three days. He considered that the method of origin was characteristic of syphilis.

FRAENKEL pointed to the necrosis of the superior maxilla as being in favour of syphilis.

DEMME considered the flabby, easily-bleeding granulations undoubtedly lupous.

SCHEINMANN demonstrated a trephine for the antrum of Highmore.

FLATAU preferred hammer and chisel for opening the antrum.

HERZFELD preferred to use the dental drill, but in opening through the canine fossa used hammer and chisel.

HEYMANN demonstrated specimens from a case, shown last year, in which diagnosis was not certain as between lupus and syphilis. Patient died of meningitis tuberculosa. *Post-mortem* showed syphilis of the larynx; cicatrices in the lungs probably syphilitic, and tuberculosis of the tongue.

REVIEWS.

Schmidt, Prof. Moritz.—*Die Krankheiten der oberen Luftwege.* ("Diseases of the Upper Air Tracts.") With 132 figures in the text, and 7 plates. Berlin: Julius Springer, 1894.

IN this handsome and closely-printed volume of over seven hundred pages we have a succinct account of rhinology and laryngology based on the author's large experience, extending over a period of upwards of thirty years. The book is primarily intended for the general practitioner, whom the author reproaches for his lack of interest in the specialties, and for his readiness to regard patients' complaints as "nervous." He thinks that the practitioner should master the special diagnosis at least sufficiently to prevent his treating a patient with a laryngeal growth, or antral suppuration, by sending him to a health resort.

The most striking feature of the work is the arrangement of the matter. Instead of following the plan hitherto adopted of grouping together the diseases of the different regions, the author has taken each affection and followed it throughout the whole upper air tract. In this way a more complete picture of the disease is presented, and repetition is avoided. The artificial classification to which we have been accustomed will always be welcome, however, when there is a difficulty in diagnosis.

In the chapter on anatomy, each fact is made the basis of remarks, which are of great practical importance. The relations of the tonsils to the large vessels of the neck are clearly described and figured. The origin of the pulsation on the posterior wall of the pharynx is also discussed. The chief feature of this chapter is the unusually full description of the innervation of the upper respiratory tract.

A section on embryology follows. In addition to hare-lip, cleft-palate, tracheocele, &c., reference is made to various uncommon rhinoscopic and

laryngoscopic appearances resulting from imperfect development, which, although of but slight significance practically, it is well to understand.

The author considers that during deglutition it is not at all necessary that the epiglottis cover the entrance to the larynx like a lid. In his opinion the chief closure of the larynx is effected by the false cords, and strengthened by the petiolus epiglottidis being pressed upon them from before. Further, he thinks it possible that contraction of the inter-arytenoidei obliqui, which brings together the upper ends of the arytenoids, will cause the approximation of the false cords rather than of the true. A space will thus be left between the latter, which will permit air to pass from below up into the ventricles of Morgagni, distend them, and so increase the closure.

In chapter 3, under the head of "General Considerations," the author discusses certain general conditions which give rise to symptoms in the throat and nose. This section is of special value as the author was engaged in general practice for twenty-six years. The first condition described is intestinal tympanitis or plethora abdominalis. He attributes it to the use of too much fluid at meal-time, and to over-feeding. The liver is pushed backwards and its area of dulness diminished. The capacity of the thorax is lessened, and the circulation impeded, this being the more marked the stronger the abdominal muscles. The blood is forced upwards in the body. The appetite is good, the bowels are regular. For this condition he recommends the separation of fluid from solid food, and as limited a use of the former as possible.

Tight collars may also cause vascular engorgement of the upper respiratory tract. The author has had two cases of severe hæmorrhage after curetting the larynx in which styptics failed, the bleeding only ceasing on loosening the collar.

Anæmia, diabetes, heart affections, hysteria, neurasthenia, etc., are all duly considered in relation to throat affections.

This chapter closes with some remarks of a more general character. In the author's opinion a specialist should not be prevented, but rather compelled, for some time at least, to engage in general practice. The relations of the specialist with the general practitioner are briefly discussed. Hints are given regarding the management of hypochondriacs and children. Finally, the author pleads that we furnish the patient with precise directions, for, if the measures prescribed fail to benefit in consequence of being perfunctorily performed, the patient never thinks that he himself is to blame.

Reference is made to Avellis's method of examining the parts in the neighbourhood of the ventricles of Morgagni, or the vocal cords when there is swelling of the false cords. The method is not well known, and is carried out as follows: To examine the right vocal cord the patient bends his head to the left, and the mirror is placed on the left side of the uvula. The author mentions that he now succeeds in seeing the vocal cords at the first examination without cocaine, in all cases with the exception of one in about five thousand.

A cocaine spray of one in one thousand is recommended to produce collapse of the inferior turbinates. To introduce cocaine and other

liquids into the larynx the author prefers a syringe. He remarks that the passing of instruments into the larynx sometimes appears to interrupt the action of the cocaine. To produce anæsthesia in the naso-pharynx and trachea he insufflates the cocaine in powder, four parts to one of sugar or talc.

The author strongly favours the insufflation of powders as a method of treatment, more especially in laryngeal affections, for he believes that the brush almost never touches the cords without preliminary cocainization.

The chapter on "Chronic Catarrh" is the best and most practical we have ever read. The author looks upon atrophic rhinitis as a result of hypertrophic rhinitis, although he does not remember having observed such a transition in any of his cases—indeed, so far as we are aware, there is only a single case of the kind on record, and the child suffered from hereditary syphilis. The author's opinion appears to be based on the fact that not uncommonly the anterior part of an inferior turbinate is atrophied, while the posterior part is hypertrophied. This view, as hitherto presented, has always struck us as unsatisfactory. Gerber's recent researches ("Spätformen Hereditärer Syphilis," 1894) have shed a fresh light on the question, however, and the above theory seems to come nearer the truth, if we regard atrophic rhinitis as a late manifestation of hereditary syphilis, and look upon the coryza neonatorum as the hypertrophic stage.

Considerable weight is attached to the various forms of catarrh in the naso-pharynx. A hypertrophic variety is described which leads to thickening of the Eustachian cushion, narrowing of the Eustachian orifice, and inflammation in Rosenmüller's fossa. The patients complain of very troublesome tinnitus, and they hear as if through a veil. The characteristic feature, however, is that whispering is well heard, but the watch badly. Owing to the apparent absence of pathological changes in the ear, the condition is frequently diagnosed as nervous. The Eustachian orifice regains its normal width by treating the cushion and the fossa with *lapis mitigatus*.

When there is catarrh of the recesses in the naso-pharynx, the discharge may appear on the posterior wall of the oro-pharynx as a thin, dry layer, which gives the mucous membrane an atrophied aspect. If the thin coating be removed, however, the underlying mucosa is found to be normal, or even thickened; further, the author has frequently succeeded in restoring the mucous membrane to its normal appearance in even the most pronounced cases of naso-pharyngitis sicca. On these grounds he holds that there is no destruction of the mucous glands, and that the condition is due to the presence of a drying agent (*Sikkatif*). True atrophy is exceedingly rare either in the pharynx or naso-pharynx excepting in advanced life.

Pharyngitis sicca, not due to rhinitis sicca, can, as a rule, be improved or removed only by treating the pharyngeal tonsil.

Treatment of the granules on the posterior wall of the pharynx may usually be disregarded, as they merely mark an extension of the naso-pharyngeal disease, and in themselves rarely produce discomfort.

Pachydermia laryngis also is looked upon by the author as nearly

always due to naso-pharyngitis sicca, being caused by violent hawking. Laryngitis hæmorrhagica is produced similarly.

Trichloracetic acid is recommended as a caustic in preference to chromic acid. The beneficial effect of linear galvano-cauterizations of the inferior turbinate was formerly found in many cases to be transient; the author is, therefore, in the habit of applying one of the above-mentioned chemical caustics to the wounds produced by the galvano-cautery, in order to obtain a permanent result.

A chapter is devoted to the "Affections of the Four Tonsils." Hypertrophy of the pharyngeal tonsil is commoner, in the author's opinion, in the dolicho-cephalic than in the other types of skull. The dolicho-cephalic Anglo-Saxon race appears to be particularly predisposed to this condition, and the author suggests that the characteristic prominence of the incisors and the pinched nose of the English may depend on the more frequent presence of an enlarged tonsil.

For the removal of the faucial tonsils the galvano-caustic snare is strongly advocated, while cutting tonsillotomes are condemned. At one time the author used the latter, but after having had profuse hæmorrhage in five cases, and having had one of his own tonsils removed with the galvano-caustic snare, he abandoned the cutting instruments and has used the snare exclusively since with great satisfaction. He has had only one severe hæmorrhage since adopting this method; the patient was an adult and was still suffering from a recent angina.

Tonsils may be removed by this method without the loss of a drop of blood, but the necessity of administering a general anæsthetic is a great objection. The mode of procedure is described in detail; the operation with cutting instruments is dismissed in a few lines. The author's experiences with the tonsillotome must have been particularly unfortunate and his dread of hæmorrhage great, for he was in the habit of supplying each patient after the operation with a bottle of liq. ferri sesquichlor.

The chapter headed "Purulent Inflammations" includes blennorrhœa, submucous inflammation, perichondritis, and the affections of the accessory cavities of the nose.

The last-mentioned section opens with a list of the names of those who have contributed to the advancement of this subject. They are all Germans or Austrians. Now, while admitting that Ziem's paper, published in 1886, was undoubtedly the means of directing attention to these diseases, he was not the first—as his Continental colleagues usually hold him to be—to point out that form of antral suppuration in which the pus escapes freely through the ostium. This condition was clearly described by Spencer Watson in 1875, by Lennox Browne in 1879, by Heath in 1884, and by Lefferts in 1885.

The author divides empyemas of the accessory cavities into those which discharge (*Empyeme aperte*) and those which are quiescent (*Empyeme latente*). Empyema with closure of the natural orifice is here left out of account. The use of the term "latent" in the above sense will probably lead to confusion, for since the publication of Jeanty's thesis it has been employed to designate those cases of empyema of the antrum in which the sole symptom is the purulent discharge.

An excellent systematic method of differentiating suppuration in the various cavities is detailed.

In writing the chapter which deals with the affections of the upper air tract resulting from chronic or acute infective diseases, the author's experience in general practice has proved invaluable.

His observations do not permit him to recognize a phthisical catarrh. A consumptive patient, naturally, may suffer from acute or chronic laryngeal catarrh, but this presents nothing characteristic. What is commonly termed catarrh in those suffering from phthisis is, in his opinion, always an infiltration, the expression of a tubercular infection. This view is confirmed by the results of injections of tuberculin, the so-called catarrhal areas becoming red and swollen.

To Prof. Schmidt we are indebted for introducing the surgical treatment of laryngeal phthisis --although he modestly refrains from reminding us of the fact--and we turn with interest to the portion of his work bearing on this subject. During the last five years he has treated by the surgical method one hundred and seventy-nine patients on an average annually, and at the end of each year he had cured the larynx in thirty-four (eighteen per cent.) on an average.

The method of using the simple and double curette is carefully explained. When the infiltrations are extensive he recommends their removal, or that incisions be made into the swollen parts either with a knife or with a special pair of scissors designed by himself. Thus, for infiltrations of the posterior wall, he introduces one blade of the scissors into the larynx, and the other into the œsophagus, and cuts boldly through at the place where the swelling is greatest. An infiltrated epiglottis may be treated similarly. A solution of lactic acid (fifty per cent.) is rubbed into the wounds.

Tuberculin is regarded with favour by the author. By means of it he has cured several cases. The difficulty lies in regulating the dose.

In the course of a very interesting account of syphilis, the author mentions that a prominent ridge may be seen running obliquely downwards and backwards over tonsils that have been affected with secondary ulceration. He states, however, that this peculiarity may occur, but much less frequently, in tonsils which have not been syphilitic. We had occasion recently to carefully examine the tonsils in a large number of cases, and in the majority of these a ridge, corresponding with that described by the author, was noted, although in nearly all syphilis could be excluded.

The author pays no special heed to the mucous membrane before operating with the saw or chisel on the nasal septum. At one time he was in the habit of preserving it, but he found that occasionally a thickening resulted which required to be destroyed with the cautery. In operating on a deviated septum he has no fear of making a perforation. Sinking in of the nasal bridge is a consequence of cicatricial contraction, and is not due to the removal of so insignificant a support.

In order to gain an idea of the frequency with which neoplasms occur in the upper air tracts, the author presents a statement of the cases he has had during the last ten years. The total number of patients examined

was 32,997. In the nose : mucous polypi 757, fibromas 2, papillomas 6, lymphoma 1, lympho-sarcomas 2, cyst 1, sarcomas 6, carcinomas 5. In the larynx : fibromas 256, papillomas 46, singers' nodules 109, lipoma 1, myxomas 3, fibro-myxoma 1, tubercular tumours 56, cysts 8, sarcomas 3, carcinomas 75. Cases in which the growths occurred in the naso-pharynx, mouth, and trachea are also enumerated.

Reflex affections are described in the chapter headed "Remote Effects" (*Fernwirkungen*). The latter term is preferred, because some of the conditions here alluded to owe their origin to mechanical causes. In treating this subject the sensational is avoided. The author has noticed a peculiar coincidence in at least ten cases, viz., that children who in their first or second year had suffered from strophulus, became affected in after life with asthma.

In the chapter on "Hæmorrhages" mention is made of a very bad form occurring in liver affections, especially in cirrhosis. The author has noticed that in these cases the bleeding frequently takes place from dilated veins in the posterior part of the nose.

"Spitting of blood" is often caused by diseased teeth. Many patients are unaware that they suck their teeth during the night. If granulations are present, or if the gum is inflamed, the blood drawn from these parts during sleep not uncommonly passes into the lower part of the throat, and is coughed up in the morning.

While discussing the medical treatment of the singing voice the author avoids controversial topics, and keeps to matters of practical interest. In deciding as to whether a patient should be allowed to sing he remarks that in singing pupils, even a slight redness of the vocal cords, from whatever cause, which is not considerably improved after a short course of treatment, demands that singing be abandoned ; if the vocal cords are not red, permission will depend upon the cause. He has always allowed trained artistes to appear for one evening, in cases of necessity, when the vocal cords were white. Singing while the vocal cords are red should be absolutely forbidden, excepting in the few cases in which the condition is physiological.

The book closes with excellent chapters on the Diseases of the Thyroid Gland and Esophagus.

In such a large work a few misprints could hardly fail to escape correction, e.g., p. 161, *Anosima*, p. 270 and elsewhere, *uncinnatus*, p. 310, *Aufschülteus*, p. 322, *gerabeitete*, p. 446, *vollständige*, p. 640, *Strammonium*. In the matter of proper names he has occasionally been unfortunate. Thus we find on p. 247, *Scane Spicer*, and *Gouggenheim and Tisier*, p. 270, *Kauffmann*, p. 493, *Störck*, p. 526, *Fänkel*, p. 625, *Mayor*, p. 685, *Zaufall*.

The author is to be congratulated on having written an interesting and eminently practical work. He has avoided elaborate classifications, and the introduction of literary references. His critical remarks on present day questions and recently advocated methods of treatment are of particular interest to the specialist. Instead of describing a great number of therapeutic procedures of doubtful value, he has given us only a few, but these are trustworthy. He took as his motto, "*Aus der Praxis für die Praxis*," and he has stuck to it well.

A. Brown Kelly.