

syphilitic or otherwise, and he cites Ehrlich's production, by injecting white mice with arsacetin, a phenomena similar to those of the Japanese dancing mouse, and due to degeneration of the central fibres of the vestibular nerve. Finally, Alexander, speaking as an otologist, recommends caution in using "606" in cases of acute syphilitic disease of the auditory nerve, and especially in cases of recent syphilis with acute or chronic disease of the auditory nerve, syphilitic or not. Cases of chronic syphilitic affection of the nerve and of chronic labyrinthine dizziness, on the other hand, appear to benefit by the injection.

Macleod Yearsley.

Reik, H. O.—The Effect of Tobacco on the Ear and Upper Respiratory Tract. "Boston Med. and Surg. Journ.," June 23, 1910.

The author begins with a strong indictment of the grossly exaggerated and sometimes even false statements often made as to the evil effects of tobacco and alcohol, and remarks upon the remarkable scarcity of trustworthy literature upon the subject of tobacco and the ear. Enters into the preparation of tobacco and the analysis of tobacco smoke, the weight of evidence going to show that the volume of carbon monoxide contained in tobacco smoke is much more dangerous than the small trace to be found of nicotine.

No characteristic lesion of the throat or nose attributable to tobacco has yet been described, nor is there any evidence that smoking causes malignant disease of the throat.

The author can find only one definite case of anosmia reported as due to tobacco, and he considers Wyatt Wingrave's testimony as to tobacco deafness incomplete and inconclusive. Other literature on this point is reviewed.

A good bibliography is appended.

Macleod Yearsley.

MISCELLANEOUS.

Arrowsmith, H.—Certain Aspects of Rhino-laryngology and their Relation to General Medicine. "New York Med. Journ.," December 17, 1910, p. 1209.

The author discusses the treatment of impacted foreign bodies, Vincent's angina, and the faucial tonsils, and makes the following propositions concerning the latter: (1) Pure hypertrophy of the faucial tonsil is essentially a phenomenon of early life, and is rather protective than pathological. (2) Its cause is very often disease of the pharyngeal tonsil. (3) That a moderate pure hypertrophy, up to the age of puberty, should be respected. (4) When hypertrophy demands interference, the only justifiable operation is amygdalotomy, and not enucleation. (5) Enucleation is justified when disturbances in the tonsillar structure are the source of glandular involvements and a menace to the general health. (6) After puberty, pathological processes in the tonsil demand radical surgical measures.

Macleod Yearsley.

- (1) **Bryant, W. Sohier.—Reflexes and Reflex Neuroses from the Upper Air-tract (including the Nose and Pharynx).**
- (2) **Page, J. R.—Reflex Disturbances Referable to the Ear.** "Boston Med. and Surg. Journ.," February 2, 1911, pp. 144-149.

The two articles form part of a series of papers upon reflex disturbances.

Bryant states that more than 247 different reflexes and reflex neurotic symptoms have been recorded as emanating from some part of the upper air-tract, due to either local inflammatory or structural conditions, and that each stimulation may travel over at least two distinct nerve routes. As a conservative estimate he computes that 9880 different manifestations may occur from the upper air-tract (!). The reflex neuroses in general may be divided into two large groups—simple and complex. The former includes all forms of exaggerated reaction to normal or non-pathological stimulation, the distinguishing characteristic being the hyperæsthetic conditions of the part stimulated, or the abnormally intense reaction to a normal stimulus. These complex neuroses include all those symptoms produced by abnormal stimuli, by hyperæsthesia of the nerve-endings, and by disease in the nerve-tract and nerve-centres through which the stimulation passes. Simple reflex neuroses are caused by repeated or prolonged stimulation carried to a point of nervous exhaustion, which produces hyperæsthesia. Complex reflex neuroses depend upon structural and peripheral changes, which cause an abnormal degree of nerve stimulation.

Bryant considers the human nose and its nerve supply to be in a state of degeneration, and that to this is to be attributed its extraordinary susceptibility to pathological reflex action. A long list is given of reflexes and reflex symptoms arising from the pharynx.

In the second paper Page refers to ear cough, neuralgias and herpes, and other reflex phenomena associated with external, middle and internal ear conditions, without, however, adding to the knowledge already possessed by otologists.

Macleod Yearsley.

REVIEW.

Diseases of the Nose, Throat and Ear—Medical and Surgical. By WILLIAM LINCOLN BALLENGER, M.D. Third edition, revised and enlarged (506 engravings and 22 plates). London: Henry Kimpton. Glasgow: Alexander Stenhouse, 1911. 28s. net.

This is the third edition of Ballenger's imposing and original volume, and shows some amount of revision, although certain blemishes, noted in former editions, still remain. Possibly with the view to preventing an already large volume from becoming too unwieldy, enlargement has taken place in some sections at the expense of others. Thus, the pages upon diseases of the nose and accessory sinuses and those upon the ear have increased by seventeen and thirty-seven respectively, whilst the pharynx and fauces and the larynx have been curtailed by thirty-one and ten.

The descriptions of operations are good and, for the most part, clear, and more justice is done to other workers than in previous editions, although the value of reference to original papers is still unrecognised by the author. Many of the operations described are those devised by Ballenger himself, whose originality and fertility in inventing instruments is remarkable. Full details are given for removing the ethmoid cells *en masse*, and, despite the somewhat naïve remark that it was originally devised "for the purpose of obtaining specimens for examina-