

general physical condition being benefitted by the operation, the major part of his food being passed in through the gastrostomy tube. He finally succumbed to the disease about ten months after the stomach was opened.

Price-Brown.

E.A.R.

Urbantschitsch, Viktor.—*On the Influence of Middle-ear Disease on the Sense of Smell.* "Monats. f. Ohrenh.," Year 44, No. 3.

In this article the author discusses a certain depreciation of the sense of smell which at times is apparently associated with lesions of the middle ear, though he says as far as his reading goes any reference to this condition is only to be found in Politzer's book, where it appeared in the first edition under the head of "chronic middle-ear discharge" and "was to be referred either to a simultaneous affection of the nasopharynx, or to a paresis of the olfactory nerve." The writer's attention was drawn to the subject whilst consulting the literature relating to anosmia, as he had lately under his care a case of otitic temporo-sphenoidal abscess in which the sense of smell was affected, and he was only able to find a description of three similar cases.

An account is then given of the results of some tests which were carried out on thirty cases of one-sided chronic middle-ear suppuration with heliotrope, eau de cologne, liquor ammonii anisati, oil of peppermint, and tar, weak solutions of which only were used in narrow-necked bottles which could easily be introduced into either nostril.

In about one third of the cases apparently the sense of smell was keener on the unaffected side, whereas in the remainder there was no appreciable difference, or, indeed, it was stronger on the affected side.

Although much time and labour was given to corroborate these findings and the results are discussed at length, it does not seem that any useful clinical assistance will be afforded by this experiment, and before reliable deductions can be drawn on these lines, some method must be adopted to occlude the posterior choana on the side under examination, and also structural intra-nasal irregularities must be taken into account, which latter point appears to have escaped attention.

Alex. R. Tweedie.

Barr, J. Stoddart, and Rowan, John.—*Optic Neuritis and Suppurative Otitis.* "Brit. Med. Journ.," March 26, 1910.

A continuation of the investigation published November 23, 1907. The conclusions arrived at are: (1) Optic neuritis may occur in cases of purulent middle-ear disease without obvious signs of an intra-cranial complication (11 times in 160 cases). (2) Apart from optic neuritis, vascular changes of a lesser degree are frequent (39 in 160 cases). (3) Cases of purulent middle-ear disease, in which the optic neuritis or vascular engorgement of the fundus is present, are much less amenable to local treatment than those in which the fundus is normal. (4) As a general rule, an improvement in the eye conditions is accompanied by improvement in the aural condition, while an increase in the intensity of the changes in the fundus or their persistence is associated with less amenability to treatment and greater gravity of the ear condition. (5) The most probable cause of vascular engorgement of the fundus or optic neuritis is serous meningitis (diffuse or localised). (6) Optic neuritis caused in this way is not usually followed by atrophy, and unless

there are other symptoms demanding it, opening of the dura mater is unnecessary. *Macleod Yearsley.*

Sharpe, Alexander.—*Case of Audible Tinnitus.* "Lancet," January 8, 1910, p. 106.

This case was shown at the Leeds and West Riding Medico-Chirurgica Society. A man, aged forty-five, complained of a "scraping noise" in the right ear, which began twelve years previously after a "chill," and had been constant ever since. Hearing and appearance of membrana tympani normal. The murmur was heard by an observer's ear placed close to the patient's ear, and very distinctly with the otoscope. It was not unlike a very harsh cardiac murmur, and was synchronous with the pulse. Turning the head to the right side modified the sound, and it could be made to disappear by firm pressure over the right carotid artery. Heard with the stethoscope it was very loud, and could be recognised over any part of the head. *Macleod Yearsley.*

Mackenzie, Geo. W.—*The Galvanic Tests of the Labyrinth Functions.* "Arch. f. Ohrenheilk.," Bd. 77, Heft 1 and 2, September, 1908, p. 1, and Bd. 78, Heft 1 and 2, December, 1908, p. 1.

The author, having employed the galvanic tests in a large series of cases, has come to the conclusion that this method of investigating the vestibular system is of definite clinical value. It is free from certain objections which he brings against the other methods, and, unlike them, can be relied upon to estimate hyper-excitability of the labyrinth. This opinion is, of course, at variance with what has been expressed by other investigators.

In health about 30 per cent. of all individuals experience tinnitus when a galvanic current of from 2-6 m.a. is passed through the head from one ear to the other, the tinnitus being referred to the ear at which the kathode is placed. At the same time, rotatory nystagmus is induced, also directed towards the side of the kathode.

With unilateral stimulation—the method he recommends for clinical purposes—one electrode is applied to the temporal region, the other being held in the patient's hand, and the reactions obtained are as follows: Rotatory nystagmus takes place and is directed towards the same side when the kathode is applied to the temporal region and towards the opposite side when the anode is applied. Vertigo is induced together with a tendency to fall to the side opposite to the direction of the nystagmus. On opening the current, when the anode is used, the body tends to fall to the opposite side, and on closing the current the head is inclined to the same side, and (with a stronger current) the body tends to fall towards the same side.

As regards nystagmus, etc., the results in health and when both labyrinths are inert are the same as those obtained by the other methods. In cases of unilateral disease, however, there is a distinct difference. A reduction of galvanic irritability was manifested by the affected ear in many cases, 14-16 m.a. being necessary to evoke the reaction. The anode and kathode gave opposite results; the anode reaction was more easily obtained in the affected ear; and on the other hand, the kathode reaction was more easily obtained in the sound ear. In certain cases of unilateral disturbance, hyper-excitability of the affected ear was observed in the appearance of the reaction on using a weaker current with the kathode at the affected ear, or with the anode at the sound ear. It is interesting to note that the cases which gave this result

with galvanism, nevertheless, when tested by rotation, showed a reduction in the duration of the nystagmus as compared with healthy cases. In this respect, therefore, the two methods of testing the labyrinth did not harmonise, and the author concludes that the galvanic method is the more reliable of the two.

Going further into the question and testing the effect of opening and closing the current in these cases, the author obtained the following results: With the electrode applied to the affected side, the kathode closure nystagmus was stronger than the kathode opening nystagmus, and the anode closure nystagmus weaker than the anode opening nystagmus. On the other hand, with the electrode applied to the sound side, the opposite results were obtained; that is to say, the kathode closure nystagmus was weaker than the kathode opening nystagmus, and the anode closure nystagmus was stronger than the anode opening nystagmus.

The strength of the current necessary to evoke the reaction in health being placed at 4 m.a., if the reaction takes place with 2 m.a. then the labyrinth is hyper-excitabile to that amount. In these circumstances the reaction is obtained by a 2 m.a. current with the kathode applied to the affected side, and by a 6 m.a. current with the kathode on the sound side—that is, the vestibular system behaves as if the excitability of the sound side were reduced.

Testing deaf-mutes he found that in most cases no reaction at all was obtained, even with the strongest currents that the patients could stand. A few, however, did react when subjected to a current of 8 to 12 m.a., and this he suggests was due to the stimulation of the nerve-trunk itself.

Dan McKenzie.

REVIEW.

Open-air at Home; Practical Experience of the Continuation of Sanatorium Treatment. By STANLEY H. BATES, with introduction by Sir JAMES CRICHTON-BROWNE, M.D., D.Sc., LL.D., F.R.S. Bristol: John Wright & Sons, Ltd. London: Simpkin, Marshall, Hamilton, Kent & Co., Ltd.

The continuance of open-air treatment and its actual facilitation are dealt with in this little work in a most instructive and practical way. The writer is evidently awake to all the requirements of the patient and is obviously a most judicious layman; he does not trench upon medical grounds, but shows how the experience of a sufferer can help him to evolve the details necessary for the carrying out of the principles taught him by his sanatorial medical officers. The working plans for the construction of open-air chalets are so clear that a skilled carpenter, or even an amateur, might make them.

D. G.

OUR readers will hear with great regret of the recent death of Dr. E. Cresswell Baber, former President of the Laryngological Society. Our next issue will contain a portrait and obituary notice of this much-respected *confrère*.