THE author showed a patient who coughs up gangrenous sputa. He also coughs up feathery masses of fifteen centimètres long, of unknown constitution. Schroetter believes that these are foreign bodies causing gangrene. *Michael.*

Courby.—*Calcareous Concretions in Fits of Coughing.* Société Médicale des Hôpitaux, Mar. 28, 1890.

THE author showed two somewhat large calcareous concretions expectorated during a paroxysm of coughing by a phthisical patient (quiescent form). These concretions recall those that are occasionally found in inactive tubercular aggregations of the lung or of the bronchial glands. In the case brought forward, the existence of retro-sternal pains, which were persistent and very localised, and the absence of the signs of advanced pulmonary tuberculosis, led M. Courby to think that the calculi originated in a peribronchial gland. *Joal.*

REVIEWS.

Cyclopædia of the Diseases of Children. Edited by JOHN M. KEATING, M.D. Vol. II. Philadelphia: J. B. Lippincott Company, 1889.

THE second volume of this most exhaustive work is a veritable treasure house for the laryngologist. About seven hundred pages are given to discussion of diseases of the throat and chest, containing the most advanced thought of those who have the right to speak with authority.

The first chapter in Part III. of this volume is a Study of Nasal Obstruction, by Dr. John N. Mackenzie, of Baltimore. Few men write attractively, and very few are both classical and erudite, but this author excels in these respects. In the beginning of the chapter we are reminded that "when God made man, it was not into his mouth but into his nostrils that He breathed the breath of life," and that the nose is something more than the organ of smell. The etiology of nasal obstruction, always an interesting study, here receives particular attention, and nothing of value, from Caius Plinius to 1889, seems to have escaped notice. Among the most frequent causes of obstruction are a departure from the normal position of the middle turbinated bone, a deflection or dislocation of the vomer, or perpendicular ethmoidal plate, and as shown by Zuckerkandl, "an oblique, rounded, bony ridge, sometimes at the junction of the vomer and ethmoid, but usually in the bony portion of the septum." Growths of the nasal passages are infrequent in young children, but obstruction of one or both nostrils from dislocation or malposition of the septum is a common accident. The "obstruction of patency," paradoxical as the term may be in the abstract, well indicates that condition of nostril where, from abnormal widening, the current of expired air is compara-

tively feeble, and the removal of secretion from a membrane which is often diseased is more difficult. The evil effects of nasal obstruction are carefully detailed, as also the differential diagnosis of the many causes of obstruction. We wish that the author's methods of treatment had been more fully given, though this has been well done by those who follow him.

The subject of Reflex Cough has received much care at the hands of Dr. A. W. McCoy, of Philadelphia, and although his work has been condensed into the space of less than five pages, it is a full presentation of what is known of the causes of this often troublesome phenomenon.

The chapter contributed by Dr. E. C. Morgan, of Washington, is upon Epistaxis. In the large majority of cases—one hundred and twenty-six out of one hundred and thirty-six, our author says—the visible source of hæmorrhage from the nostril is an erosion or ulceration of the mucous membrane of the septum. The conditions in which the more serious hæmorrhages occur are well presented. We fully approve the writer's statement "founded on experience, that great injury has resulted from the adoption of hasty and heroic treatment in certain cases of epistaxis," and he ventures to suggest the *sero sed serio* régime in appropriate patients.

Dr. D. Bryson Delavan's short paper upon Foreign Bodies in the Nose is a plain practical statement of the subject, the writer laying special stress upon the necessity for care in any attempt at removal of the intruding substance, lest pain and inflammation be excited. The chapter closes with the study of the distressing condition resulting from the deposit of the eggs of various kinds of flies (natural order muscidæ) with careful direction for treatment.

The chapter upon Tumours of the Nose is also written by Dr. Delavan, as is a shorter chapter upon Tumours of the Naso-Pharynx. One among the many interesting statements made by the author is that the easiest method of distinguishing mucous polypi from hypertrophy of the mucous membrane covering the middle or lower turbinated bodies, is by the application of cocaine. Under its influence, the hypertrophied mucous membrane shrinks while no apparent effect is produced in the polypi. This simple procedure is not only of value as regards diagnosis, but is in the direct line of successful treatment by evulsion, abscission, or the galvano-cautery.

In the chapter upon Congenital Syphilis of the Nose, Dr. F. H. Bosworth makes a careful distinction between inherited disease and those conditions which may be acquired at birth from an existing lesion in the genital passages of the mother, which may not differ greatly from the ordinary type of the disease. The description of the effects of inherited syphilis is very complete, and it is shown that in children the disease in the nose runs a rapid course, "but still adheres to the same rules which govern the manifestations of syphilis in the adult."

Croupous Rhinitis, as described by Dr. Bosworth, bears a close resemblance to diphtheria affecting the nasal passages, and there are many who fail to find any points of essential difference. The author believes that in the former we have to do with an inflammation, characterised by a

deposit on the external surface of the mucous membrane of a fibrinous exudation, while, in diphtheria, the false membrane not only lies upon the surface, but infiltrates the tissues of the mucous membrane down to its deeper layers. Except for this difference, and that the exudation is soft and friable, it is difficult to see in what respect croupous rhinitis is not diphtheria. Dr. Bosworth believes that the croupous exudation is the local evidence of a general disease, and that it is due to the deposit of a germ upon the surface of the mucous membrane, which, making its way into the blood, gives rise to the general condition, at the same time exciting the croupous inflammation at its point of entrance. The microscopical appearance of the croupous exudation resembles that which is found in the membrane of mild cases of diphtheria, the symptomatology is much the same, and the treatment recommended—iron and mercurials—is also good medication for the latter disease. A differential diagnosis is possible doubtless, but the dividing line is often hard to distinguish.

The same author contributes the chapter upon purulent rhinitis of children. The interesting clinical fact is mentioned that inflammatory processes, not only of the mucous membrane but also of other tissues of the body, in children show a tendency to involve the epithelial structures, while in adult life this tendency seems to disappear and the connective tissue structures are liable to be involved by inflammatory action. This is strikingly evidenced in diseases of the upper air-passages. The disease is amenable to treatment, provided the stage of crust-formation has not been reached, which indicates that the deeper structures are invaded. We are glad that in the directions for cleansing the nose, which are so important in this disease, the author recommends mild solutions, and the use of simple instruments. It is always well to avoid harsh measures and much machinery, if possible.

Acute Coryza is the subject of a well-written chapter by Dr. Carl Seiler of Philadelphia, in which, though there is little that is new, there is much that is practical. His rather voluminous formula for an antiseptic solution for spraying the nose, has since this book was issued, been made the basis of an antiseptic pastile, which is a most convenient and useful addition to our list of local remedies. The writer's directions for meeting the general indications which are almost always present, are most excellent, but we would add, or rather in cases where the febrile disturbance is not great, substitute for other drugs, repeated but very small doses of belladonna, which by its influence upon the vaso-motor system, will often quickly diminish the most prominent symptom of coryza, viz., the watery discharge.

Dr W. C. Jarvis, of New York, is the writer of the chapter upon Rhinitis Hypertrophica. The main pathological feature of this affection is the series of changes in the turbinated bodies resulting in increase of the epithelial layer, thickening of the cellular tissue, excessive formation of connective tissue and dilatation of the cavernous sinuses. The principal end to be accomplished is the removal of these hypertrophies, and for this the author prefers the cold wire snare. This is certainly better than the galvano-cautery in that there is less of the cicatricial contraction incident to the healing of the burned furrows. The author urges the

importance of correcting deflection of the septum in childhood ; "the golden opportunity to nip a catarrhal process in the bud."

Dr. Ingals, of Chicago, has written most concisely upon Diseases and Injuries of the Pharynx, for he discusses some twenty pharyngeal affections in less than a score of pages. The science of condensation when applied to medical literature becomes an art of no mean degree, especially when there is neither angularity nor dryness in the result. While most of the conditions affecting the pharynx are but briefly outlined, yet the more important ones, such as acute and chronic follicular pharyngitis, receive more attention. The author, largely by his own researches, has added acute rheumatic sore throat to the catalogue of pharyngeal diseases, where it certainly has a permanent place.

We wish that space permitted more than a mere mention of the chapter upon Diseases of the Tonsils by Dr. Beverly Robinson, of New York. It is one of the most satisfactory essays upon this subject that we know of, for while the author is logical he does not confine himself to well worn paths. He makes the statement that the function of the tonsils—a vexed question of yesterday—is two-fold : 1st, they secrete a considerable amount of clear viscid fluid for lubrication of the bolus ; and 2nd, that these glands serve a purpose in the economy similar to that of glands analogous in structure, as the lymphatic ganglia, spleen, thymus, etc., *i.e.*, they modify notably some of the constituents of the blood and aid in the formation of white blood corpuscles. Special care has been taken to mark the difference between acute tonsillitis and the local manifestations of diphtheria and scarlatina, while as regards its dependence upon a rheumatic condition, though undoubted in some cases, yet in others, no pathological connection of importance can be discovered. The considerations of the treatment of acute tonsillitis are presented in the author's well-known thorough manner and leave nothing to be added. Twenty-two pages are given to the subject of chronic enlargement of the tonsils, and more than half of this space is occupied by the discussion of the treatment. In all obstinate cases the author recommends removal by the guillotine, or where hæmorrhage is feared, the cold wire snare may be substituted, which is preferred to the incandescent loop. While severe hæmorrhage after operation is infrequent and well authenticated records of fatal results difficult to find, yet Dr. Robinson insists that the operator be guarded against the possibility of serious result.

Adenoid Growths at the Vault of the Pharynx is the subject of the chapter written by Dr. Harrison Allen, of Philadelphia, which contains about all that is known of such neoplasms, and is well arranged. From his own careful researches, the author suggests that the fact that the growths originate before the synchondrosis between the basilar process of the occipital bone and the body of the sphenoid bone has closed, renders it probable that some connection exists between the two conditions. He states, however, that the hypothesis is unsupported by clinical facts. For the removal of these growths the writer prefers the unguarded finger, by which, when properly introduced behind the velum, the masses may be pressed against the bony vault and so destroyed. Instrumental aids are secondary to the use of the finger.

The essay upon Stenosis of the Larynx by Dr. Sajous, of Philadelphia, is limited to the consideration of the etiology and diagnosis of this condition, as it is not intended that the differential diagnosis, prognosis and treatment of the several diseases which cause stenosis should be here discussed, but rather in the chapters in which these are described.

The only non-American who has written for the *Cyclopædia* is Sir Morell Mackenzie, who contributes the chapter upon Tumours of the Larynx, and this gives another evidence of his warm sympathy for American workers. From his own notes of over four hundred cases, Dr. Mackenzie believes that the proportion of children who suffer from laryngeal growths is much higher than has hitherto been supposed, and that, in nearly half of the cases of laryngeal growths met with, the patients will be found to be children. In thirty-four cases of laryngeal growths in children the author found that twenty-nine had papilloma and five were of fibrous structure. Dr. Mackenzie points out the great frequency of an alteration of the voice as a symptom of laryngeal tumour, this existing in ninety-two per cent. of all his cases, and in fifty-two per cent. it was the only symptom. Papillomata are most frequently found at the anterior commissure of the vocal cords, or on the ventricular bands, while fibromata are most often situated on the vocal cords. The younger the child the more unfavourable the prognosis, owing to the fact that the parts are smaller and more likely to take an acute inflammation from irritation from interference with, or even the presence of, the growth. The tendency of papillomata to return also affects the prognosis. The only safe palliative treatment is tracheotomy, especially if the breathing be embarrassed, and for radical treatment by endolaryngeal methods the author prefers rectangular forceps somewhat more delicately made than his forceps for adults. Local anæsthesia by means of cocaine is advised, but chloroform narcosis is useless. Fortunately, the extra laryngeal methods are seldom called for and never indicated unless life is in danger.

Dr. W. P. Northrup, of New York, contributes three articles upon Spasmodic Laryngitis, Pseudo-Membranous Laryngitis, and Intubation. We are glad that the writer does not give much time to the discussion of the question of the identity of croup and diphtheria. He modestly states his belief that it is not possible to distinguish purely local croupous laryngitis from mild laryngeal diphtheria, and that it is therefore advisable to consider all cases of membranous laryngitis, not caused by trauma, as of diphtheritic origin. In considering the complication of broncho-pneumonia, which is so often found with laryngeal diphtheria, the author quotes the following interesting conclusion from investigations made last year [Prudden and Northrup, "*American Journal of the Medical Sciences*," 1889]. "The acute lobular and broncho-pneumonia which is apt to complicate diphtheria in the upper air passages in children is, as found in the seventeen cases we examined, a form of inspiration pneumonia, induced by the streptococcus diphtheriæ which finds access to the lungs from the foci of diphtheritic inflammation in the air passages above." The author concludes this most excellent paper by giving plain practical suggestions as to treatment.

Mercuric chloride in repeated small doses is advised, and also the old reliable tr. ferri. chlor. Alcoholic stimulation and benzoate of soda justly have a place in the writer's list of agents for good in this disease. Potassium chlorate has lost its favour; why it was ever used is one of the mysteries of the practice of medicine. The inhalation of steam, medicated or not, is favourably spoken of, and this will be endorsed by most of those who have had experience with membranous laryngitis. The chapter upon Intubation by Dr. Northrup, is mainly a history of the operation of Bouchut, as modified and improved by O'Dwyer, and the author's very full directions for inserting the tube. This procedure has largely taken the place of tracheotomy in New York, but we doubt if the profession will ever accept it as a full substitute for tracheotomy in urgent cases. Our author, however, does not discuss the relative merits of the two operations, but presents the following reasons in favour of intubation. It relieves the dyspnoea of laryngeal stenosis; the child's parents do not oppose it; it is free from shock and danger; no anæsthetic is needed; the subsequent care of the patient does not require skilled attendants; the inspired air is warm and moist; and intubation does not preclude tracheotomy.

The last of the contributions to the laryngological department of this work is a most complete *résumé* of Tracheotomy, by Dr. H. R. WHARTON, of Philadelphia. This author, after discussing the time when the operation should be performed and the evidences of the necessity for it, lays down as a safe rule of practice, "that tracheotomy is indicated in all cases of persistent and increasing dyspnoea which is due to mechanical obstruction of the larynx or adjacent parts of the trachea." He quotes the statistics of Lovett and Monro (1887), who collected the records of 21,853 cases of tracheotomies for croup, and found 28 per cent. of recoveries. This is about the same as the percentage in intubation—26.77 per cent. of 1,027 cases (Waxham, 1888), but we must remember that tracheotomy is often the last resort in extreme cases, while intubation is not contra-indicated, and therefore is probably done in many less urgent ones. One great advantage of intubation is, that it often removes the necessity for tracheotomy. Dr. Wharton, however, pursues the same course as does Dr. Northrup and, instead of presenting arguments in favour of one operation as opposed to the other gives us an essay of about forty pages closely written and well arranged bearing upon every phase of this important subject.

It may occur to the reader that what we have written is rather a commendation than a critical review, but let it be remembered that each subject in this department of Dr. Keating's work is discussed by an author who is specially familiar with that subject, whose views upon it have been largely accepted by the profession, and that here there is the careful presentation of such investigations and conclusions as have been found worthy of adoption.

William Porter.

Killian (Freiburg, Br.).—*Examination of the Posterior Laryngeal Wall. With forty Illuminations in the Text.* Jena: Gustav Fischer, 1890. 77 pages.

IN the first part of his book the author describes the different methods,