present affection occurred suddenly in the night. On awaking he could neither speak nor swallow. Examination of the œsophagus showed a stenosis, but the mucous membrane was intact and not ulcerated. The vocal cords were immovable on phonation. The sudden onset of paralysis was probably due to acutely increased aneurism of the aortic arch, by rupture of the internal coat.

Society of Physicians in Vienna.

Meeting, February 4, 1887.

Prof. STÖRK showed a man, who when a child had a laryngeal papilloma, which had fifteen years afterwards, developed into carcinoma. In 1885, extirpation of the larynx was performed. The patient now speaks and swallows quite normally. A new glottis has developed out of the muscular structure of the larynx.

Prof. STÖRK also showed an electrical laryngoscope.

Meeting, February 18.

Dr. SALZER, showing a case of tubercular ulcer of the tongue, remarked that in order to demonstrate tubercle bacilli, it was not necessary to excise any portion, but simply to scrape the ulcer.

REVIEWS.

SCHRÖTTER (Wien).—Lectures on Diseases of the Larynx the Air Passages, the Nose, and the Pharynx.¹

THE publication of Schrötter's Lectures will be received with great interest in laryngological circles, particularly among those numerous German, as well as English and American, laryngologists who have studied in Vienna. Judging from the first part now before us, the book will find favour with the practical physician. The first lecture supplies a short historical retrospect of laryngoscopy. If more honour is here accorded to Türck and Czermak than to Garcia, we must attribute the fact to Austrian patriotism. In our opinion Türck and Czermak are only honourable successors of Garcia. For illumination, the author recommends Türck's frontal band reflector, and says that no other front bands are so practical as this. The focus of the reflector should have a diameter of 10–12 cm. For illumination he has used Auer-Welsbach's light with great advantage over all others (see the report in this Journal). The author believes it to be better than other methods of illumination, such as electricity and magnesium.

The third and fourth lectures give a good *résumé* of the anatomy and physiology of the larynx; the fifth is occupied with details of

¹ *Vorlesungen über die Krankheiten des Kehlkopfes, der Luftröhre, der Nase und des Pharynx. First Part, with 13 Woodcuts. Wilhelm Braumüller, Vienna, 1887.*

laryngoscopical examination, magnifying of the laryngoscopical image, autolaryngoscopy, and demonstrations. The work will be published in ten parts.

MICHAEL.

BAUMGARTEN (Buda-Pesth).—**Epistaxis and its Treatment, from a Rhino-Surgical Point of View.**¹

THE introduction of anterior and posterior rhinoscopy inaugurated a new era of treatment of epistaxis. It is now possible to find the exact seat of the mischief, and treat locally and directly. The author differentiates those cases of epistaxis arising from a general cause from those which originate in a definite pathological condition in the nose itself; and from another group of cases, in which the nose is only a seat of epistaxis by reason of special predisposition. The portions of the nose concerned in this latter group are little erosions, or varices, particularly on the septum, or choanæ, which give rise to bleeding through an increase of pressure, or by accidental causes, such as scraping the nose, or sneezing. It is easy to cure this form of the complaint, by cauterizing the implicated spots with chromic acid, nitrate of silver, or by the galvano-cautery. All local diseases of the nose may give rise to epistaxis, *e.g.*, acute and chronic rhinitis, ozæna, hypertrophy of the choanæ, polypi, and other neoplasmata, ulcerations, and all kinds of parasites. The epistaxes occurring in general diseases are often localised in the specially predisposed spots of the nose. Such general diseases are chiefly cardiac, pulmonary, hepatic, splenic, renal, diseases of the great blood-vessels, plethora, and hæmophilia, along with many of the acute infectious fevers, especially recurrent fever. The vicarious epistaxes of menstruation were already known by Hippocrates.

The quantity of blood lost during an attack of epistaxis may vary from a few drops to four or five kilogrammes, and may last from one minute to several days. If anterior tamponning is employed, blood may occasionally pass into the pharynx. In a few cases blood escapes by the lachrymal canal. (I have recently seen such a case.—Rev.) The prognosis of epistaxis is good if it does not arise in the course of a general disease.

The treatment of epistaxis consists in compression of the bleeding spot by anterior and posterior tamponning. (Anterior tamponning suffices for most cases.—Rev.) The different methods of using the tampon are well described. To prevent recurrence, the bleeding spot must be cauterised. The book closes with a complete bibliographical index.

MICHAEL.

¹ *Die Epistaxis und ihre Behandlung vom rhino-chirurgischen Standpunkt.* Vienna, 1886. Toeplitz und Denticke, 47 pages.