

abscess of cerebellum, in meningitis, and in thrombosis. Marked optic neuritis alone occurring in a case of chronic otorrhœa is sufficient indication for opening the mastoid; and even when there is only slight œdema of the optic disc, the author thinks, with Andrews, that the mastoid operation should be performed. The existence of optic neuritis as an indication for an exploratory opening into the cranial cavity can be considered only in connection with other symptoms. "So far as it goes, however, it serves to make the presence of intracranial disease more certain."

A. J. Hutchison.

REVIEWS.

Schrotter.—*Vorlesungen über die Krankheiten der Luftröhre.* ("Lectures on the Diseases of the Trachea.") By Prof. SCHRÖTTER, of Vienna. With fifty-three illustrations. 1896. Wilhelm Braumüller, Vienna and Leipzig.

THIS book, consisting of 195 pages, contains seventeen lectures on the diseases of the trachea and bronchi. It forms the second volume of Prof. Schrötter's lectures, the first being his well-known systematic work on the diseases of the larynx, of which the second edition appeared in 1893.

The first lecture deals with the anatomy and the known congenital malformations of the trachea; the second describes minutely the best mode of performing tracheoscopy, very much as has been done by Türck and by Morell Mackenzie, though, perhaps, less frequently put into intentional practice by laryngoscopists in general. The perusal of this work may lead to a beneficial change in this respect. Great stress is laid on the necessity in all cases for the straightening of the spinal column during the examination, and, in some, for rotation of the head on the trunk through an angle of 90 degrees. The writer gives a reserved opinion with regard to Kirstein's method of autoscopia, of which he recommends further use, while strongly convinced, as Kirstein himself frankly admits, that it can never take the place of the reflected light as usually employed. The various diseased conditions which the trachea presents are then individually described, including anæmia, hyperæmia, hæmorrhage, acute inflammation, chronic inflammation (with occasional distension of glands or of atrophied portions of the tracheal wall); also the various inflammations accompanying specific infective diseases—tuberculosis, lupus, leprosy, scleroma, syphilis, and others. The description of the bridges of mucous membrane left over the undermining syphilitic ulcers, and the symptoms produced by the entanglement of collections of secretion under these, are graphically described. Injuries and foreign bodies form the subject of another lecture. Prominence is given to the reduction in the mortality of cases of foreign bodies in the trachea from 41·2 per cent. before 1886 to 30 per cent. after this date, namely, the time of the introduction of laryngoscopy.

A very large amount of space (pages 96 to 145) is naturally devoted to the subject of tracheal stenosis, which is treated of in three lectures. The

cases of stenosis are classified, according as they arise from without, from disease of the walls, or from intra-tracheal conditions. The mechanism of tracheal stenosis as produced by bronchoceles, both from direct pressure and from atrophy of the cartilaginous rings, is interestingly described. Curiously enough, in this very exhaustive list dislocation of the sternal end of the clavicle backwards is omitted, a somewhat sensational example of which is recorded in all our English classical works on general surgery. In this article (page 107) some of the difficulties connected with the removal of the canula after tracheotomy are described; in particular, granulations and decubital ulcerations. Symptoms of tracheal stenosis form a chapter of the utmost importance, which no writer on or teacher of practical medicine should omit to read. The description of the sound characteristic of tracheal stenosis is admirably given, though it seems to us that it is not so well known to general practitioners as it ought to be. Morell Mackenzie states that it is so characteristic that when once heard it can never be forgotten, and cites the instance of a nurse who was able to diagnose the condition, through having once had such a case under her observation. Prof. Schrötter expresses the opinion (page 116) that Gerhardt's statement that excursions of the larynx do not take place in pure tracheal stenosis, although correct in many instances, is by no means so in all. Furthermore he finds the same writer's statement that in tracheal stenosis the head is kept inclining backwards also unsupported by his experience. Further details and illustrations of the tracheoscopic image in such cases are given. Transillumination is recommended in thin necks, and the possibility of great assistance from the Röntgen method of photography is also freely admitted. In the light of the demonstration given by Dr. Macintyre before the British Laryngological Association, and detailed at the time in this journal, our readers will be quite prepared to see this hope fulfilled. To these methods Prof. Schrötter adds that of probing by means of a suitably curved sound, and also by a plastic (*Modellir bougie*) coated at its lower extremity with a combination of wax and turpentine. This is pushed down into the stricture, and a cast of its interior is thus obtained, which is fixed by its being plunged into cold water. Naturally, this method is not intended for the million, and even the specialist will introduce it into his practice with some sense of responsibility. Prof. Schrötter gives examples of its value, and others will have to keep it before their minds.

There is an admirable chapter on new growths in the trachea, and a description of the instruments by which certain of them may be removed, either through the natural opening or through a tracheotomy wound.

The book is full of practical hints, and generous appreciation is expressed of the works of others, their results being criticized temperately, and the opinions of their value, though sometimes not so dogmatic as many would wish, giving evidence of an anxious desire to elicit the truth rather than to establish preconceived principles. To Dr. Luc is accorded the credit of recognizing the condition of tracheal *oxæna*, but the writer is not disposed to consider that it can ever occur as a primary affection (page 31). With regard to antitoxin in tracheal diphtheria, he advises an expectant attitude, and recommends tracheotomy rather than intuba-

tion, it being, of course, understood that this is not meant to apply to pure laryngeal diphtheria (page 38). Disease of the bronchial glands, as a cause of paralysis of the recurrent nerve, he considers, in contradiction to many writers, to be one of the most extremely infrequent occurrences (page 65), and very much rarer than gummatous or ulcerative processes in the trachea. A rare case of pyæmic cerebral abscess, resulting from the presence of a foreign body in a bronchus, is quoted from Sander (page 76). In cases of foreign bodies he strongly insists upon the danger of the administration of emetics (page 86), and formulates (pages 85 and 87) very intelligible general rules for adoption in cases in which the presence of a foreign body in the trachea or bronchi is suspected.

We cannot too strongly recommend the perusal of this work to all specialists in diseases of the air passages; and as we before said, there is a great deal which demands the earnest study of all teachers of practical medicine, because, although the book is hardly likely to be widely read by general practitioners, there is a great deal in it which it is necessary that they should know, and which might, very advisably, be incorporated in lectures on the respiratory organs. The bibliography of the subject is of an astonishing extent, and will be invaluable to anyone desirous of following up the subject if, indeed, there remains much more than Prof. Schrötter has done in this classical work.

Dundas Grant.

Ostmann, Prof. D.—*Gemeinverständliche Anweisung zur Heilung der Eiterung des Ohres.* ("Popular Instructions for the Curative Treatment of Suppuration in the Ear.") By Prof. D. OSTMANN, Director de K. Universitäts Poliklinik für Ohren, Nasen, und Halskranke zu Marburg. Leipzig: F. C. W. Vogel. 1896.

ALL those who have had any experience in the treatment of suppuration of the middle ear in poor or out-patient hospital practice, must have felt a keen disappointment at the frequency with which their best endeavours have been frustrated by the imperfect, and often deleterious, way in which their instructions for home treatment have been carried out. To mitigate this as much as possible, the author has drawn up in the clearest way the instructions necessary for the "other person" who is to carry out the cleansing, syringing, instillation of drops, and dressing at home, it being, of course, recognized at once that they cannot possibly be carried out by the patient himself. The instructions are drawn up in the form of full and explicit answers to the following questions: (1) How are the hands to be washed? (2) How is the outer ear, the auricle, to be purified? (3) How is the ear syringed out? (4) How is the ear washed out? (5) How is the ear dried out? (6) How is the ear closed after cleansing? (7) How is the syringing fluid prepared? (8) How are healing drops put into the ear? (9) How are ear forceps to be purified? (10) What other measures are of importance for the cure of a suppurating ear? These occupy nearly eight small pages of a short brochure, the reading of which cannot but suggest means of making clear to the lay assistant many apparently trivial points which are so self-evident to the aurist that he may feel it almost beneath his dignity to enlarge upon them, although much of his success in treatment may depend upon his doing so.

Dundas Grant.