

dollar; New Zealand at the man. America has been too busy gathering wealth to give due thought to the social, political and moral effects of the various methods of its production and distribution. New Zealand's attention has been focussed on these effects, and she has tried to arrange her laws and institutions so that the creation, division, possession and expenditure of wealth may proceed on lines that shall make them an unmixed blessing to the community."

Writing of the lawyers, who constitute 60 per cent. of the representatives in the American Congress, the author says: "Most of them who get to Congress are attorneys for giant corporate interests, more or less opposed to the public interest, and about all of them are subject to the psychology of their profession, which means that their advocacy is for sale—that is a lawyer's training and profession to sell his abilities as an advocate."

In the New Zealand House the lawyers form but 12 per cent. of the representatives. Nothing is said in the book of the physicians of New Zealand, so that we may infer that their psychology and training, as in less favored lands, would lead them to advocate what they believe to be right and nothing else. A most entertaining, instructive and well-written book. J. J. C.

*The Treatment of Fractures.* With Notes upon a Few Common Dislocations. By CHAS. L. SCUDDER, M.D., Surgeon to the Massachusetts General Hospital. Fourth Edition, thoroughly revised, enlarged and reset. Octavo volume of 534 pages, with nearly 700 original illustrations. Philadelphia, New York, London: W. B. Saunders & Company. 1903. Polished buckram, \$5.00 net; sheep or half morocco, \$6.00 net.

This work on fractures, which has now reached its fourth edition, has become widely and favorably known. It embodies good, sound principles for the treatment of this class of injuries. The book, as a whole, commends itself as a thoroughly reliable guide for the practising surgeon, but in some details it proves a little disappointing. Thus the author disposes of the treatment of fracture of the lower jaw by handing his patients over to the dentist for the application of an aluminium or hard rubber splint. We agree that the procedure suggested would be advantageous to the patient in the majority of instances, but surely the surgeon should have some method to fall back upon other than is afforded by a choice between the old "four-tailed bandage" and the splint, which must be manufactured by the dentist. The author quite rightly condemns the four-tailed bandage, except as a mere temporary measure, and thus the choice is in reality restricted to the dental splint. With some experience in these cases, one finds that in many instances the so-called "interdental splint" may be