

In the concluding chapter, on "Coccygodynia," some allusion might have been made to fracture of the coccyx, a condition which is often unsuspected and may be regarded as a not infrequent cause of the supposed functional trouble localized in that region.

From our criticisms it might be inferred that we have much fault to find with this treatise; such is far from being the case. It is a monument of industry and originality, equally creditable to the author's head and heart. We can perhaps express in a word the prevailing impression derived from a careful perusal of Dr. Byford's book, by saying that the author has himself modestly underrated it, by describing it as intended for the young practitioner. It is a book which the experienced specialist can well afford to study, and, in fact, must study in order to appreciate its solid merits.

H. C. C.

THE THROAT AND ITS DISEASES, INCLUDING ASSOCIATED AFFECTIONS OF THE NOSE AND EAR. With one hundred and twenty illustrations in color, and two hundred engravings, designed and executed by the author, LENNOX BROWNE, F.R.C.S.E., Senior Surgeon to the Central London Throat and Ear Hospital, Surgeon and Aural Surgeon to the Royal Society of Musicians, Consulting Surgeon to the Newcastle Throat and Ear Hospital, etc. Second edition. Rewritten and enlarged. 8vo. pp. xviii., 614. London: Baillière, Tindall & Cox, 1887. Philadelphia: Lea Brothers & Co.

THIS second edition of Mr. Lennox Browne's well-known work on *Diseases of the Throat* is still more valuable than the first one, brought, as it has been, to the very day of proof revision. The artistic excellence of the illustrations, many of them new ones, is not exceeded in any other work on the subject, and the insertion of the series of colored plates at the edges of leaves at the back of the volume as pursued in both editions, so that they can be kept spread out while the text is being perused, renders reference to them both easy and agreeable. While synoptic views are given of the general state of information on most of the topics discussed, there is no attempt at producing an exhaustive treatise; and, except where the importance of the topic demands it, or where the author's experience has been limited, the views given are practically those adopted by the author as the result of personal study and personal observation, irrespective of the fact whether they are in accordance with the views of other authors or in opposition. Due reference is made to other authorities as requisite to elucidate the sequence of the text, to support special views of the author, or to call attention to special views which have not been corroborated in his own experience. Among these references American authors are very prominent, occasionally, perhaps, as a matter of compliment, but much more frequently in actual good faith. The style of the language is easy and precise, without pedantry; the arrangement of the matter is methodic; the advice as to treatment is sound. The book, therefore, is to be regarded as a good practical working guide to both general practitioner and specialist.

There are twenty-seven chapters in this work, discussing seriatim, the anatomy and physiology of the organs involved, the methods of

examination, general semeiology, general therapeutics, general etiology and pathology; and then in sequence the special maladies of the pharynx, larynx, nasal and nasopharyngeal regions, and the aural maladies associated with nasopharyngeal disease.

Much as we would like to present a fair outline of this work, want of space restricts our notice to a few of the points which distinguish it from others. We note a new chapter on what Mr. Lennox Browne terms the "living pathology" of each disease as applied to patients under observation for treatment; that he is an enthusiastic advocate of lime-light illumination, and that he has utilized the results of his studies of voice production with Behnke to show the positions taken by the tongue, palate, and uvula in the production of the various tones in the register of the voice. In practising rhinoscopy he commends Michel's suggestion that the patient broaden his mouth before opening it to produce greater pendulousness of the palate. In the treatment of inflammatory diseases he speaks most highly of the efficacy of Leiter's temperature regulators, composed of flexible coils of metallic tubing, through which currents of water pass continuously, which he has found useful also in controlling spasms following traumatic oedema of the larynx, and which he especially recommends in tonsillitis, and catarrhal laryngitis.

He has devised an admirable modification of the umbrella coin catcher for foreign bodies in the œsophagus; the instrument being provided with an ivory or metal terminal for its better use as a sound or feeler, and with two pins and catches at the proximal extremity, one set to prevent expansion of the net of horse hair during its introduction and the other set to keep the net spread out during extraction of the foreign body without interfering with delicacy in manipulation. In discussing the etiology of throat diseases, the rheumatic, gouty, lithic acid diathesis is regarded as the strongest constitutional influence, while Seiler is followed in his views that the proclivity of vocalists to affections of the throat is due to improper methods of using the voice.

While admitting the existence of scrofulous disease of the pharynx, our author states that he has never seen a case of ulcerative disease of the pharynx corresponding to the descriptions of scrofulous ulceration which was not concurrent with the tuberculous or with the syphilitic dyscrasia. He calls attention to angular curvature of the cervical portion of the spinal column as a little known cause of constriction of the lower segment of the pharynx, and describes an interesting instance of that condition.

As to tonsillitis, he believes that the darts or arthritic diathesis invariably exists in patients subject to recurrent attacks of the acute form, and confirms the opinion of Hingston Fox that simultaneous bilateral inflammation is almost invariably septic in character.

The majority of laryngeal catarrhs are regarded as direct extensions from nasal catarrhs, and propagation of acute inflammations from nose to larynx as second only in frequency to direct inspirations of noxious atmospheres through the mouth. He has not found that exposures to keen winds, that inspirations of dry cold air, or of hot air, or that changes from heat to cold unaccompanied by moisture act specially as etiological factors in the production of catarrhal laryngitis.

In the treatment of chronic laryngitis the topical use of silver nitrate

is strongly condemned, and a case is mentioned in which Irsai, of Budapesth, had been compelled to perform tracheotomy for stenosis from thickening of the entire intralaryngeal mucous membrane caused by using solutions of only ten per cent. strength.

In the treatment of tuberculous laryngitis Krause's method by frictions with lactic acid is favorably mentioned, but Rosenthal's method with twenty per cent. solutions of menthol in olive oil is deemed of greater value in purely laryngeal cases.

In the treatment of neoplasms unguarded instruments are never employed. The snare is used most frequently, and the sponge probang of Voltolini is often resorted to. Stress is laid upon the liability of undue irritation of benign growths to act as a factor in their transformation into malignant ones. In discussing radical treatment for malignant neoplasms, complete excision of the larynx is rather discouraged, but unilateral laryngectomy is advocated in suitable instances, and the interesting case of the author is reproduced in considerable detail.

In discussing the neuroses of the larynx, attention is directed to varices at the base of the tongue, and to hypertrophy of the circumvallate papillæ, as factors in the production of nervous cough.

Nasal neuroses are duly presented, and caution recommended in regarding them as of too great significance.

In the removal of adenoid growths from the vault of the pharynx, a curette or a sharp spoon attached to a metallic finger stall is recommended as furnishing a handy means for the operative procedure.

These, then, are some of the special points of interest in this admirable work of Mr. Lennox Browne, which, as a whole, we can confidently commend as the conscientious result of careful observations in a prolonged, extensive experience in the diagnosis and treatment of diseases of the throat.

J. S. C.

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OPERATIVE SURGERY ON THE CADAVER. By JASPER JEWETT GARMANY, A.M., M.D., F.R.C.S., Attending Surgeon to Outdoor Poor Dispensary of Bellevue Hospital; Visiting Surgeon to Ninety-ninth Street Hospital, etc. 8vo. pp. ix., 150. New York: D. Appleton & Co., 1887.

A VERY good manual to a course on operative surgery; succinct, clear, and comprehensive. Stephen Smith's directions have been chiefly followed, and they are generally good. We notice, however, in so unsurgical a proceeding as the extraction of teeth that no mention is made of the preliminary use of a lancet to free the tooth from the closely clinging ligamentum dentis, an omission that will, perhaps, do no harm when a cadaver is being operated upon beyond the increased difficulty to the operator which the neglect will cause, but which will add much both to the pain and the difficulty of extraction in the case of the living. Those who feel the need of a manual of operative procedures, especially prepared for the dissecting-room, should get and use this book.

S. A.