

BOOK REVIEWS.

Tumors of the Nervus Acusticus and the Syndrome of the Cerebello-Pontine Angle. By HARVEY CUSHING, M. D., Professor of Surgery at Harvard University, Surgeon-in-Chief to the Peter Bent Brigham Hospital, etc. Philadelphia and London: W. B. Saunders Co.

The material forming the basis of this intensive study of tumors of the acoustic nerve and the cerebellopontine angle is comprised of two series of cases: The first series coming from the Johns Hopkins Hospital during Dr. Cushing's connection with Johns Hopkins University, and the second series from the Peter Bent Brigham Hospital, Boston. There are thirty-three cases in both series, 30 of which are verified tumors, either by operation or autopsy. The remaining three cases showed every evidence of being acoustic tumors but the presumptive diagnosis could not be verified by histological examination.

The work is of the utmost importance to the otologist because of the great outstanding fact that in 25 of the 30 cases of verified cerebellopontine angle tumors, the inaugural symptoms were auditory. There was a history of deafness varying in onset from early childhood, at one extreme, to a few months before the patient's admission to the hospital, at the other extreme. Furthermore, this deafness was usually preceded by tinnitus in one form or another. In the remaining five cases there was no definite exclusion of deafness; only, the histories in these cases were so incomplete that no record of the presence or definite absence of deafness was made. To the otologist, consequently, these cases are of the utmost interest because of the question of diagnosis; for the majority of them, because of the auditory involvement, would at an early date come under his observation, or his opinion would be sought for differential diagnosis.

In addition to the 33 cases mentioned above, three cases are recorded in full, of recess tumors simulating tumors of the nervus acusticus. The first of these (Case XXXIV) was a meningeal fibro-endothelioma of the left cerebellar fossa simulating an acoustic tumor, with Meniere's syndrome. Extirpation of tumor; recovery. The second of these cases (Case XXXV) was one of papilloma of the plexus quarti ventriculi giving left cerebellopontine angle symptoms. The next case (Case XXXVI) was one of glioma of the right recess. Though in the acoustic tumors there is usually a definite chronology with characteristic advance of symptoms, nevertheless other lesions in the angle, or even distant lesions, may produce symptoms which, at times, are difficult to distinguish from them. In the absence of a clinical history of primary involvement of the acusticus but with definite cerebellopontine angle symptoms the diagnosis of an acoustic tumor is probable if characteristic labyrinthine responses to caloric tests are abolished, if deafness is complete when the contralateral ear is irrigated, and if the porus shows a radiosopic enlargement.

All the case reports are full of interest and some of them show Dr. Cushing's skill and intrepidity as a surgeon. For instance, in case IV, which was an advanced left cerebellopontine angle tumor (cyst), the patient, a woman of 49, was being operated upon for bilateral cerebellar exposure, when there was sudden cessation of respiration. Artificial respiration by Schäfer's method was instituted and the operation resumed without further anesthesia. After three-fourths of an hour of artificial respiration spontaneous respiratory movements were resumed and seven years after the operation the patient was alive and well, except for slight abducens palsy, anosmia and complete left deafness.

Without almost reproducing the book it would be manifestly impossible to give a just synopsis of the various chapters--they are so crowded with observations and information. But as to the chronology

of symptoms: The progress of the average acoustic tumor occurs more or less in the following stages: First, auditory and labyrinthine manifestations; second, occipitofrontal pains and suboccipital discomforts; third, incoördination and instability of cerebellar origin; fourth, involvement of adjacent cerebral nerves; fifth, indications of increase in intracranial tension; sixth, dysarthria, dysphagia and cerebellar crises and respiratory difficulties.

The last chapter, but by no means the least, is the one on operative technique. It may be justly asserted that this work by Dr. Cushing, representing as it does an exceptional experience and a fertility of observations, is one of the most notable additions to neurologic literature that has made its appearance in a number of years. Ed.

The Sense of Taste. H. L. HOLLINGSWORTH, Ph. D., Associate Professor of Psychology in Columbia University, and A. T. POFFENBERGER, JR., Ph. D., Instructor in Psychology, Columbia University, New York: Moffat, Yard and Co., 1917.

This book on the sense of taste forms one of the series of "Our Senses," edited by G. Van N. Dearborn and is written from the physio-psychological standpoint. In fact, it could hardly have been written from any other standpoint because the translation of our senses, once they reach the cerebrum, into consciousness is in its last analysis a psychological question. The book also contains a very satisfactory consideration of the anatomy of the tongue and the taste mechanism. A comprehensive idea of the scope of the work may be obtained from the subject matter contained therein: The Qualities of Taste, embodying taste blends and fusions, psychological analysis of taste qualities, distribution of taste qualities, etc. The Organization of Taste, embodying after images of taste, etc. The Sensitiveness of Taste, Time Relations of Taste Qualities, The Sense Organ of Taste, Sensory Elements of the Taste Mechanism, Development of Taste in the Individual, Evolution of Taste, Gustatory Imagination and Memory, Abnormal Taste Experiences, embodying gustatory hallucinations and auras, ageusia, synesthesias of taste, perversions of taste, etc.

The subject is exceedingly well presented, as can be understood, it is written for the general reader in particular. But there is no doubt but that the medical reader may renew his physiology of the sense of taste and learn something of its psychological aspects by a perusal of the book. The book is small, containing 195 pages. Ed.

Stammering and Its Successful Control in Speech and Action.

Dr. EDWIN ASH.

Dr. Ash states "Whilst stammering, involuntary jerking of limbs, exercise self-consciousness and over-sensitiveness, are on occasion due to serious disease of brain or other parts—and are then purely medical questions—it far more often happens that they occur in healthy individuals and are then due to deficient mind control, and haphazard instead of regular brain action."

It is for those of the latter group that this book is intended. It is well worth the price and the time spent in reading as every teacher of stammerers—we may prefer the term corrective speech—knows that by persistent determination and continued practice stammering may be overcome just as poor writing may be improved by systematic and painstaking effort. The book is not only helpful to adult stammerers but every teacher interested in stammering pupils could profit by having a copy. Also if the intelligent mother with a stammering child would secure a copy and follow its instructions religiously my experience as a teacher of corrective speech leads me to state that a large percentage if not all speech defects, where no abnormality exists, could be remedied in early life.

Dr. Ash strikes a vital note when he states "What we want today are schools and teachers of applied psychology for the instruction of both