

œsophagus without anatomical obstruction can be divided into two groups. In one, spasm of the epicardia is primary and dilatation of the œsophagus secondary. The cause of the spasm may be disturbance in some neighbouring organ or irritation along the pneumogastric nerve. In the other group, atony of the œsophageal wall is primary and cardio-spasm is secondary. The author has devised a special œsophagometer for measuring the capacity of the dilated organ. The most important step in the examination is, however, by means of the œsophagoscope; without this the diagnosis of cardio-spasm *intra vitam* cannot be accepted. In some cases, on œsophagoscopy examination, the epicardia remains firmly closed until induced to open by the application of a 10 per cent. cocaine solution. In no case of cardio-spasm is the "epicardia-cardia" impermeable. The routine treatment of cardio-spasm is stretching of the lower end of the œsophagus. For this purpose the author has devised a special silk-rubber bag, by means of which he exerts a measured pressure of 10 lb., dilating up to a diameter of 30 mm. The stretching, which is rather painful, may need to be repeated on one or two occasions, and treatment must also be employed to overcome the catarrhal condition of the mucous membrane of the œsophagus. With this object the writer injects a solution of nitrate of silver by means of a special cannula. He has also devised an electrode for application of the galvanic current in cases of atony. Details are given of four of the seventeen cases which have come under the author's observation. Of these four cases the first represented the typical form of chronic cardio-spasm, while each of the other three differed somewhat from the ordinary. *Thomas Guthrie.*

MISCELLANEOUS.

Cook, A. H.—The Diagnostic Value of the Reaction following Intravenous Injection of Salvarsan. "New Orleans Med. and Surg. Journ.," June, 1912.

The object of the article is to combat the theory that the degree of reaction after injection of salvarsan depends on the virulence of the syphilitic infection. Several cases are given in some of which a severe reaction followed a mild infection or *vice versa*; in others a second injection was followed by a more severe reaction. The conclusion arrived at is that the reaction is useless as a gauge upon which to base treatment, and that it possibly arises from contamination of the distilled water used in the solution. *Knowles Kenshaw.*

Seifert, Dr. Otto (Wurzburg).—Pemphigus. "Zeitschr. f. Laryngol.," Bd. iv, Heft 3.

Seifert speaks from twenty-two years experience as a dermatologist and laryngologist. He has collected from the literature twenty cases of pemphigus published since 1903, in which the disease was confined to the mucous membranes or, at least, began in them and only later affected the skin. Seifert gives an account of four cases of his own. Case 1 was very mild and apparently recovered. Case 2 was severe; the cheeks, lips, nasal cavities, pharynx, larynx, tongue and gums were all affected. The nose was treated with a saline wash and bismuth ointment, while the mouth was sprayed with peroxide and thereafter "scarlet red" was used. Later on methylene blue and methyl violet lotion was used and quinine was given internally, but no treatment had any effect and blebs appeared all

over the body. Nourishment only possible after the use of the cocaine-alypin mouth lotion. The patient was finally transferred to a bath of methylene blue and methyl violet; death occurred from intercurrent pneumonia. Case 3 also died from pneumonia. Case 4 had not improved at the time of the last report. Siefert advises the use of orthoform and anæsthesin in the treatment of pemphigus of the mouth and recommends pantopon solution for odynphagia. Siefert states that good results have been reported from the use of salvarsan in pemphigus, but he himself has not felt justified in using this remedy. *J. S. Fraser.*

REVIEW.

The Skiagraphy of the Accessory Nasal Sinuses. By A. LOGAN TURNER, M.D., F.R.C.S.E., F.R.S.E., and W. G. PORTER, M.B., B.Sc., F.R.C.S.E. Edinburgh and London: W. Green & Sons, 1912. Pp. 45, plates 40. 10s. 6d. net.

This atlas of skiagrams of the sinuses of the nose is a characteristic specimen of Dr. Logan Turner's work. Accurate, practical, and "objective," it covers the ground as exhaustively as the present state of knowledge permits, and it answers most of the difficulties which present themselves.

The work is methodically planned, so that the student is led in it to study first the X-ray appearances in the dry skull, next those in the normal head, and lastly those in disease. Hints are given as to the choice of instrument and position of the patient, the sitting posture with the zygoma horizontal being found the most suitable. A short description is given of Chisholm's experiments on the relative opacity of various liquids *in vitro*, and in the accessory cavities of the nose.

There are in all forty skiagrams showing typical appearances. A short series among them illustrates instructively the development of the sinuses. There are two striking illustrations of mucocele of the frontal sinus; also several of choanal polypus growing from the antrum. Attention is drawn to the point that the antral portion of these polypi may, when cystic, present a high degree of translucency to ordinary transillumination, though relatively cloudy on radiographic examination. The difficulty in deciding in cases of cloudiness of all the sinuses is candidly considered, as also the room for doubt in the interpretation of the signs when the vertical portion of the frontal sinus is unusually shallow. The best means of overcoming these difficulties is clearly discussed.

The chapter forming the introduction to the atlas forms a most concise and instructive review of the subject, and the results of the authors' experience are summed up in a set of clear and definite conclusions, which the student may study with great benefit, and which the expert will find well worthy of attention. The authors dwell with characteristic modesty and candour on the limitations of the method and on the necessity for considering its data in the light of the other clinical evidences. Their work will certainly tend to widen the limits of skiagraphy in the examination of the accessory nasal sinuses. The remarkably moderate price at which this valuable atlas is offered places it within the reach of every student of rhinology, and it will be on that account all the more likely to extend the practice of radiographic methods.

Dundas Grant.