

the vision improved to $\frac{5}{70}$, and in sixteen days to $\frac{5}{70}$. The scotoma for white almost disappeared, but persisted for colours.

In the last instance given, a woman, aged thirty, had slowly been losing the sight in the right eye. Vision: right, $\frac{5}{30}$; left, $\frac{5}{5}$. Fundus normal; central colour scotoma.

The right middle turbinal was found polypoid and engaging a deviation of the septum. On the left side of the septum opposite the deviation was a soft rounded swelling, which was easily removed with a snare, but so much bleeding resulted that the nose had to be packed some days and eventually cauterised with chromic acid. The patient, however, stated she could see better. Vision now $\frac{5}{30}$.

She was seen again in eight days, when, as a large ulcer had reappeared on the left side at the site of the former removal, the condition was diagnosed as due to lues and the patient put on iodide. In ten days' time the ulcer had disappeared, and the right side had also yielded to this treatment.

The oculist now reported: "Vision, right, $\frac{5}{5}$; no colour scotoma to be noted." Baumgarten considered that this result could not be attributed to the cure of the intra-nasal conditions alone, but that probably a gummatous deposit around the optic nerve had also responded to the general treatment.

In the light of the results obtained in these cases the author urges the necessity of submitting instances of both acute and chronic papillitis to a rhinological examination.

Although he is evidently quite satisfied himself as to the relation of cause and effect in the non-purulent cases, the description is rather disappointing, and the data regarding the alleged improvement of vision somewhat unconvincing.

Alex. R. Tweedie.

Burkett, H. S. and Meakins, J. C.—*The Value of Vaccine Treatment of Chronic Inflammatory Diseases of the Accessory Sinuses of the Nose.* "Boston Med. and Surg. Journ.," December 22, 1910, p. 957.

The authors conclude that vaccine treatment will sterilise the accessory sinuses of the nose when the subject of chronic disease. That the chronic discharge of mucus from the accessory sinuses of the nose is not so much due to bacterial infection as to habit hypersecretion. That the symptoms are not due to infection, but to hypersecretion and retention. That although vaccine therapy is a valuable adjunct to treatment, the establishment of free drainage by the removal of polypoid masses and redundant mucous membrane is more important, and that the cases of sinusitis showing a tendency to become chronic should be treated early by homologous vaccines.

Macleod Yearsley.

EAR.

Veis, J. (Frankfort-on-Maine).—*An Example of Rupture of the Tympanic Membrane in a Telephone Operator.* "Arch. f. Ohrenheilk.," Bd. lxxix, Heft 1 and 2, p. 103.

The patient, a girl, was rung up by a subscriber while in electrical contact with him. Immediately after she noticed pain and tinnitus in the affected ear, the left, and when the author saw her on the following day the membrane presented a rupture similar in appearance to that which results from a blow on the ear. Under appropriate treatment healing and complete restoration of function followed.

According to the author there are three ways in which the injury

might have been produced: (1) Rapid turning of the handle of the instrument by a subscriber who is already in electrical connection with the operator agitates the disc in the operator's ear-piece so violently that, if the ear-piece is closely applied to the operator's ear, it may increase the pressure of air in the meatus so much as to tear the membrane. (2) If the wires of two subscribers who are ringing come into accidental contact, a similar result is brought about. (3) If the disc in the ear-piece is a little bent the ordinary oscillation may cause it to emit a loud snap or crack. By way of preventing these accidents he advises the general adoption of the more recent mode of calling up the exchange by simply removing the ear-piece from the stand.

Shocks from lightning during a thunderstorm cannot take place in Frankfort for the wires are underground. Blegvad's paper on this subject, an abstract of which has already appeared in the JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOTOLOGY,¹ is quoted.

Dan McKenzie.

Kopetzky, S. J.—*Results of Autogenous Vaccine Therapy in Acute and Chronic Middle-ear Suppurations.* "New York Med. Journ.," October 15, 1910.

The author reports fifteen cases of purulent otitis media treated with autogenous vaccines, and concludes that such vaccines are valuable in cases where subsidence of bacterial activity means the end of the lesion. In acute cases, after the period of violent onset with constitutional symptoms has passed, the added immunity acquired through vaccine therapy seems rapidly to cure the diseased ear. In cases with bone lesions the vaccines had no effect.

Macleod Yearsley.

Rudloff, W. (Wiesbaden).—*Extra-dural Abscess with Disturbances of Speech.* "Arch. f. Ohrenheilk.," Bd. lxxix, Heft 1 and 2, p. 112.

The patient, a girl, aged sixteen, had suffered from chronic suppuration of the left ear for four years. The illness for which the author was consulted began with headache, vomiting, and shivering; somnolence and speechlessness rapidly followed. The left ear was found to be full of pus, and the membrane was absent. There were no signs of inflammation over the mastoid, and percussion of the mastoid and side of the head did not elicit any complaint of pain. There were no changes in the fundus oculi. Temperature 38.3° C.; pulse 96. The radical mastoid operation having been performed, the middle cranial fossa was opened by removing the roof of the antrum and tympanum, and an extra-dural abscess was evacuated. The dura was thickened, and the bone was removed until healthy dura was reached. Cerebro-spinal fluid obtained by lumbar puncture was normal. For two or three days after the operation motor and sensory aphasia persisted, the patient being unable to answer questions or to name articles. But by the fourth day the mental dulness had considerably cleared up, and the patient began to speak. Later on a continuance of the purulent discharge from the middle fossa induced the author to remove a large portion of the squamous bone. Recovery followed.

The aphasic symptoms are referred to the toxic influence of the abscess upon the sensory speech area in the temporal lobe and upon the convolutions of Broca, and not to the effects of pressure. The author excludes cerebral abscess because all other signs of cerebral abscess were absent. The temporal lobe, however, was not punctured.

Dan McKenzie.

¹ Vol. xxiv, p. 172.

Theobald, S.—*Reflex Aural Neuroses from Eye-strain.* "Journ. Amer. Med. Assoc.," July 10, 1909.

The author has observed three distinct varieties of tinnitus due to eye-strain, the more usual or vascular type, the relatively low-pitched whirling or fluttering sound caused by irregular contractions of the tensor tympani, and the high-pitched, almost musical, intermittent tinkling produced by contractions of the stapedius. The evidence in favour of the ocular origin of the aural sensations mentioned is their disappearance after the relief of the eye-strain, their greater intensity when the eye-strain is most troublesome, or their appearance or aggravation by use of the eyes. The ocular fault most often present is astigmatism. The tinnitus is probably explained by vaso-motor disturbance of the intralabyrinthine vessels.
Macleod Yearsley.

MISCELLANEOUS.

Stepinski (Paris).—*Lactic Acid in the Treatment of Ozæna and Otorrhœa.* "Arch. Internat. de Laryngol., d'Otol., et de Rhinol.," July-August, 1910.

The author mentions several cases in which dry lactic acid ferment on gauze was used in his clinic with gratifying results in the above cases. He cleanses the parts of all scabs and other foreign material, and then makes daily application of the ferment.

He believes this treatment is applicable to several other conditions, such as sinus suppurations, pyorrhœa alveolaris, stomatitis, fœtid breath, etc.
Anthony McCall.

Hunt, J. Ramsay (New York).—*The Symptom-Complex of the Acute Posterior Poliomyelitis of the Genuiculate, Auditory, Glosso-pharyngeal and Pneumogastric Ganglia.* "The Archives of Internal Medicine," vol. v, June 15, 1910.

A study of the symptomatology, complications and various clinical combinations of acute posterior poliomyelitis (herpes zoster) of the peripheral root ganglia of the facial, auditory, glosso-pharyngeal and vagus nerves. The ganglionic structures concerned are the genuiculate of the seventh, the ganglion of Corti and the ganglion of Scarpa of the eighth, the ganglion petrosum (Andersch) and the ganglion of Ehrenritter of the ninth, the ganglion jugulari and the ganglion plexiforme of the tenth. All these structures originate from the neural ridge, in common with the posterior spinal ganglionic chain, and are, therefore, susceptible to the specific inflammatory reactions of herpes zoster (herpetic ganglionitis or posterior poliomyelitis).

The subject-matter is considered under the following general headings :

(1) Report of personal cases of herpes zoster oticus. Clinical abstracts of nine cases with herpes zoster oticus, in which the eruption was distributed in the genuiculate area in seven, and in the vagal zone in two. Facial palsy was present in six of the cases, and a unilateral paresis of the soft palate in two.

(2) The zoster zones of the genuiculate, glosso-pharyngeal and vagal ganglia on the external ear (herpes zoster oticus). An attempt is made to differentiate the zoster zones on the external ear by the herpes zoster method.

(3) The paralytic complications of herpes zoster oticus. These consist of facial palsy, auditory symptoms (deafness and Ménière's