

Kelly, A. Brown. — *Mycosis Pharyngis Leptothricia and Keratosis Pharyngis.*
A. MacDougall, 68, Mitchell Street, Glasgow. 1896.

THESE are articles originally published in the "Glasgow Medical Journal," and are now issued in the form of a pamphlet, with an introduction in which the author states these papers are an additional proof of Siebermann's theory that the mycotic element is a secondary, and not a primary, condition; that keratosis is a better title than hyperkeratosis; and that a condition of mycosis does exist, but differs from that at present recognized as such. He describes, under the heading of course, the interesting fact that he has been able to verify the origin of the tufts, as described by Siebermann, of small white submucous spots, and also that if left to themselves they eventually disappear. And he also observes that whilst leptothrix is usually to be found in the lingual and faucial tufts, they are absent in the pharyngeal excrescences, thus proving conclusively its casual relation to the disease. A very admirable set of drawings from sections show the excessive horny growth of these tufts, and also one of the early stage.

As examples of true mycosis pharyngis leptothricia he quotes Semon's case and three of Michelson's, and others, in which a thick fur collects on the affected part and can be separated without bleeding, and which easily yields to local treatment. The author describes fully ten cases which have come under his own observation. *R. Lake.*

Wilkins. — *Ueber die Bedeutung der Durchleuchtung für die Diagnose der Kieferhöhlenentzündung.* ("The Value of Transillumination in the Diagnosis of Empyema of the Antrum Maxillare.") Thesis by JOHANNES ALBERTUS WILKENS.

THIS thesis is divided into six chapters, dealing with (1) History, (2) Technique, (3) Transillumination in Healthy People, (4) Cases in which it was used, (5) The Diagnostic Value of Transillumination, (6) Transillumination and Diagnostic Syringing. Then follow a short summary of the foregoing and a bibliography.

The author ascribes to Heryng the credit for being the first to recognize the real value of the method, and to point out that where empyema is present the lower eyelid remains dark, but is lighted up where the antrum is healthy. This symptom he therefore proposes to call Heryng's symptom. Similarly he proposes to call the illumination of the pupil the Vohsen-Davidsohn symptom; the subjective perception of light the Garel-Burger symptom; and the illumination of the lateral nasal wall and inferior turbinal the Robertson symptom. This may be very interesting from a historical point of view, but in practice is confusing.

In Chapter II. some details are given as to the kind of lamp and battery required. With a four-cell accumulator battery and an Urbantschitsch lamp Burger could illuminate the pupil in only fifty per cent. of his cases; whereas with a six-cell accumulator battery and a Hirschmann lamp Burger and the author could illuminate the pupil in seventy-four per cent. of their experiments. Much stress is laid on the necessity of having the room absolutely dark, of keeping the lamp under one's own control, and of alternately opening and closing the current. The last rule is of special importance in testing the subjective perception of light.

The author experimented on one hundred patients with presumably healthy antra, with the following results :—

Illumination of infra-orbital region good in 54 per cent., moderate or poor in 37 per cent., absent in at most 9 per cent. Illumination of pupils, 74 per cent. (Note.—There were examined 54 women, 21 children, 25 men.) Subjective perception of light was present in almost all cases.

The illumination of the nasal wall and inferior turbinal is not considered of much use.

Chapter IV. consists of a short description of twenty-four acute and twenty-one chronic cases of empyema, regarded from the transillumination point of view. They prove the value of transillumination not only as a means of diagnosis, but also as an indication of the cure or the recurrence of the disease. The latter points, however, are more fully dealt with in the following chapters. There the author points out the fact that the darkness on the diseased side is caused not by the pus alone, but by the hyperæmia, infiltration, and thickening of the walls. Therefore, if for any reason there is no pus in the antrum at the time of examination, the diseased side still remains dark, and will not be lighted till up the disease is cured. Syringing, blowing through, or aspirating the cavity may give a negative result when first tried, and consequently have to be repeated before a conclusion is justified : and in some cases it is possible that by this process an antrum previously healthy may be infected. These proceedings, therefore, ought not to be resorted to except in cases where there are good grounds for suspecting the presence of empyema. On the other hand, transillumination can do no harm at all, and, if freely used, sometimes shows the presence of a quite unsuspected "latent" empyema.

The author, however, does not claim for transillumination absolute certainty, either positive or negative, but considers it a valuable aid to the diagnosis of empyema of the antrum.

Arthur J. Hutchison.

NEW INSTRUMENTS. ETC.

THE "SUN" POCKET STOVE. (D. Blair & Co., 4, Croydon Street, London, N.W.)

This little contrivance, which we have carefully tested for some time, fully answers its warranty ; and we warmly recommend it to our readers. It is an elegant German silver ovoid case, into which is placed a lighted cylinder of patent fuel, which, in a very short time, heats the stove sufficiently to act as a delightful and efficient radiator ; and one is not sorry to be able to suspend it by a safety pin and chain attached for the purpose. This little stove is not only a great personal comfort—to keep one's hands or back warm—but can have a respirator attached, so that warmed air can be inhaled ; and the stove itself can be used for the local application of heat in neuralgia of any part of the body, or may supersede a mustard plaster to the throat or chest. The fuel is remarkably cheap : 2s. 6d. per hundred refills.