

end may be turned up into the lateral incision again and pinched with a pair of forceps. The operation takes from 25 to 50 min. The aluminum may be left in 8 or 9 days, when it is removed by cutting it across close to the lateral incision and the stitches taken out. The lateral incisions then rapidly heal, and the patient may leave the hospital in 10 to 14 days.

The advantages of the aluminum splint are: It prevents tension and prevents—till union of the edges has occurred—adhesion taking place between the mucoperiosteum and the bone of the hard palate. Some cases have gone bad because of this, in that while there may be no tension at the completion of the operation, yet, when such union begins, tension upon the edges of the flap may be sufficient to separate them by tearing out the stitches. Then, too, it prevents the child sucking the stitches. To avoid infection, the mouth is sprayed with a solution of borie acid and 10 per cent. rectified spirit, which may easily find its way under the splint and remain in contact with the wound some time.

*Bier's Hyperemic Treatment in Surgery, Medicine and all the Specialties: A Manual of Its Practical Application.* By WILLY MEYER, M.D., Professor of Surgery at the New York Post-Graduate Medical School and Hospital, and Professor Dr. VICTOR SCHMIEDEN, Assistant to Professor Bier at Berlin University, Germany. Octavo of 209 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, \$3.00 net. W. B. Saunders Company, Philadelphia and London. Canadian Agents: J. A. Carveth & Co., Ltd., Toronto.

In view of the present prominent part that Bier's Hyperemic Treatment is playing in the treatment of tubercular and other infections, the book by Willy Meyer and Victor Schmieden is most useful. In it the technique of the various apparatus required is carefully gone into. It is a comprehensive manual that enables, not only the surgeon and the specialist, but also the general practitioner to become familiar with the method. If, when the practitioner get an infected finger, he will place a rubber band around the finger, well above the site of injury, he will be surprised to find that the pain and throbbing will cease almost immediately. By a little personal experience of this kind he will also learn perhaps more quickly than any other way the required tension for a given case. At the Hospital for Sick Children the treatment has been extensively used in tuberculous disease of bones and joints with great success. It has been of service too in securing closure of old empyema sinuses.

This manual should be in the hands of, and carefully studied by, every practitioner, and then efforts to close off discussion upon the subject of Bier's treatment in our Medical Societies would not be so common.

F. N. G. S.