

dual experience of fifteen years as a rectal specialist, in answer to the demand of my students and friends. During this time I have learned that many things that are taught are not true, and that many true things have not been taught. I have, therefore, not taken other men's opinions as my guide, but have accepted as truths only those things which could be substantiated by fact, and here recorded them. In differing from others on any special point, I have tried, first, to state fairly and fully their views, and then my own. The verdict is left to the reader. I have introduced several chapters which are new to books on this subject. Among these will be found the following: Disease in the Sigmoid Flexure, the Hysterical or Nervous Rectum, Anatomy of the Rectum in Relation to the Reflexes, Antiseptics in Rectal Surgery, a New Operation for Fistula in Ano. I have styled the book: A Treatise on Diseases of the Rectum, Anus and Sigmoid Flexure. In embracing the sigmoid flexure in the caption, I do so because I have become convinced of its great importance as a seat of disease and the utter lack of attention which it receives. From all time it has been recognized that serious pathological changes take place in it, but the works are singularly silent as to how to treat it when diseased. The chapter on The Hysterical or Nervous Rectum is embraced mainly to give my reasons for opposing some views of the learned and distinguished Prof. Goodell. The chapter on the Anatomy of the Rectum in Relation to the Reflexes is made to follow that of the Hysterical Rectum, in order to account for some vague affections of the lower bowel. The subject of the "reflexes" is one of the most important before the profession to-day. The chapter on Antiseptics in Rectal Surgery is inserted to demonstrate that such precautions can be practised in this line of work. A New Operation for Fistula in Ano refers to my method of treating the disease by a *fistulotomy*. Although several have claimed the introduction of this little instrument, the dates, I am sure, will give me priority.

Although we have only had this work in our possession since a couple of weeks, we have consulted it freely during that time, and have already learned much from it which has been of practical value to our patients: To mention one only, we had a case of papillomatous ulceration of the sigmoid flexure, in which the patient had been obliged to get up from six to twelve times a night for several years, and only passed blood and occasionally papillomatous tumors the size of a bean. We were unable to find anything in any of the books concerning this condition, but on looking it up in the work under review, we find that the following was recommended to be injected:

℞ Sweet almond oil	oj
Subnitrate of bismuth	ʒ ij
Iodoform	ʒ j

M. SIG. — Shake well each time before using.

The point of a Davidson syringe should be tightly fixed into the larger end of a Wales rectal bougie; the bougie, well anointed with vaseline, should be pushed into the rectum about three or four inches, and then one syringeful of hot water thrown in front of it. It can then be passed into the sigmoid flexure. One bulbful of the oil preparation should now be drawn into the syringe and injected. An additional bulbful of hot water should now be drawn into the syringe, and thrown behind the oil, thus pushing it all into the sigmoid flexure. The instrument is then to be withdrawn and the patient told to rest on left side, the buttocks elevated.

The author gives many interesting cases, showing how often serious disease of the rectum is overlooked simply for lack of making an examination. He gives very many valuable methods of treating fistulæ, but we are surprised not to see any mention made of the modern method of opening up the fistulous tract, carefully dissecting it out and then replacing the cut surfaces in exact apposition so as to obtain union by first intention. We recently performed this operation, and after dissecting out the fistulous tract we denuded sufficient surface to repair a lacerated perineum with commencing rectocele. The parts healed by first intention, and all stitches were removed at the end of ten days, absolutely without pain after the first day or two, instead of leaving an open suppurating sore for many weeks. The book is liberally illustrated, and the mechanical work is fully up to the Appleton's high standard. It may be obtained from all booksellers or from the publishers.

HANDBOOK OF INSANITY FOR PRACTITIONERS AND STUDENTS. By Dr. Theodore Kirchoff, Physician to the Schleswig Insane Asylum, and Privat Docent at the University of Kiel. Illustrated with eleven plates. New-York: WILLIAM WOOD & COMPANY, 1893.

This is one of the Medical Practitioners' Library, and is a translation of the well known German text book. It is one of the most complete works on the subject we have ever seen. The author is certainly very advanced in his views on these diseases, being totally opposed to restraint and a firm believer in gymnastics or other active exercises and occupations as curative agencies. It is difficult to give any adequate idea of the scope of the book in a review but the general practitioner who desires to obtain the latest views on the treatment of insanity can hardly do better than to purchase this book.