of this class of author. In addition to that, his book also manifests what we have long acknowledged to be a special feature of the American textbook—excellence of illustration.

There is indeed little that the critic can say about the book which is not of praise. Perhaps the section dealing with the ear strikes one as being the most complete, nevertheless the other sections leave little to be desired. And everywhere the reader will feel satisfied by the moderation and sense of the author's opinions. These qualities are clearly shown in the cautious allusion which is made, for example, to the use of the Bier treatment in mastoid suppuration, and in the warning—so emphatic indeed as to constitute it a condemnation—against the Ballenger operation for removal of the ethmoidal labyrinth.

In nearly every department Dr. Phillips is well up-to-date. But we observed a few rather unexpected omissions. We could not find, for instance, in the section on mastoid operations any mention of the use of iodine in the pre-operative preparation of the skin, and in dealing with the indications for submucous resection of the nasal septum the author has omitted one of the most important, that, namely, of providing by this means a free access in cases of nasal sinus suppuration. We were also surprised to find that Mr. Arthur Cheatle's work on the influence of the structure of the temporal bone upon ear suppuration seems to be unknown to Dr. Phillips.

The illustrations, as we have already indicated, are clear and educative, those depicting skiagrams of the nasal sinuses being particularly worthy of commendation. Figure 125, on page 214, however, which bears the legend, "Subperiosteal Mastoid Abscess," is surely a photograph of an abscess under the temporal fascia.

These minor criticisms having been duly noted, all that remains for us to do is to congratulate author and publisher alike upon a solid work, which we can confidently recommend as compendious and accurate.

Dan McKenzie.

THE CLASSIFICATION AND PREVENTION OF DEAFNESS.

A SERIES of lectures on the Causes and Prevention of Deafness is being delivered under the auspices of the National Bureau for Promoting the General Welfare of the Deaf by Dr. J. Kerr Love at the Royal Sanitary Institute. Lord Justice Fletcher Moulton presided on Thursday, June 27th.

Dr. Kerr Love began by pointing out that acquired deaf-mutism was due chiefly to three diseases: scarlet fever, measles, and meningitis, the last being the most important. Meningitis caused over 10,000 deaths annually in England: it was almost always infectious, and, except when it was epidemic and was called spotted fever, it was never notified. Dr. Kerr Love pointed out that though municipalities spent large sums of money in isolating and treating cases of scarlet fever and measles, they seldom thought it worth while paying for special skill in treating the ear complications of these diseases whilst the child was in hospital, and children were often dismissed with discharging ears which gave rise later in life to complications which killed them. Referring to the medical inspection of school-children, the lecturer gave it as his belief that in dealing with ear discharge the greatest good would be done by

having aural school clinics within the school and under the supervision of specialists. The present system of taking such cases to hospital dispensaries was wasteful. Summing up, Dr. Kerr Love indicated the immediate steps to be taken for the prevention of acquired deafness to be: (1) The management of the ear-complications of the infectious diseases by otologists. (2) The notification for the purpose of study and treatment of all forms of meningitis. (3) The medical inspection and treatment of the ear diseases of school-children by otologists.

Passing on to the classification of deafness for the purposes of prevention, the lecturer divided deafness into: (1) Cases in which the deafness is undoubtedly acquired after birth. (2) Cases of sporadic congenital or infantile deafness. In these there were no cases of deafness either in the direct line or in the collateral branches of the family, although a brother or sister might be deaf. Many of these cases were, of course, congenital. (3) Cases of true hereditary deafness. These were all congenital, and the deafness was present in other branches of the family. There were two fallacies to be got rid of: (1) That the possession of a deaf brother or sister was by itself any proof of the heredity of the deafness of a deaf-mute child. (2) That slight deafness amongst the relatives of a deaf-mute child was any proof of the heredity of the deafness. There was no disease which commonly appeared in one generation as hardness of hearing and in another generation as deaf-mutism. If these restrictions were applied it would be found that the hereditarily deaf were a very small class. The conclusion might be drawn, however, that backwardness was commoner amongst those whose deafness was congenital without being hereditary, and that true hereditary deafness was seldom associated with mental backwardness or physical inferiority.

As a correct classification must be the basis of any serious attempt to prevent deafness, Dr. Kerr Love said: "We must make the pathology of deafness, and not the date of its occurrence, the basis of classification; we must have a strictly scientific definition of what the term hereditary as applied to deafness means; we must have a much better admission schedule, giving not only a careful record of the personal and family history, but containing the results of a careful clinical examination of every deaf child." Concluding, the lecturer contended that the institutions must extend their scope. The institutions for the deaf began as asylums for the deaf; now they were well-conducted educational establishments, but they must help to prevent deafness. The spirit of research must fill the institutions.

The remaining lectures will deal with syphilis and deafness and with hereditary deafness.—J. K. LOVE.

BOOKS RECEIVED.

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A Manual of Diseases of the Naso-Pharynx. By Chas. A. Adair Dighton. M.B., F.R.C.S. Edin. London: Baillière, Tindall & Cox, 1912. Royal 8vo. Pp. xiv + 168. With 5 coloured plates and 68 figures in the text. Price 10s. net.