above named. We on the contrary have chosen this style, to shew the *necessity subsisting for a volume of the kind he has written.*

The contents of the present treatise are embraced in XX Chapters, which are devoted to the description of the following objects:—Irritation and itching of the anus: inflammation and excoriation of the anus: excrescences of the anal region: contraction of the anus: fissure of the anus and lower part of the rectum: neuralgia of the anus and extremity of the rectum: inflammation of the rectum: ulceration of the rectum: hæmorrhoidal affections: enlargement of the hæmorrhoidal veins: prolapsus of the rectum: abscess near the rectum: fistula in ano: polypi of the rectum: stricture of the rectum: malignant diseases of the rectum: *injuries of the rectum: foreign bodies in the rectum: malformation of the* rectum: habitual constipation.

Under each of these chapters, the practitioner will find abundance of information. Our limits necessarily confine us to the adduction of only a few of the portions that seem more interesting than the rest.

Treating of fissure of the anus and lower part of the rectum—we discover that Mr A. does not adopt the usual plan by incision in ordinary cases, he reserves it for such as prove intractable to previous medication; when compelled to operate, he has found that simple division of the ulcer is sufficient and that it need not be carried through the sphincter as Boyer has recommended, and is so commonly practised. He does not state which mode of cutting is to be preferred. We are of opinion, that the plan of transfixing beneath the fissure, and then cutting inwards, has its advantages, and as the only objection that can be urged against it arises from the dread of wounding the opposite side of the bowel, and this can be overcome by introducing the speculum and cutting into its open side; we see no reason against this procedure being made the prescribed plan in all cases. Division from within outwards, which is the only substitute, cannot so securely be followed in certain situations of the fissure. Thus, when it is upon the anterior or posterior ends of the anus, a too free incision may be serious in the first place, by implicating the bulb of urethra, and in the second, by entire section of the sphincter muscles, with consequent incontinence of fœces. These inconveniences are less likely to be avoided when there is no restraining limit to the extent to which the cut may reach or when there is an uncertainty as to the actual force used, in employing the knife or an incorrect estimate, formed of the power required to overcome the resistance of the soft parts. But when there is a fixed limit, as in the plan we prefer, then no apprehensions will be raised for the occurrence of these inconveniences. But to return to our author—as remedial agents, he recommends in ad-