the other articles in the first edition have been rewritten and many others have been revised, including the articles on Infant Feeding, Diphtheria, Cretinism and Scurvy.

Dr. Blackadar, of Montreal, is the only Canadian writer. He writes on Gastric Catarrh and Ulcer; Osler writes on Tuberculosis, and Dillon Brown on Diphtheria. I am impelled to quote one of Dillon Brown's statements: "Clinically cases of follicular amygdalitis are frequently dia nosed as cases of catarrhal or purulent inflammation when they are really diphtheria. All such cases should be treated as true diphtheria and isolated until such time as the diagnosis can be made with certainty."

In the article on Diseases of the Pharynx and Naso-pharynx, the author—Castlebury of Chicago—distinguishes between an "infectious psuedo-membranous tonsillitis and a simple follicular tonsillitis." In the former the exudate proceeds from the crypts of the tonsil and spreads itself around the margin, covering an area of from two to four millimetres, whereas in the latter the exudate is of the nature of a cheesy pellet which cannot be dignified with the name of pseudo membrane. The infectiousness of the former depends on different varieties of cocci. Thus the division of pseudo-diphtheria is omitted and the cases are called infectious pseudo-membranous tonsillitis. We believe this to be clinically a better method.

The reviewer has much pleasure in bearing testimony to the value of this book. He believes it to be one of the best, clinically speaking, of the books on pediatrics. The fact that it deals with some essentially surgical subjects makes it more valuable. These are diseases of the eye, ear, nose, skin and of the anus and rectum. Also circumcision, trachectorny, intubation, venereal disease and other allied subjects.

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