and Administration. By DUDLEY WILMOT BUXTON, M.D., B.S. Second Edition. H. K. Lewis, 1892.

IN this second edition of Dr. Buxton's little work the greater part of the book has been recast, and a good deal of matter has been rewritten, which considerably enhances its value. It is a safe guide to the subject with which it deals, and is certainly a most useful book for the senior student, thoroughly practical, as indeed we should expect from a man of Dr. Buxton's experience in anæsthetics. We note that he prefers chloroform for operations about the mouth, jaws, and respiratory tract, because narcosis is deeper and more prolonged, its vapour is not easily ignited, and it can be conveniently given through the nose. He prefers rectal etherization as more convenient for the operator and more effectual in the anæsthesia produced, in removal of the tongue, jaws, staphyloraphy, and especially for excision of the larynx. While considering favourably the use of ether in operations for post-nasal growths, chloroform possesses the disadvantage that the patient remains longer under its influence, and so it is less easy to avoid blood entering the air passages. When the use of chloroform is undesirable he finds the A. C. E. mixture in succession to gas answer fairly well. It does not cause so much hæmorrhage as ether, and the patient may if necessary be again and again anæsthetized, after emptying his mouth of blood, until the operation is complete. Though producing much congestion and increasing hæmorrhage in these operations, if properly managed ether answers very well in these cases. The various anæsthetics, local and general, are passed under review, and cocaine comes in for a full share of attention. *R. Norris Wolfenden.*