

RECENT WORKS ON DISEASES OF THE LARYNX AND RESPIRATORY PASSAGES.

- 1. THE THERAPEUTICS OF THE RESPIRATORY PASSAGES.** By PROSSER JAMES, M.D., Lecturer on Materia Medica at the London Hospital Medical College, etc. Pp. 316. New York: Wm. Wood & Co., 1884.
- 2. LARYNGOSCOPY AND RHINOSCOPY.** Fourth edition, enlarged, with hand-colored plates. By PROSSER JAMES, M.D. Pp. 222. New York: Wm. Wood & Co., 1885.
- 3. DISEASES OF THE LARYNX.** By DR. J. GOTTSTEIN, Lecturer at the University of Breslau. Translated and added to by P. McBRIDE, M.D., of Edinburgh. Pp. 270. Edinburgh and Lond.: W. & A. K. Johnston, 1885.

1. THIS excellent brochure is intended, as the author tells us in his preface, "mainly for those who have left the schools and entered upon

the responsibilities of practice," and we venture to add that there are few of the class to whom it is dedicated who will not derive some information and pleasure from the perusal of its pages.

The title is, to a certain extent, misleading. The author has called it "Therapeutics of the Respiratory Passages," but it embraces a much wider range, and must be regarded rather in the light of a systematic treatise on some of the more important articles of the *materia medica*. After a short introductory chapter, and one on nutrition in its relation to therapeutics, over forty pages are devoted to the discussion of the physiology of respiration, the preparation of food stuffs, the composition and physiological properties of the digestive juices and the consideration of aliments as remedies. Seventeen pages follow on "Iron" and "Phosphorus and its Compounds." The author very properly cautions against the injudicious use of phosphorus in phthisis—a warning which is particularly appropriate in view of the indiscriminate way in which it is at present administered in that disease. He furthermore considers the curative value of the hypophosphites insisted on by Churchill as exaggerated, nor has he seen much benefit from their employment in chronic bronchitis and emphysema, the cases most benefited being those of incipient phthisis, without fever and hæmoptysis, and chronic fibroid degeneration of the lung.

Separate chapters are devoted to the subjects of digestion, transfusion, beverages, exercise and rest, and alcohol, which also include brief paragraphs on injections into serous cavities and the hypodermatic injection of blood and other fluids. The important subject of rectal alimentation is dismissed in a very brief manner, while the incomplete section on coca and cocaine, or, as the author prefers to call them, "cuca" and "cucaine," was probably written before the discovery of Koller.

Dr. James treats of remedies directed toward the cure of respiratory affections under the following classification:

(I.) *Denutrients*, including (1) antiphlogistics, (2) bleeding, (3) counter-irritation, (4) evacuants, (5) mercury, (6) diaphoretics.

(II.) *Antipyretics*, including (1) cold, (2) quinia, (3) salicin, (4) kairin, (5) veratria, (6) digitalis, (7) aconite, etc.

(III.) *Neurotics* (narcotics).

(IV.) *Pneumatics*, including (1) expectorants, (2) antiseptics and disinfectants, (3) anodynes and sedatives, (4) contra-expectorants, (5) central pneumatics.

(V.) *Topical Pneumatics* (inhalations and other topical applications).

It would be impossible to criticise, within the limits of this review, the author's comments on the individual members of this classification. Suffice it to say, that whatever may be said of the latter, Dr. James has given us an interesting and instructive account of the principal effects and uses of these remedies, which is still further enriched by many matters of historical value, and which is in agreeable contrast to the arid narrative of many works on therapeutics. The section on topical pneumatics is incomplete and disappointing, and we are amazed at the author's apparent ignorance of the improved methods of topical medication of the upper air-passages in common use among American specialists. The subject of medicated sprays is dismissed with the merest reference, while considerable space is given to the more antiquated methods of gargling and the nasal douche. Regurgitation of fluids through the nose is spoken of as a "natural nasal douche", from which we can often

obtain most satisfactory results, but we are rather inclined to regard this method as an unphysiological procedure and a circuitous way of accomplishing a great deal of possible harm with considerable difficulty and personal inconvenience, and the same may be said of the laryngeal gargle of Monsieur Guinier. It is true that gargles are occasionally of benefit, but the sphere of their usefulness is contracted. Even by the so-called method of Troeltsch, very little of the fluid reaches the deeper portions of the throat, and as all communication between the upper and lower pharynx is cut off during the act, the remedy does not reach the spot it is designed to medicate. The contraction of the palato-pharyngeal muscles may, however, be of service in the mechanical dislodgement of mucus from the nasopharyngeal space. We have found it useful also to direct the patient to assume the recumbent posture with the head thrown slightly back, and allow the fluid to gravitate into the pharynx. In strongly recommending alum as a gargle, the author should, we think, have cautioned against the injurious effects of this agent on the teeth.

We regard the nasal douche as a remedy of questionable utility, even when used with the precautions insisted upon by the advocates of its use, whilst its indiscriminate use, as indulged in by many even at the present day, cannot be too severely condemned. It by no means accomplishes what is claimed for it; but, on the other hand, subjects the patient to many possible and unnecessary dangers. Besides the acute inflammation and abscess of the middle ear so often caused by its employment, it tends to aggravate the nasal trouble, and we have known chronic inflammation of the tympanic cavity to follow the prolonged use of this remedy. We have also known the severest form of acute otitis media follow the use of the post-nasal syringe, so often employed by the general practitioner, and even by specialists.

Dr. James is an easy writer and a man of scholarly tastes, and his book is written in an agreeable style, which at times is rather prolix and pedantic, but which enlists the interest of the reader to the end. Unlike many other therapeutists, he does not laud the infallibility of drugs, the applications of which are things based upon strictly experimental inquiries, but is disposed to regard them in the light of clinical experience and practical results. Although the careless way in which a great part of the reference work has been done, and, indeed, the quotation on page after page of authors without giving any references at all, may awaken in the minds of those who are not acquainted with the author grave suspicion of borrowed erudition, still the work represents a great deal of painstaking literary labor, and, taken as a whole, we can confidently recommend it both to the special worker and general practitioner as a valuable contribution to the literature of respiratory therapeutics.

2. This is practically the fourth edition, with additions, of the author's little primer on "Sore Throat," but invested with a more appropriate title. Within the bounds of such a small volume, it would be impossible to treat in a satisfactory manner, even for a beginner, the subject of rhinology and laryngology, and we think, therefore, the present title more exactly definitive of its legitimate scope.

In calling attention to the general excellence of this little manual, the third edition of which has already been reviewed in this journal, we feel it our duty at the same time to point out some of its more noticeable

defects. In the first place, we think the author too frequently creates an injurious impression, by arrogating to himself credit of priority and invention in matters of infinitesimally small importance, and which every student will discover in the alphabet of his special studies. His implied claims, too, in the matter of the tongue depressor known as "Türk's," and the nasal speculum of Fränkel, are unfortunately unsupported by any of the published evidence which historical accuracy demands as the test of priority in discovery.

There are other matters which we think are calculated to bewilder the student. In attempting, for example, to elucidate the theory of laryngoscopy on page 54 by the inverted word "glottis," we can scarcely conceive of a more certain way of producing in the student's mind the very opposite of a lucid illustration. We would also caution the tyro against mistaking the figure on page 90 for the normal appearance of the posterior nares, as seen in the rhinoscopic mirror. As an attempt to portray a well-marked case of hypertrophic catarrhal rhinitis, producing almost complete occlusion of the nares, the diagram would have been a marked success; but between the condition there depicted and the normal appearance of the parts, there is not the slightest shadow of a resemblance.

It is a disagreeable task to criticise the artistic tastes of our author, but we would also strongly advise the student not to examine the colored plates at the end of the volume until he has thoroughly familiarized himself with the laryngoscopic conditions which they represent in the living subject. We say this in no captious spirit, but because we regard it as a point of the gravest importance. First impressions of pathological conditions derived from diagrams and other forms of pictorial illustration, are often very difficult to eradicate, and the colored plates of this manual are more calculated to give erroneous impression than to instruct.

Occasionally a loose statement is encountered, such as that found on page 91, that in the normal posterior rhinoscopic image "the septum nasi seldom occupies the exact centre of the image, but leans a little to one side or other, so that we rarely see a rhinoscopic image precisely symmetrical." As a matter of fact, deflection of the posterior third of the vomer is one of the rarest of curiosities, the position of its posterior border being almost invariably median and perpendicular—and we can recall only two recorded cases of deflection in this situation—one reported by Prof. Wenzel Gruber, of St. Petersburg, and one by the writer of this review.

We have always wondered why the orifice of the Eustachian tube, as seen with the rhinoscope, should be universally described as "trumpet-shaped," and have thought that its comparison to an enlarged cervix uteri comes nearer the conception of its actual appearance.

Several instruments are figured and their uses dilated upon, which the student will probably never use. We had thought, for example, that the laryngeal syringe had long since been relegated to the limbo of museum curiosities, but the author figures three different varieties and devotes considerable space to their use. Few, we believe, would resort to the method at the present day, who had in their possession the simplest form of spray apparatus, or who could command the services of a probe and a piece of absorbent cotton. Nor do we think that the re-

removal of the uvula by means of the ancient "sickle" would be chosen in preference to its ablation by a pair of ordinary uvula scissors.

The space devoted to rhinoscopy and its difficulties, is hardly commensurate, we think, with the importance of this method of diagnosis, while little or nothing is said concerning the morbid conditions which the use of this procedure reveals.

Notwithstanding its defects, the book is one of merit and contains much valuable information for the beginner.

3. While the necessity for the translation of Dr. Gottstein's monograph is not as obvious as is implied in the preface of the translator, we can, nevertheless, recommend it to those unacquainted with German as an excellent and faithful presentation of the commoner affections of the larynx.

The first sixty-one pages include chapters on the anatomy and physiology of the larynx, general etiology, diagnosis, symptoms, and treatment. Laryngeal affections are divided into primary (diseases of the mucous membrane, perichondrium and cartilage, wounds and injuries, adhesions and cicatricial contractions, neoplasms, lupus, leprosy, foreign bodies, neuroses) and secondary (tuberculosis, syphilis, measles, scarlatina, smallpox, typhoid and typhus fever, erysipelas and whooping-cough)—a classification which is not strictly accurate and logical, for, as the translator correctly points out, neither laryngeal lupus nor lepra is a primary affection, and we may add that, as disease of the mucous membrane, cartilage and perichondrium, neoplasms and neuroses may be either primary or secondary, and to a large extent the latter is the case, the separation of laryngeal diseases proposed by the author is both artificial and calculated to mislead.

The subject of etiology is briefly dismissed in the usual stereotyped manner common to all works on laryngeal disease. If the translation be a literal one, the nasal cavity, "intended to warm and purify the inspired air," is spoken of as imperfectly fulfilling this function, and the inference is drawn that atmospheric changes influence the mucous membrane of the larynx directly through this imperfect but natural discharge of function. We cannot support the insinuation that laryngeal disease may be due to a naturally imperfect discharge of function on the part of the nasal cavities. The dependence of affections of the windpipe upon perverted nasal function is quite another thing, and we become every day more impressed with the conviction that the great secret in the treatment of laryngeal disease resides in the recognition of the fact, that the vast majority of cases of catarrhal laryngitis are secondary to or sequels of a diseased condition of the nasal passages.

In the matter of therapeutics, the author recommends measures which for the most part are severer than those used in this country. His preference for the sponge and brush for topical applications over the medicated spray, which latter he finds unsatisfactory, will not be shared by his colleagues on this side of the Atlantic.

Of the excellent chapters in Part II, that on "Neuroses" is the most interesting to the specialist, although the author fails to discuss many of the moot points in the pathology of this class of laryngeal affections.

Part III. opens with the discussion of laryngeal tuberculosis—a subject of surpassing interest both to the specialist and general practitioner—and considerable space (twenty-six pages) is very properly given to

this affection. The question of primary invasion of the larynx in tuberculosis is left *sub judice*, although such a view "derives some support from recent researches on the parasitic nature of tuberculosis." Although the laryngoscope has apparently thrown much light upon the problem, the primary occurrence of tubercle in the larynx can only be definitely determined by post-mortem evidence, and in this connection we would call attention to the recent claim of Orth, that he has found tubercle in the larynx unconnected with disease of the pulmonary tissue.

Dr. Gottstein very correctly considers that pressure on the recurrent nerve by the infiltrated lung tissue is insufficient to account for the paresis and paralysis of the laryngeal muscles in the first and second stages of phthisis, preferring, with the majority of writers, to ascribe them to defective innervation, the accompanying catarrh, or to the granular changes in the muscles described by E. Franckel. That in some cases they may be due to the deposit of miliary tubercles in the muscle fibres, and between the fibrillæ, is also probable from the changes in the laryngeal muscles described by Heinze,¹ and the writer of this review.²

Very little space is given to the discussion of the much controverted question of the aphthous, or, as we would prefer to call them, diphtheritic ulcerations, so often met with in the windpipe, and more particularly the trachea, in the later stages of pulmonary tuberculosis. We have given at length elsewhere³ our reasons for regarding this form of ulceration as distinct on the one hand from catarrhal, and on the other from the characteristic tubercular ulcer found in the larynx and trachea. Even in the light of the new gospel of tuberculosis, we consider it by no means proven that true tubercular infiltration and ulceration of the windpipe are due either to the direct action of bacilli from without or to the presence of these parasites in the sputa. The tubercular process, as shown by Heinze, commences under the epithelium, whereas in the ulcers we are reviewing, that structure is always first affected. We regard it, then, as extremely probable that diphtheritic, as contradistinguished from tubercular, ulceration of the windpipe in pulmonary phthisis is due to an inoculation, so to speak, of the mucous membrane with the detritus of the broken-down pulmonary tissues, leading to a loss of substance pathologically distinct from the ulcer commonly known as "tubercular," but possessing some of its external appearances—a view which seems to us to reconcile the widely divergent opinions upon this subject and which reduces the influence of the sputa in the production of laryngeal and tracheal ulceration to more definite and appreciable dimensions. Notwithstanding, however, the fact that diphtheritic ulceration owes its existence to the pulmonary disintegration, and is therefore intimately related to the tubercular process; notwithstanding the possible future discovery of the constant presence of bacilli in these ulcers, it would be unsafe to regard them as specific tubercular products, until the whole pathological anatomy of tubercle be changed, so that the essential pathognomonic histological evidence of tuberculosis be drawn not from a well-defined characteristic structural lesion, but from any tissue change that contains a bacillus.

¹ Die Kehlkopfschwindsucht, Leipzig, 1876.

² Archives of Medicine, New York, Oct. 1882.

³ Monatsschrift für Ohrenheilkunde, etc., Berlin, No. 9, 1881, and Trans. Medico-Chir. Faculty of Maryland, 1882.

We find no reference in this excellent chapter to that interesting form of laryngeal tuberculosis in which solitary tubercular tumors are met with composed of an aggregation of miliary tubercles unassociated with infiltration and ulceration of the surrounding mucous membrane, which was first described in 1882,¹ and of which other examples have been since recorded.

In regard to the frequency of laryngeal disease in syphilis, the author regards the statistics of Lewin, who found the larynx affected 575 times in 20,000 patients, as the most reliable. This question is one which has always given rise to much dispute, and about which statistics differ very widely. While we do not propose in this review to enter into a critical examination of the sources of error discoverable in the antagonistic reports of different observers, it may be said, in general, that reconciliation of diverging opinions upon this subject can only be accomplished by taking the life-histories of the cases upon which the statistical evidence is based. Were this matter universally adopted, we believe that few syphilitics would be found who had not, at some period or other of the disease, suffered from some form of laryngeal affection. While it is probable, therefore, that the majority of cases, if untreated or neglected, will sooner or later develop some phase of laryngeal disorder, it is equally certain that the eruption of the disease in the larynx can be prevented or modified by early therapeutic interference. As the virulence of syphilitic lesions in general is modified by the employment of the more advanced and rational methods for its cure, so the destructive affections of the larynx are less frequently met with now, than in the time when the therapeutics of the disease were less perfectly understood, and when the exhibition of mercury to salivation was the catholicon of the profession.

We must take exception to the statement of the author in regard to the rarity of laryngeal syphilis in childhood. Some time ago we took the trouble to investigate this matter, and were surprised to find how frequently laryngeal disease is met with in the congenital form of syphilis. So far from being an uncommon occurrence to find the larynx involved, we soon came to regard such an event as one of the most constant pathological phenomena of congenital syphilis, to be looked for with the same confidence as in the acquired form of the disease.²

Short sections on the larynx in scarlet fever, typhus, etc., with an appendix in which the translator gives a *résumé* of recent observations on the innervation of the larynx, and adds an interesting case of so-called "chorea laryngis" which he believes lends support to the glottic spasm theory of this condition, complete the volume.

Although as an essay on laryngeal affections it is in some respects incomplete, the brochure of Dr. Gottstein is one of more than ordinary merit. His descriptions are clearly written, and accurate, and his comments on moot points as a rule eminently judicious. Many omissions occur, it is true, and many authors are not referred to whose names deserve mention in every work on diseases of the larynx, but these faults doubtless arise from the author's apparent unfamiliarity with foreign literature and to the contracted sphere of his literary researches.

In the English edition several typographical errors occur, and mistakes

¹ Archives of Medicine, N. Y., Oct. 1882.

² For a full account of the throat affections of congenital syphilis, see the October number of this journal for 1880.

in the spelling of proper names. Thus, for example Tuerck figures throughout the volume as "Tuerk," and Oliver as "Ollivier." Apart from this, the general get up of the work is excellent, and reflects credit on the English publisher.

The task of the translator is, as a rule, a laborious and thankless one, and we take, therefore, great pleasure in congratulating Dr. McBride upon the entirely satisfactory manner in which he has converted the German original into pure and readable English.

J. N. M.