

*A Treatise on Foreign Bodies in Surgical Practice.* By Dr. A. POULET, Adjutant Surgeon-Major, Inspector of the School for Military Medicine at Val-de-Grace, France. New York: William Wood & Company; Toronto: Willing & Williamson.

The two volumes now before us on the above subject are exceedingly well written. It needs only a moment's consideration of any practitioner to recall to memory many instances of surgical cases which at first puzzled him as to the exciting causes, when after careful examination and watching they were found to consist of foreign bodies, whose presence were a continuous source of local irritation. The surgeon is often mortified to find that after treating symptoms for some time, and waiting for further developments, the source of all the trouble and anxiety may be a small stone or pea in the ear, a piece of metal in the cornea, or a small piece of catheter in the bladder. The author justly says:—"The anxiety and embarrassment which a surgeon manifests will show how insufficient is his surgical knowledge on this point. He may be taught to amputate, resect, or disarticulate the limb *secundum artem*; he may know the principal arterial trunks, and all the exceptional occurrences; but there is every reason to believe that he will be a very novice in such cases as may be suddenly presented to him, both in the city and country."

All foreign bodies are ranged in four grand classes, according to their origin, their mode of penetration, or fixity. These are classified as follows:—

- I. The bodies which penetrate the economy through the natural passages.
- II. Those which penetrate by "breaking through," *i.e.*, by wounding some part of the cutaneous envelope.
- III. Those which, enveloping in the economy after an injury, are formed at the spot where they are found.
- IV. Those which are adherent to parts, like rings, chains, etc.

It will thus be seen what a large part of surgery this monograph covers. In the usual text-books these subjects are usually dispensed with in a few sentences, although in actual

practice such cases are far oftener found than are those of apparently greater importance and often need manipulation and dexterity not even required in major operations.

The chapters treating of foreign bodies in the intestinal canal, the respiratory bodies, and the genito-urinary organs are particularly practical and interesting. The work is produced in excellent style, with clear print and on good paper. To the every-day practitioner it must be of great service, and fills a gap in medical literature which has not heretofore been filled up.

*Sore Throat: Its Nature, Varieties, and Treatment.* By PROSSER JAMES, M.D., &c., &c. Fourth Edition. Philadelphia: Lindsay & Blakiston, 1880; Toronto: Hart and Rawlinson.

The author is well known as one of the earliest and most trustworthy writers on this subject, and his works are received both in Britain and on this continent as the most reliable text books we have. The volume before us is full of practical information, perhaps more valuable to the special Laryngoscopist than to the general practitioner, but still of sufficient value to the latter to pay well for its perusal.

In Chapters I. II. and III. he takes up the Nature and Varieties, Diagnosis and General Treatment of Sore Throat; in Chap. IV., Classification; in the next eight chapters, what he calls diffused affections, or what we would call special diseases; and in the next eleven chapters, diseases of individual organs.

In speaking of croup, he discards the idea of its dual character, and says that catarrhal and membranous croup are essentially one and the same disease; that whether it proves fatal or not depends upon the amount of plastic exudation and the degree of laryngeal spasm excited by it. He believes that in those cases called catarrhal, in which recovery often takes place, only a small amount of exudation is formed, and is rapidly expectorated or swallowed, and that when the exudation is sufficiently copious and plastic to form a decided membrane it is excessively fatal; but death may occur with well-marked symptoms of membranous exudation, and yet nothing but a thick stringy mucus