

meningitis, 1; septic meningitis, 6; temporo-sphenoidal abscess, 3; cerebellar abscess, 1. *Macleod Yearsley.*

MISCELLANEOUS.

Marshall.—Correction of External Nasal Deformities. "The Journal of the American Medical Association," January 18, 1913.

For the correction of external deformities of the nose, most of which are combined with serious nasal obstructions, the author has devised a new operation, the essential feature of which is to cut through the nasal process of the superior maxillary bone. The technique of the operation is as follows: With a narrow-bladed knife an incision is made directly over the nasal process of the superior maxillary bone at the point where the elevation which makes the nasal prominence begins. The incision is made parallel to the normal line of the nose, a length of 0.25 cm. The nasal process is cut through at this point with a bevelled chisel, and pressure is thus made by an assistant to control bleeding, while the opposite side is treated in like manner. By means of a broad-bladed forceps, one blade of which enters the nasal passage, the opposite blade remaining outside, the operator completes by a fracture the mobility of the nasal process along its entire line. Both sides are similarly dealt with. If there is a nasal obstruction through the malposition of the septum, the septum is seized with the same forceps and forced into a correct position by loosening its articulations without separating them. The nose is not likely yet to be in a straight line, the defect lying at the suture between the frontal and upper extremities of the two nasal bones and both processes of the superior maxilla. The faulty angle can be straightened by a sharp stroke with the mallet at this point, guarded by a rubber-covered lead plate, the force being directed downwards from the frontal bone, but toward the obtuse angle. Elevation can be assisted sometimes to advantage with a large urethral sound.

The lines of incision are covered by iodoform gauze and collodion; the lower part of the nose is encased in a collodion dressing, and in some cases nasal splints are inserted for twenty-four hours or more.

Birkett (Rogers).

REVIEWS.

Asthma and its Radical Treatment. By JAS. ADAM, M.D., F.R.F.P.S. Pp. 184. Illustrated. London: Henry Kimpton, 1913. Price 5s.

The author treats his subject under eleven headings, and of these not the least interesting are his introductory remarks, wherein he condemns the labelling of asthma as a neurosis, and formulates his thesis, viz. that asthma is primarily a toxæmia. He brings evidence that arterial tension is low rather than high in asthmatics, even during "an attack," and cites the periodicity of asthma, the urine conditions, as well as the results he has obtained from dietetic treatment to support his view that asthma is a toxæmia. Rhinologists will be interested in the sections where the author directs attention to nasal abnormalities in connection with asthma. He lays stress on the importance of removing adverse nasal conditions, but equally emphasises the importance of having regard to the essential underlying cause of asthma, viz. the toxæmic state, and regards

the nasal affections as factors which tend to excite attacks, though not the essential cause of the disease we term asthma.

The author states (page 82) that "it is a mistake to say that the respiratory difficulty is mainly expiratory. If you systematically ask asthmatics whether their greater difficulty is respiratory or expiratory, the majority will say inspiratory, some will say both, others expiratory." One may reply that this affords no proof that the difficulty is essentially inspiratory, for it is useless to rely merely on patients' impressions, and further, that on page 13 the author himself affords the explanation, which refutes what he says on page 82.

It is extraordinary that most writers on asthma appear to hold a brief for the continuous bronchial spasm theory as the essential factor in asthmatic attacks, failing to see that the evidence that the bronchioles actively dilate as well as contract is at least equal to the evidence that they can only contract. Dr. Adam shares the common fate of those who try to find some logical explanation of continuous bronchial spasm, resulting in pulmonary distension, and here his usually sound reasoning is abandoned.

The chapter on treatment is most valuable, and lays down a dietetic regimen which the author has found very successful. He fully believes in removing nasal defects. Francis is given the credit of treating the nose by cauterisation, though Francis did not introduce the method of cauterisation.

We have exercised the prerogative of a critic to criticise one of the most illuminative monographs on asthma it has been our privilege to read, for the author has kept himself abreast of recent work, both physiological and clinical, and his views, based on a ripe personal experience, are well balanced. Dr. Adam combines the wide knowledge of the practised physician with the special rhinological experience in relation to asthma, avoiding the usual agnosticism of the one and the too often restricted views of the other.

Although on some points we cannot follow the author entirely, we are sure that very few physicians or rhinologists can read this small yet excellent monograph without deriving pleasure for himself and profit for his patients.

P. Watson-Williams.

Diseases of the Ear. By PHILIP D. KERRISON, M.D. Pp. 588. 331 illustrations in the text, and 2 full pages in colour. Philadelphia and London: J. B. Lippincott Co. Price 21s. net.

IN this, the latest addition to otological literature, Dr. Kerrison has presented the subject to his readers in a way alike comprehensive, logical and clearly expressed. The illustrations, many of them in colour, and diagrams are well selected and apposite to the text.

After dealing with methods of examination and diagnosis, useful chapters on acute and chronic middle-ear diseases are given. Among other points insisted upon are: that a negative Rinne reaction always indicates partial or complete stapedial ankylosis, agreeing with Bezold that the ratio between air- and bone-conduction is never absolutely reversed without structural alteration of the mobility of the stapes; that treatment of the Eustachian tube *viâ* the naso-pharynx in non-suppurative conditions is of paramount importance; and that a marginal perforation of the membrane in chronic suppuration always means osseous necrosis.

The methods of conducting tests of labyrinthine function, rotatory, caloric and galvanic, together with their meaning, are dealt with in an admirable chapter expressed with somewhat unusual clearness, and the