

After three days' treatment with these injections, which were well borne by the patient, and caused no inconvenience whatever, a quantity of grumous substance was from time to time discharged, with evidently increasing relief. Since then the trouble has entirely subsided. The use of nitro-muriatic acid internally was directed, and adhered to for six consecutive months. This most probably had something to do with the final prevention of the difficulty. The case is interesting in many respects, but particularly in this, that, by means of injection, the calculi were so dissolved as to leave the mucine to be easily voided *per vias naturales*. Injections for this purpose have been often recommended, but they have hitherto given such unsatisfactory results as to be almost entirely abandoned. Very few surgeons deem them worth resorting to; and Dr. Bauer might have omitted them also, had not necessity forced him to test their usefulness.

Brooklyn, N.Y., February 5th, 1867.

REVIEWS.

A Handy Book of Ophthalmic Surgery for the use of Practitioners. By JOHN Z. LAURENCE, F.R.C.S., M.B., (Univ. Lond.) Surgeon to the Ophthalmic Hospital, Southwark, editor of the Ophthalmic Review, &c., &c., and Robert C. Moore, House Surgeon to the Ophthalmic Hospital, Southwark, with numerous illustrations. 8 vo. pp. 191. Philadelphia; Henry C. Lea, 1866.

Ophthalmic Surgery has, during the last fifteen or twenty years, made most rapid strides, so much so that the busy practitioner has not the time to devote to the perusal of the many excellent monographs which are being daily added to the store. With a view of bringing within a small compass the principles and practice of modern Ophthalmic Surgery the authors of this work have issued it to supply a want very generally felt.

In describing the symptoms of any affection, they have limited themselves to those most essential for the recognition of disease, and in describing operations they have retained alone those details which are necessary for their performance.

To the practitioner it matters not what are the remote causes of disease. What he wants chiefly to know is how to recognise diseased action where it exists, and having determined what lesion is present, how to treat it most effectually. Mr. Laurence is surgeon to the Ophthalmic Hospital, Southwark, and R. C. Moore is his House Surgeon; in this institution the authors have had rare opportunities of observing diseases of the eye