

of the globular processes of the fronto-nasal plate. The occasional "recurrence to type" in the shape of a third, accessory, incisor is adverted to.

Among interesting practical points may be mentioned a nipple-shield with artificial palate, devised by Oakley Coles, to enable infants with cleft palate to have the benefit of breast-milk. The age at which harelip should be operated on is between four weeks and three months—preferably at six weeks—subject to variations according to circumstances, which are fully discussed. In operating, the detachment of the lip and ala nasi to the maxillæ and alveoli is strongly insisted on. Respiratory difficulty after operation may be relieved by the holding down of the lower lip with the forefinger, or by the application of a longitudinal strip of collodion, extending down to the chin. The removal of the os incisivum in double harelip is recommended in preference to its reposition.

As regards cleft palate, Professor Rose postpones operation till the child is at least three years old. He does not always operate on hard and soft palate at one sitting, doing *the hard palate first*, and only proceeding to the union of the soft if, after the loosening of the muco-periosteal flaps, the other parts come easily together. He considers chloroform administered on the corner of a well-starched towel (without nasal or buccal tubes) the best anæsthetic. He emphasizes certain rules derived from a paper on the subject by Mr. Cheatle, including the following: When the conjunctival reflex is absent, the pupil contracted, and the colour good, the patient is in the best condition of anæsthesia. He prefers a unilateral gag, such as Mason's, as modified by himself. Like Mr. Thomas Smith, he objects to needles which make linear holes parallel to the cleft, and adopts those of the Hagedorn type. He uses sutures of well-annealed silver wire of 30 or 32 gauge, except in the neighbourhood of the uvula, where catgut or silk is preferable, and makes use of the old "loop method" instead of a hollow palate needle. In case of gaps being left as the result of defective union, he waits for the contracting tendency of cicatrization to reach its utmost extent before proceeding to a second operation. In spite of all that dentists claim for obturators, the author holds that in the majority of cases operative interference, followed by a suitable educational course, gives incomparably superior results. The indications for the use of obturators are given on p. 145.

This work is already probably in the hands of every operator on the palate. Its well-digested contents are redolent of practical experience, and will be found most readable.

*Dundas Grant.*

**Rosenthal, Carl** (Berlin).—*Die Erkrankungen der Nase, deren Nebenhöhlen, des Nasenrachenraums und des Kehlkopfs.* I. Band. *Die Erkrankungen der Nase, deren Nebenhöhlen und des Nasenrachenraums. Ein Kurzgefasstes Lehrbuch für Aerzte und Studierende.* ("The Diseases of the Nose, Naso-Pharynx, Accessory Sinuses, and Larynx." Vol. I. "The Diseases of the Nose, the Naso-Pharynx, and the Accessory Sinuses." A short Handbook for Physicians and Students. 297 pp. With 41 woodcuts in the text. Berlin: Hirschwald, 1892.

IN spite of the fact that some good handbooks have been published, this one will hold its own. The author first treats of the things necessary to

the practical surgeon in the physiology and pathology of the nose. There is a review of literature, especially German literature. Some of his views may be questioned, particularly the medications recommended in acute diseases, also the nasal douche in children. He treats of gangrenous rhinitis specially, as being produced by foreign bodies and infectious diseases.

*Michael.*

**Davis.**—*Guide to the Administration of Anæsthetics.* By Henry Davis, M.R.C.S. Second Edition. London: H. K. Lewis, 1892, 92 pp.

THE author of this little book is teacher and administrator of anæsthetics at St. Mary's and the Dental Hospitals in London, and he has endeavoured "to supply in a compact form the chief details which are requisite for the "safe administration of the various anæsthetics now in use." In the short space of ninety pages a fair amount of practical information is compressed, and the book is a trustworthy guide to the subject, and one which may safely be recommended to the student. It is interesting to note that the author's experience leads him to prefer ether as a safer anæsthetic than chloroform in all persons between the ages of six and sixty, unless there are special indications for the use of the latter anæsthetic.

*R. Norris Wolfenden.*

**Buret.**—*Syphilis in Ancient and Prehistoric Times.* By Dr. F. Buret. Translated from the French by Dr. A. H. Ohmann-Dumesnil. Vol. I. F. A. Davis, Publisher, 1891, 226 pp.

THIS is a most learned, interesting, and instructive book, and the portion which deals with the historical consideration of the disease in ancient times must have cost the author an infinite degree of labour. Chapters deal with the occurrence of the disease in prehistoric times, among the Chinese five thousand years ago, in Japan at the beginning of the ninth century, amongst the Egyptians in the time of the Pharaohs, among the ancient Assyrians and Babylonians, among the Hebrews in Biblical times, among the Hindoos a thousand years before the Christian era, and among the Greeks and Romans. An immense amount of classical research is brought under notice, and an English translation such as this is most acceptable. Moreover, this translation appears to have been very well made.

*R. Norris Wolfenden.*

**Middeldorpf** (Hanau) and **Goldmann** (Freiburg).—*Experimentelle und Pathologisch-Anatomische Untersuchungen ueber Croup und Diphtherie.* ("Experimental and Pathologico-Anatomical Researches on Croup and Diphtheria.") 44 pp., with one table in lithography. Jena: Gustav Fischer, 1891.

VERY careful anatomical and experimental researches, under the guidance of Prof. Weigert in Frankfort-on-Maine, which gave the following results:—In experimental croup (produced by submucous injections of ammoniac in the mucous membrane of the respiratory passages of animals) and in true diphtheria (the organs of a man, twenty-one years of age, who died in four days of this disease), the prevalent part of the pseudo-membrane is fibrinous, arising from the inflamed and altered vessels of the mucous membrane. The formation of the pseudo-membrane follows the complete destruction and elimination of the epithelium. The hyaline is no