

which is both as a rule unnecessary and apt, in a large number of cases in the hands of those not trained in the modern schools, to cause sepsis. It can only be called dirty midwifery. However, the work taken altogether is most excellent, and can be highly recommended to any one desiring a modern work on midwifery.

A. L. R.

Stricture of the Urethra and Hypertrophy of the Prostate. By P. J. Freyer, M. A., M. D., M. Ch., Surgeon to St. Peter's Hospital, Lieut-Colonel Indian Medical Service (ret'd.). Baillière, Tindall & Cox, 21 King William Street Strand, London, England, 1901.

Having read this little book carefully, and with much interest and pleasure, we can confidently recommend it to practitioners and students. It is written in a pleasing style, and the subjects treated are presented in a clear, concise and practical manner.

The author speaks with authority, out of a full and ripe experience, and on almost every page may be recognized the teaching of the wise and cautious surgeon.

The methods and treatment advocated are those which have been found most satisfactory in his own experience. The modes of examination and technique of operations are given in detail, and in such a manner as must prove of great value to the practitioner.

We are thoroughly in accord with his teaching when he says: "If a stricture is not dilatable without the employment of force in introducing instruments it is not a case for this mode of treatment and must be relegated to a cutting operation." He holds that "the simple contact of an instrument with the morbid tissues of a stricture renders them soft and easily dilatable, and at the same time induces absorption, and that these results are independent of any mechanical pressure." After the operation of internal urethrotomy it is advocated with a good deal of force and reason that "no instrument should be introduced till the wound has healed, that is, till about a fortnight after the operation." It is maintained that repeated instrumentation causes irritation and the formation of granulation tissue, which subsequently undergoes contraction, and thus defeats the object for which the operation was performed. The treatment of stricture by divulsion and electrolysis is justly condemned. Castration as a means of treatment in cases of enlarged prostate has, he considers, but a limited field of usefulness. "A man, as a rule, will only consent to have his testes removed when less drastic measures have failed and he is driven to it by the agony attendant on the final stages of the disease. When that period is reached castration is in itself an operation attended with a heavy mortality" (20 per cent.).

Vasectomy is advocated as having a wider field of usefulness, although "it is neither so rapid in its results nor so radical a cure as castration. As, however, vasectomy does not interfere with the sexual power and does not involve emasculation, patients consent to its performance at an early stage of the prostatic disease, when it has the best prospects of success." He says that vasc-