for thinking the name of croup should be confined—and spasmodic asthma. The sudden nocturnal invasion, the diurnal remissions, the cessation of the liability to croup, as well as to asthma, &c. &c., showed that croup could not be a real laryngitis with paralysis according to the accepted pathology, but a paroxysmal dyspnoea from disturbed innervation of the larynx, as asthma was of the bronchi.

Pathological Society of London.

February 15, 1887.

Mr. CLUTTON showed a specimen of retropharyngeal abscess, which opened by three round orifices into the œsophagus, and by one into the larynx, below the vocal cords, and lead to acute laryngitis. The first symptom during life appeared to have supervened suddenly after an epileptic fit, and consisted of pain and swelling of the neck, with expectoration of mucopurulent fluid; deglutition but not respiration was impeded. The man died eventually of broncho-pneumonia.

REVIEWS.

A Guide to the Examination of the Nose, by E. CRESSWELL BABER.¹

THIS small book, of about 160 pages, forms a useful and accurate guide to the student about to commence rhinological observations. The work is eminently practical, the methods of examination are carefully detailed, the illustrations (many of which are original) are numerous and well executed, the type is clear, and the "make-up" good. The chapter dealing with the diagnosis of the common nasal diseases is somewhat too meagre to be of much service to the practitioner. This and also the omission of any indications for treatment of these conditions is, however, in accordance with the author's plan to limit himself to the production of a guide to the practical examination of the nasal cavities. Judged in this light, the work merits only commendation.

BERGER (Graz) and TYRMAN (Graz).—The Diseases of the Sphenoidal and Ethmoidal Sinuses, and their relation to Diseases of the Eyes.²

No work up to this time has dealt with the diseases of these regions. Rhinological works refer to them but briefly, and a book such as the above supplies a want. Affections of these sinuses are rare, and the authors have searched ancient and modern literature in order to present a complete picture of the subject. An interesting case is mentioned of defect in the sphenoid bone, which may be the cause of an error

¹ London: H. K. Lewis, 1886.

² "Die Krankheiten der Keilbeinhöhle, und des Siebenlabyrinths, und ihre Beziehungen zu Erkrankungen des Sehorgans." With 9 Drawings. Wiesbaden, 1886. J. F. Bergmann.

in the diagnosis of an encephalocele from a naso-pharyngeal polypus. A case is related in which, in consequence of this error, death followed an operation by supervention of meningitis. Of the dangerous, and often fatal, suppurative inflammation of the ethmoidal sinuses the authors collect some very instructive cases. The two cases of suppurative inflammation of the sphenoidal sinuses, mentioned by Mackenzie, are here quoted. Michel's opinion that ozæna is due to catarrh of these sinuses is shown to be incorrect. Caries and necrosis of the sphenoid are often combined with similar affections of the jaw bone, and followed by amaurosis. All the cases which can be collected of abscess, polypus, enchondroma, osteoma, benign and malignant tumour, having special reference to troubles of vision, are here related. Fractures of these bones are generally combined with fractures of the orbit, jaw, and nose. The authors describe the parasites of these regions. The concluding chapter, in which the writers review the different symptoms caused by caries, necrosis, and neoplasmata, and their differential diagnosis, is of great interest. The little book has been elegantly produced by the publisher, and must be cordially recommended. MICHAEL (Hamburg).

HERZOG, JOSEF (Graz).—**Acute and Chronic Catarrh of the Naso-pharynx, with special reference to Neurotic Coryza (Rhinitis Vasomotoria).**¹

THIS is a short and excellent *résumé* of the present state of our knowledge of these affections. We cannot at all agree, however, with the author's proposal to abolish the term "ozæna." This suggestion is made in consequence of the view he takes that ozæna is only a form of catarrh with foetid secretion. It is possible that this may be the pathological character of this affection, but as writers are by no means agreed as to the meaning of this condition we are assuredly not justified in adopting the author's view, which would assign to the term ozæna a very definite pathological meaning.

The author does not believe that the hypertrophy of the tonsils occurring in young children is congenital, as Bresgen maintains, but believes that the condition is produced by constantly recurring catarrhs, causing overgrowth of the adenoid tissue. Scrofula is said to be the most important etiological factor in the production of chronic nasal catarrh, and damp and moist air of cellar dwellings similarly for rhinitis foetida. Affections of the teeth can also give rise to this latter condition. The symptomatology of chronic catarrh is

¹ "Der Acute und Chronische Nasenrachenkatarrh, mit besonderer Berücksichtigung des nervösen Schnupfens; Rhinitis Vasomotoria." Second revised and enlarged Edition. Graz: Leuschner und Lubensky, 1886. 67 pages.