

omits to mention the value of local depletion in the early stages of tonsillitis, but even in cases in which suppuration has taken place he says (p. 56) : "A natural exit for the pus occurs usually in about six days, and it is advisable to avoid using a knife to the back of the mouth, unless the need to do so is urgent." Surely the author can have had little, if any, and certainly no personal experience, of the great relief afforded by the *early* use of the knife in threatened or actual abscess of the tonsil or its vicinity, or he would not recommend a prolongation of the torture until such time as the pus had made its own exit.

The book contains many careful and valuable observations, and were it not for certain views of the author regarding causation and treatment, to which we have felt it our duty to refer in some detail, would call for little criticism.

G. HUNTER MACKENZIE.

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## NOTES.

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**A Correction.**—Dr. Moure, writing to us with reference to the review of his "Manuel Pratique des Maladies des Fosses Nasales et de la Cavité Nasopharyngienne," wishes it to be understood that he does not definitely commit himself to the view that atrophied turbinated bodies are ever regenerated. The passage referring to this point in his work runs as follows :—"The nasal cavities, very large and spacious at the commencement" (of treatment for atrophic rhinitis), "have seemed to regain, little by little, their normal volume, by a sort of regeneration of the atrophied parts. I repeat, I advance the fact only with the greatest reserve, having the intention of returning to this subject, so full of interest, when further observation will have allowed me to confirm this fact, or, on the contrary, to recognize the error of an assertion, still perhaps a little hazardous." M. Moure also wishes to explain the reason why he has not gone more fully into the bibliography of the subject in his book. This is, that being engaged in translating the second volume of Dr. Morell Mackenzie's work on Diseases of the Throat and Nose into French, in which this matter is most fully dealt with, he considered it superfluous to introduce bibliography into his smaller manual. G. MACD.

**Our eminent confrère,** Dr. Solis Cohen, has been elected President of the Philadelphia County Medical Society, and Dr. Solomon Solis Cohen has been appointed the Reporting Secretary of the same.

**The name of** Dr. David Collingwood, of Sydney, is this month added to the list of our collaborateurs.

**The Spanish Society of Hygiene** has awarded its first prize in the recent competition to Dr. Manuel de Tolosa Latour, of Madrid, for his Essay, "Popular Instructions to avoid the Propagation of Diphtheria" (*Anales de Otología y Laryngología*, No. 10, 1886).

**Laryngeal Vertigo.**—It is plain that the profession, as a whole, has no great objection to the use of etymologically unfit words. "Laryngeal vertigo" is one more specimen. The vertigo is not specially related to the larynx in what

Charcot called "laryngeal vertigo." The vertigo in this case is the result of coughing. Giddiness and dizziness, with mental confusion and even loss of consciousness, as the effect of paroxysms of coughing, are symptoms of every-day occurrence; and yet Charcot and others are inclined to perceive in this phenomenon something of an extraordinary nature and worthy of a separate description and name. We cannot subscribe to the opinion that there is any necessity for a new name to designate such old symptoms. In order to understand as far as possible the principles concerned in this laryngeal vertigo, "laryngeal epilepsy," or "complete spasm of the glottis," as it has been called by different authors, we should state the matter thus: Every individual is liable to be attacked with loss of consciousness in the event of a sufficiently powerful exciting cause, but the liability to this "epilepsy," if we may so call it, using the term in the catholic sense of Hughlings-Jackson, varies immensely in different individuals, and in the same individual at different times. A slight fit of coughing in a subject of great nervous susceptibility might lead to a vertigo, whereas a prolonged attack of coughing of great severity might fail to affect the consciousness of an individual possessed of healthier nerves. The matter is largely one of degree of coughing and degree of nervous susceptibility. It does not necessarily follow that an epileptic person is the more prone to become unconscious with paroxysms of coughing; it is possible that some epileptics may have their nervous centres less liable to "explode" in the face of passive congestion resulting from expiratory efforts.—From *The Lancet*, No. 17, vol. ii., October 23, 1886.

The paper read at the British Medical Association in August entitled "The Function of the Recurrent Laryngeal Nerve," and quoted in our last number, was by Dr. Frank Donaldson, *Junior*.

**Books, Pamphlets, &c., received.**—*Edinburgh Medical Journal. Archiv. f. Kinderheilkunde. Revista de Laringología, Otología, y Rinología. Anales de Otología y Laringología. Annales des Maladies de l'Oreille, du Larynx, etc. Gazette des Hôpitaux. L'Asthme et les Affections Nasales; Laryngitis sicca S. Atrophica; Ueber die Iodol-Behandlung der Larynx-Tuberculose: Lublinski. Endo-Tracheitis and Endo-Bronchitis: R. W. Parker. Influence du Laryngoscope sur le Diagnostic des Affections extra-Laryngiennes: Koch. Ueber Angio-neurotisches Larynx-Ödem: Strübing. Ein Knochenstück in der Kehlkopfshöhle eines 22 Monate alten Kindes, Laryngoscopisch Nachgewiesen und Entfernt: Jurasz. Ueber im Pharynx Localisirte Hydrargyrose: Sommerbrodt. Intubation of the Larynx: Jennings. Ueber Keuchheusten Behandlung: Michael. Ueber Æsophagitis Acuta; Ueber die lokale Behandlung des Empyems der Highmorshöhle: Stoerk. Lepra, Lupus, and Cancer of the Throat (Ramon de la Sota), translated by H. A. Allbutt.*

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