

2. The cures or improvements obtained a year ago, and described in the former communication, have mostly been maintained.

3. The aërothermic treatment has been given several new applications, to the author's entire satisfaction, as follows: Treatment of acute coryza, hay-fever, certain trophic or sensory nerve troubles, and the epidermization of wounds at the end of suppuration. The results obtained, according to the nature of the affections, are interesting, and of a nature to encourage one to continue the application of aërothermic treatment in the diseases of the upper air-passages. A table of results accompanies the paper.

Macleod Yearsley.

THYROID, Etc.

Cristiani.—*Functional Activity of Thyroid Grafts.* "Revue Méd. de la Suisse Romande," January, 1901.

The question whether thyroid grafts ever actively fulfil the functions of the thyroid gland is still discussed by physiologists. Some maintain that a thyroid graft can grow and actively perform the functions of the thyroid gland; others maintain that these grafts merely act as a reservoir of thyroid secretion from which the animal can draw supplies, but that active secretion does not take place. During the time the animal is using up this artificial supply its own accessory thyroids undergo rapid development. If they have reached a sufficiently advanced stage of development before the artificial supply is exhausted the animal lives, and the thyroid graft gets the credit of having taken on the functions of the thyroid gland. Cristiani is of opinion that the graft does become an active gland. In this paper he discusses the question with regard to the vascularization of the graft. When a thyroid graft is implanted in an animal the vessels at first nearly all disappear, then a new formation of vessels takes place. Now, if the graft does not take on active functions, this new formation of vessels should not vary much in different cases, but if the graft becomes an active gland its vascularization may be expected to vary with the activity of the gland. Thus, in an animal in which total extirpation of the thyroid has been performed the graft ought to be very active, therefore highly vascularized; if only partial extirpation has been performed the graft should be less active, therefore less vascularized; whilst if the thyroid has been left intact, the graft need not act at all; the vascularization, therefore, will be very slight. These conditions Cristiani has found to be fulfilled in a number of experimental cases. A coloured plate illustrates the amount of vascularization in different circumstances.

Arthur J. Hutchison.

E A R.

Bernard, Raymond.—*Double Deafness from a Central Cause.* "Annales des Maladies de l'Oreille," etc., August, 1901.

Diseases of the auditory nerves are little known, and somewhat discouraging from their difficulties of study. The author excuses himself for publishing a somewhat incomplete case, on the grounds of the paucity of the literature of the subject. The patient was a young man, formerly of robust health, who was suddenly attacked by severe Ménière's symptoms, with violent headache. When these had ceased,

he was left completely deaf in both ears. Minute examination of the external and middle ears showed that there was complete absence of any disease. The case is described by the author in full detail, who believed the lesion to be in the auditory nerves. Hysteria could be excluded. *Macleod Yearsley.*

Lannois, M., and Chavanne, F.—*On Mastoid Pain in Hysteria.* "Annales des Maladies de l'Oreille, du Larynx, du Nez et du Pharynx," July, 1901.

Opening with a review of the literature of this subject, the authors remind their readers that hysteria may be manifested in the ear under two aspects. They divide their paper into two parts, dealing with (1) hysterical mastoid pain simulating simple mastoiditis, and (2) hysterical mastoid pain simulating mastoiditis complicated by cerebral symptoms. Numerous cases are given, and the etiology, prognosis, and treatment discussed. They suggest, under the latter head, the use of careful suggestion, sometimes combined with a suggestive incision in the skin over the mastoid. *Macleod Yearsley.*

REVIEW.

Atlas der Krankheiten der Nasen, der Nebenhöhlen, und des Nasenrachenraumes. Von Privatdocent Dr. P. H. GERBER, in Königsberg, Pr. (Der Atlas erscheint in 6–7 Lieferungen à 5–6 Tafeln nebst Text, zum Preise von 6 Mark für die Lieferung. Einzelne Lieferungen werden apart nicht abgegeben. Lieferungen 1–4.)

Atlas of Diseases of the Nose, of its Accessory Cavities, and of the Naso-Pharynx. (The Atlas appears in six parts, with five or six plates, with accompanying text; 6 marks for each part. Single parts are not sold.) 1901. S. Krager, Karlstrasse 15, Berlin.

Dr. Gerber dedicates his Atlas to Professor Dr. B. Fränkel, and tells us, in the preface, that his book was already in the Press when the Atlas* we have already reviewed appeared; he was thus forestalled in the privilege of publishing the first nasal atlas, but we are, nevertheless, glad to welcome this valuable addition to our library of rhinological works.

The first plate is of the normal rhinoscopical appearances, with anatomical varieties. Several of the coloured figures in this plate, as well as in all succeeding ones, have black and white keys in the text, thus enabling the student to readily recognise each portion of the figure.

The second plate is devoted to septal deviations; the third to septal deviations of the normal naso-pharynx and its varieties; the fourth to atresia and synechiæ of the naso-pharynx; the fifth to special affections of the septum, as varicosities of the septum, ulcers, abscesses, etc.; the sixth to simple and fibrinous exudations; the seventh to atrophic rhinitis; the eighth to rhinitis atrophica foetida; the ninth and tenth to hypertrophic rhinitis; the eleventh to thirteenth to hypertrophies of the pharyngeal tonsil; plates fourteen to sixteen to polypi; the seven-

* Dr. Krieg's.