REVIEWS.

Handbuch der Laryngologie und Rhinologie. Lief. 13, 14, 15. (Wien: Hölder. 1897.)

IN the above numbers the high standard of excellence which has characterized the previous parts of this manual is maintained. Dr. Krieg writes on inflammation of the mucous membrane of the larynx and trachea, and Dr. Seifert on the different forms of ulceration which occur in these parts Dr. Krieg's article, in addition to a full account of acute and chronic catarrh of the larynx, gives an excellent description of the varieties of pachydermia laryngis. He describes that rare form of pachydermia which used to be regarded as prolapse of the ventricle of Morgagni, but which has been shown by Fraenkel to be really an inflammatory hypertrophy of the mucous membrane arising within the ventricle and projecting into the laryngeal cavity. Hence the treatment of this condition lies in the removal of the hypertrophic tissue, and not in trying to push it back into the ventricle.

Both Dr. Kreig and Dr. Seifert hold that true ulceration may occur both in acute and chronic catarrh of the larynx. Dr. Seifert describes two forms of the so-called catarrhal ulcer: (1) the erosive ulcer, found on those parts which are covered with squamous epithelium—namely, the true cords and the posterior wall of the larynx; and (2) the follicular ulcer, due to suppuration in a mucous gland, found in the epiglottis and ary-epiglottic folds. We confess to a prejudice in favour of the teaching of Prof. Schroetter, and think that anything beyond a superficial erosion of the epithelium on the edges of the cords, as in the interarytenoid space, indicates something more than a simple laryngeal catarrh.

In describing the acute laryngitis of children (pseudo-croup) Dr. Krieg takes the view that the attacks of dyspnœa are due entirely to rapid swelling of the mucous membrane in the hypoglottic region, and not to spasm of the glottis. To get over the difficulty that in many cases competent observers have failed to find any hypoglottic swelling in these cases, he suggests that the mucous membrane in this situation may be liable to rapid engorgement and sudden collapse, just like that covering the turbinated bones.

Dr. Hajek writes one paper on laryngitis submucosa acuta, and another on œdema of the larynx (inflammatory and non-inflammatory), and we observe that a third article by Dr. Gerber is to treat of infectious phlegmon of the larynx. We cannot help thinking that such an arrangement must lead to confusion and needless repetition. As pointed out by Semon and Kuttner, probably all cases of acute œdematous and phlegmonous inflammation of the larynx are pathologically identical, in the sense that they are all due to the invasion of the tissues by pathogenetic organisms. The intensity of the resulting inflammation probably depends on the quantity and virulence of the invading organisms, the depth to which they penetrate, and the resisting powers of the

tissues themselves. A recognition of this fact would greatly simplify the classification of these severe inflammations of the larynx, which could be grouped under the heading of "laryngitis-phlegmonosa," while the cases of simple œdema could be discussed apart, or under "disturbances of rculation."

Dr. Hajek's two articles above referred to, and a third on perichondritis aryngea, are marked by that firm grasp of his subject and that power of lucid exposition which all his writings exhibit. It is interesting to note that he takes his cases to illustrate the different forms of perichondritis from Prof. Turck's great book, and recommends all who would understand this chapter of laryngology to study that work. We wonder how many of our younger laryngologists are familiar with the "Bible of Laryngology," as it is called in Vienna.

Dr. Rosenberg contributes a very exhaustive article on stenoses of the larynx and trachea. Every possible form of obstruction arising through pressure from without or caused by adhesion or cicatrix within the larynx and trachea is fully described, and the various methods of treatment minutely detailed. We notice, however, one serious omission in regard to the treatment of laryngeal webs, as no mention is made of the cutting dilator, such as that of Whistler, which is a most valuable instrument in the treatment of those cases.

Two short articles, treating of injuries to the pharynx and naso-pharynx, and of foreign bodies in those regions, are from the accomplished pen of Prof. Jurasz. *Middlemass Hunt.*

The Johns Hopkins Hospital Reports. Vol. VI. (Baltimore: The Johns Hopkins Press. 1897). Pages 409. Seventy-nine illustrations.

THE present volume is a very substantial one in bulk, and, like the preceding volumes, contains equally substantial and important records of pathological work done by the contributors. Dr. Henry J. Berkley's studies on the lesions produced by the action of certain poisons on the cortical nerve cell (alcohol, serum, and ricin poisoning, and the action of the toxin of experimental rabies) are most minute investigations, and the illustrations are abundant and excellent. The lesions and bacteriology of a number of cases of summer diarrhœa in infants have been exhaustively examined by Dr. W. D. Booker. He states that no single micro-organism is found to be the specific exciter of the summer diarrhœa of infants, but the affection is generally to be attributed to the result of the activity of a number of varieties of bacteria, some of which belong to well-known species, and are of ordinary occurrence and wide distribution, the most important being the streptococcus and proteus vulgaris. In the superficial epithelium of the intestine Dr. Booker is inclined to recognize the chief protection of the mucosa against the invasion of bacteria. A direct relation, he states, between the bacteria and the lesions in the solid organs is seldom demonstrable, except in the lungs, where bacilli and cocci are often present in enormous numbers in the pneumonic areas. In the other organs the lesions resemble those resulting from the absorption of toxalbumen products of bacteria, such as the necrosis of tubular epithelium, hyaline tube casts and intracapsular inflammation in the