Chauveau.—*Ozæna Nasal and Tracheal in a Child Fifty-one Months old; Death.* "Journal de Clinique et Thérapeut. Infantile," October 6, 1898.

CHILD, four years and three months old, had for some months difficulty of breathing, stridor, and laryngeal wheezing. When the child expectorated some crusts, the laryngeal troubles disappeared for some days. C. found nasal ozæna and laryngo-tracheal complications; crust adherent to the tracheal mucous membrane. The mother and an aunt had atrophic rhinitis. Sudden death during sleep, probably by glottic spasm.
A. Cartaz.

Gaudier, H.—*Endolaryngeal Treatment of Polypus of the Larynx.* "Echo Médical du Nord," October 23, 1898.

G. RELATES fourteen cases of laryngeal polypus (fibromatous, papillomatous tumours, one case of myxoma) and gives the technique of that operation. He uses the forceps of Dundas Grant, and, when the tumour is originated in the anterior part, the Turk's or Fauvel's instruments.
A. Cartaz.

Price-Brown.—*Pharyngeal Mycosis.* "Canadian Pract.," April, 1898.

THE fungus, according to Price-Brown, may be found in milk, urine, and watery solutions after exposure to air for lengthy periods. Lugol's solution demonstrates the presence of starch. The fungus may either be superficial or inserted wedge-like into the epithelium; in the latter case the microscope fails to demonstrate the rod-like cells. Four cases were narrated, and in one it was queried as to whether the patient's occupation (polishing cow-horns, often a malodorous task) was directly responsible for the affection. The symptoms were detailed as far as there were any, and the author finally agrees with other authorities that the galvano-cautery is the best agent in their destruction.

REVIEWS.

Bacon, Gorham, A.B., M.D., Prof. of Otology in Cornell University Medical College (New York), Aural Surgeon New York Eye and Ear Infirmary.—*A Manual of Otology.* With an Introductory Chapter by CLARENCE JOHN BLAKE, M.D., Professor of Otology in Harvard University, with 10 illustrations and a coloured plate. Published by Henry Kimpton, London. Pp. 398.

DR. GORHAM BACON'S casual contributions to aural surgery are well known to our readers through our abstracts of them. A work on otology, coming from his pen, is therefore welcomed with considerable expectations. The volume at present before us is no disappointment, and may be recommended as a good average handbook which, in view of its small size, contains most of what the student or general practitioner reasonably requires. The difficulty of distinguishing what is of practical clinical value from what is rather of speculative or theoretical interest has been very well met. A book should not be made short by the omission of the little details and explanations which take

up much space, but which help the student to understand the subject in a short time. Hence, even the first elements of any branch of medicine are often most easily learned from a large and exhaustive treatise. In our opinion, therefore, a small book starts with a serious handicap, and is most difficult to write satisfactorily. Dr. Gorham Bacon has overcome the difficulty to a remarkable degree.

A large portion of the book is very properly devoted to the consideration of suppurative inflammation of the middle ear, its complications and sequelæ. The affections of the internal auditory or sound-perceiving apparatus receive rather scant notice. The work is pretty freely illustrated, but the drawings are chiefly taken from Gray's Anatomy and from Politzer's text-book. The original ones are mainly photographic reproductions of preparations, and are rather indistinct. A few of the stereotyped common otoscopic pictures of the indrawn membrane, the various types of perforation and cicatrices, and so forth, would have been useful additions.

Among the well-described diseases of the external meatus, we are glad to find seborrhœa, which is often overlooked both by practitioners and writers of books. We are surprised not to find that important condition, desquamative external otitis, known also as *keratosis obturans*, or external cholesteatoma, which is so apt to be mistaken for simple cerumen, with the most unhappy results, if the treatment recommended for cerumen—soda drops, etc.—is carried out. In the account of the examination of the ear, no mention is made of the valuable and well-established fact that in infants and young children the auricle should not be drawn upwards, but downwards. The book is written in a good, readable style, and, as Dr. Clarence Blake states in the thoughtful and suggestive introduction which he has contributed, the work will be found to bring that stimulation to further study which is one of the purposes of all teaching.

Dundas Grant.

Campbell, Harry, M.D., B.S. Lond.—*Respiratory Exercises in the Treatment of Disease.* Published by Baillière, Tindall and Cox, London, 1898. Pp. 196.

THIS observant and thoughtful physician deserves our gratitude for the study of the interesting subject described in the title of his work. He commences with a consideration of the mechanism of respiration, as including the elasticity of the lungs, functions of the abdominal muscles, elasticity of the thoracic cage, factors determining the mean size of the chest, the mobility of the thoracic cage, the respiratory forces and the modes in which the thorax is enlarged. Among the secondary effects of the respiratory movements are studied their influence on the circulation of blood and of lymph. These are treated still more fully as regards the normal modifications of the respiratory movements, such as talking, shouting, singing, laughing, coughing, crying and sighing. Dr. Campbell's views with regard to the physiological advantage to the individual of making joyful noises are well known, or, in fact, noises of any kind whatever. The chapters which are, however, of the greatest interest to our readers are those upon the modes in which the thorax is enlarged (Chap. IX.), breathing in singers (Chap. X.), and the various kinds of breathing exercises as detailed in Chap. XX. Dr. Campbell holds that it is possible to dissociate completely costal from abdominal breathing, for though contraction of the diaphragm tends to raise the lower ribs, it is possible to check all costal movement during diaphragmatic descent. Though convinced