

loaded with too many technicalities and operative procedures for the average student. In the present instance, the author has avoided both these difficulties with much skill.

That Dr. Dudley's work has found a place for itself is abundantly proven by the fact that three editions have appeared in a little less than four years. The reasons are the excellence of the illustrations and the clearness of the descriptions of various diseases and operations.

The general division of subjects is into General Principles; Infectious Inflammations and Allied Disorders; Tumors, Tubal Pregnancy, and Malformations; Traumatisms; Displacements of the Uterus and other Pelvic Organs; Disorders of Menstruation and Sterility.

As it would be impossible to do more than refer to a few points the following are singled out for mention. The author prefers catgut to silk for buried sutures, and regards it as perfectly safe when properly prepared. His method is to wind the gut tightly round a glass tube, it is soaked in ether for 12 hours, it is then soaked for 24 hours in a 5 per cent. solution of formaldehyde, the tubes are placed under running water for 24 hours, they are then boiled for twenty minutes in water.

Wounds are closed by subcutaneous continuous suture of catgut. The wound is dusted with nosophen, and a layer of gauze placed over it. The edges of the gauze are fastened with collodion, but this is not applied over the wound. A quantity of absorbent cotton is put on the gauze, and this is covered by another layer of gauze, and the edges fastened by the collodion. The entire dressing is secured by strips of perforated adhesive plaster. This takes the place of the abdominal binder, frequently employed.

On the management of the peritoneal cavity in abdominal operations the author makes some valuable observations. With regard to washing out the peritoneal cavity, he states that pouring the fluid in from a pitcher is not reliable. The fluid should be carried into the remote parts of the abdominal cavity by means of a canula. Normal salt solution is the fluid best adopted for such a flushing of the cavity. With regard to drainage, he contends that it is contra-indicated in all clean operations that have not hitherto been infected. As to septic cases the author remarks that the results in a large number of drained pus-cases and an equal number of like cases not drained uniformly show a strong preponderance of recoveries in the non-drainage series. If, during the operation, pus escapes into the peritoneal cavity it should be removed at once by sponges. If the pus is sterile this is sufficient. Where there is reason to fear that the pus is virulent, the peritoneal cavity should be thoroughly flushed out with normal saline solution, leaving a consider-