

intention on the part of the author to compete with the many thorough and exhaustive works already in the hands of the specialist, but a marked intention to fill up a long-felt gap, and in this, in a great measure, he has succeeded.

Notwithstanding the epitomized character of the work, the author, after giving his reasons for so doing, treats several subjects rather exhaustively. Whether in each case this was a wise policy to pursue seems somewhat doubtful, as it necessarily forced the treatment of other important subjects within very narrow limits. The divisions referred to are: the serum therapy in relation to diphtheria, the medical and surgical management of mastoid disease, and the treatment of hay fever. In regard to hay fever, however, exhaustive treatment was both wise and expedient, as the wider knowledge upon the subject is scattered among the profession the better will it be for that large class of people who are, periodically, sufferers from this disease.

Dr. Bishop divides his work into four parts: 1. Diseases of the ear. What makes this section particularly valuable is the large amount of clinical material upon which he was able to base his conclusions. This also enabled him to make tables of the comparative frequency of the different forms of ear disease. For instance, out of a table of 15,300 cases, 4,741, or nearly one-third, were affected by chronic non-suppurative inflammation of the middle ear. The next in order of frequency were the cases of naso-pharyngeal catarrh, the number being 2,476. And the third, the cases of impacted cerumen, numbering 1,690. After this there was a decided drop for the remaining aural affections.

The author devotes a good deal of attention to instruments and special methods of treatment. He lays strong emphasis upon the advantages of a wise use of compressed air. For instance, he thinks the old method of Politzerization for inflation of the middle ear has largely had its day, and must give way to a fuller and easier inflation by compressed air carefully and judiciously controlled. A similar comparison is made also between the use of the latter and the eustachian catheter, as by it he avoids the bruising which the catheter may sometimes produce.

He speaks of deaf-mutism as a rare condition, only half of one per cent., of all the cases of ear disease that he has seen, being of that class. In reading his etiology of deaf-mutism, one is struck by the fact that pressure upon the eustachian tubes by adenoids, on which eastern writers place so much stress, is not even mentioned as a cause.

2. Disease of the nose. This touches upon all the points of interest which the general practitioner would find of value to him. The only fault lies in the brevity upon certain lines already spoken of. This is more particularly marked in reference to the space allotted to nasal polypi, deformities of the septum, and naso-pharyngeal adenoids—all of which occupy a large place in the work of the specialist. Still enough is said to give the reader a general idea of the methods of treatment.

The article on hay fever is an able one, and may help to throw light upon this severe and often intractable disease. Unknown to each other, he and Dr. Shaw Tyrrell, of Toronto, have for years been advocating the idea that hay fever, to some extent, owed its origin to the presence of an abnormal amount of uric acid in the blood. Dr. Bishop's method of treatment is to administer the salicylates for several weeks prior to the onset of the disease in order to eliminate the uric acid as it forms. Then to revert to acid treatment, the moment that symptoms of hay fever commence to manifest themselves, not to eliminate the