There are 26 cases, interspersed throughout, most of which are examples of recoveries; in the instances of death, the fatal occurrence was due to the supervention of some other lesion than the phthisical. They are well calculated to impress the unwary with the reporter's keen judgment and superior management. We have not found among them any pathological observation worth recording.

The last 14 pages are allotted to the discussion of that which forms so large a part of the caption—the local medication of the pharyngeal and laryngeal diseases, frequently mistaken for, or associated with, phthisis. How gladly would a despairing invalid catch at this straw, and resort to John Hughes Bennett, M.D., as his guardian angel. Eight telling cases are here in black and white, and must be quite irresistible in their way. The treatment pursued is that recommended by Dr. Horace Green, of New York; his directions being repeated without the deviation of an iota, affording one more proof of Dr. B.'s peculiarity of genius in setting forth and dressing up the ideas of others.

XIV.—*The Modern Treatment of Syphilitic Diseases, both Primary and Secondary: comprising the Treatment of Constitutional and Confirmed Syphilis by a safe and successful method; with numerous cases, formulæ, and clinical observations.* By LANGSTON PARKER, Surgeon to the Queen's Hospital, Birmingham. From the third, and entirely re-written London edition. 1854, pp. 316. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. 8s 9d.

Mr. Parker represents the modern treatment of syphilitic diseases to be eclectic. In this he is undoubtedly correct; for, notwithstanding the "cura famis" exclusively followed in Sweden and Denmark, and the horror which the mere mention of mercurial treatment inspires in the mind of the Edinburgh surgeon, the opinion prevails extensively in Europe and America that, while many cases of venereal yield to simple treatment, there are forms of the disease which are refractory to all forms of medication except the mercurial. "There are several circumstances which particularly indicate the presence of mercury in primary syphilis. 1. When a sore remains long open, and shows no disposition to heal under the non-mercurial plan of treatment. 2. When secondary symptoms appear before the primary disease is cured. 3. In well marked indurated chancre, more especially if this have been tested by inoculation. 4. In all primary sores which have yielded a characteristic pustule by inoculation. The indications for the employment of mercury in the two last