

shows that endothelial elements may be the sources of cholesterin, and that giant cells were specially responsible. The abstractor agrees that this is probable in view of the striking metaplastic evidence in granulo-matous material from the middle ear, and in the tonsils, and it adds further support to the view that endothelium as well as epithelium may be a source of cholesteatoma. It is difficult, however, to accept the view that giant cells are essential, since most of the cholesteatomata of ear and tonsil are not the seat of granulomata, and further, that giant cells are often present when cholesteatomata are not.]

Wyatt Wingrave.

MISCELLANEOUS.

Stoll, H. F., and Heublein, A. C.—Tuberculosis of the Bronchial Glands and Lung Hilus: A Clinical and Radiographic Study. "Amer. Journ. Med. Sci.," September, 1914.

Prior to the fifteenth year, tuberculosis of the bronchial glands and lung hilus is the most common form of tuberculous disease. Early symptoms are usually indefinite and chiefly of toxic origin. Significant signs are a so-called "hilus dimple," dilated veins, parasternal and pre-vertebral dullness, and, most important of all, a well-marked whispered bronchophony in the interseapular region (d'Espine's sign).

Radiography, and especially stereo-radiography, is of the utmost value in these cases, as it shows the exact location and extent of the morbid process.

Infants with tuberculosis of the bronchial glands are prone to attacks of dyspnoea, in which the stridor is chiefly or wholly expiratory in character, thus differing from thymic asthma, in which the dyspnoea is inspiratory. As the disease progresses, the dyspnoea affects both inspiration and expiration. In a number of instances the condition has been mistaken for one of laryngeal diphtheria, and intubation has been performed, in spite of the persistence of the voice which should render this mistake impossible.

Thomas Guthrie.

Stein, Prof. von (Moscow).—Observations on the Treatment of Cancer and Sarcoma by means of Pyraloxin, etc. "Zeitschrift für Laryngologie," Band vi, Heft 6.

Prof. von Stein comes to the following conclusions: Pyraloxin is not poisonous, even if used for a long time. It can apparently cure cancer in the early stages. It localises the growth especially if used in combination with calcium salts. A case of lympho-sarcoma was beneficially treated with pyraloxin. Pyraloxin and nakasilik should be given before operation in all cases of cancer and sarcoma. Even in hopeless cases the fatal result is more or less delayed by treatment with pyraloxin and nakasilik.

J. S. Fraser.

REVIEW.

The Tonsils. By HARRY A. BARNES, M.D., Instructor in Laryngology, Harvard Medical School, etc. London: Henry Kimpton. Price 12s. 6d. net.

It is the purpose of this book to focus our present knowledge of the tonsil, and it does it, on the whole, in an admirable manner and at