

certainly seen them much more frequently in boys than in men. Rest and the proper use of the voice are the essential points in treatment.

*Macleod Yearsley.*

### NASO-PHARYNX.

Osler, William (Regius Professor of Medicine, Oxford).—*Mouth-Breathers.*

At the Second International Congress of School Hygiene, in his introductory remarks to the Section dealing with the Medical and Hygienic Inspection in Schools, directed attention to the condition of the nose and throat as points of great importance. Kit Catlin, he said, the well-known writer on the North American Indians, published a stirring pamphlet many years ago with the title "*Shut your Mouth and Save your Life,*" showing how all of the native tribes of North America were nose-breathers, and he attributed most of the ills of civilisation to the mouth-breathing. I think it is safe to say that there are more mouth-breathers in England to the acre than in any country in the world. In so many persons, if not when quiet, on the slightest exertion the mouth is open, and often with it a most unlovely expression of the face. Dr. Crowley estimates that 28 per cent. of the Bradford school were mouth-breathers. This result of nasal catarrh, and of enlargement of the tonsils, and of the lymphoid structures of the throat, has a most injurious effect on the growth of children and on the formation of the mouth and of the chest, and what is more serious, a mouth-breather has rarely much mental snap or energy. One can read the mind's complexion in his dull, heavy, expressionless face. What here are we to do? The condition is one by no means easy to treat, requiring much skill and sometimes a serious operation. The same problems confront us with regard to the state of the eyes and of the ears, just as important as those relating to the infectious disease. The school clinic, which seems a necessity, and for which so many plead, has really great difficulties in the way of its establishment, particularly in the very districts in which it is most needed. Are we to look forward to travelling specialists in each district before whom the children will be lined up—Monday the eyes, Tuesday the ears, Wednesday the teeth, and so on? Much may be done to prevent these defects and diseases, more particularly the nasal catarrh, the adenoids, and the deafness. The temperature of many of the schools is too low in the winter; in others the ventilation combines a maximum of draught with a minimum of heat. And most important of all, the damp condition of the houses in which so many of the poor people live favours the chronic nasal, pharyngeal catarrh. The discussion of these and other problems will at any rate stir up public interest, and even if many of the suggestions savour of socialism I do not think this is to be dreaded when placed in the balance against the health of the nation.

*Lauzun-Brown.*

### EAR.

Bárány (Vienna).—*The Investigation of Reflex Ocular Movements, Vestibular and Optic, and their Significance in the Regional Diagnosis of Ocular Palsies.* "Münch. med. Wochens.," Nos. 22 and 23, 1907.

For some time past it has been noticed that in certain cases of conjugate deviation of the eyes from a cerebral lesion the patient, though unable

to turn the eyes voluntarily to one side—say the right—was able to do so if he fixed some object with his eyes and this object were then moved towards the right side, or if the head were passively rotated towards the left. This indicates the existence of a reflex as distinguished from a voluntary conjugate deviation.

In the present paper Bárány discusses the value of nystagmus as a localising symptom in the differentiation between ocular palsies resulting from lesions of the ocular nuclei, mid-lesion, and cortico-mesencephalic paths respectively. He points out that in health two varieties of nystagmus can be elicited. Firstly, there is *vestibular nystagmus*, which can be produced either by rapid rotation of the individual in a revolving chair (rotation to the right producing horizontal nystagmus to the left, and *vice versa*), or by syringing either ear with cold water. For clinical purposes the latter method is more convenient. The presence of such nystagmus can be used as a test for the integrity of the vestibular nerve. The direction of the horizontal nystagmus, say to the right, can be influenced by causing the patient to incline his head strongly to the left side, or by syringing the left ear with the patient lying flat on his back.

Secondly, there is *optic nystagmus*. This is produced by making the individual watch a rapidly-moving landscape when looking out of the window of a railway-carriage, or by making him watch a series of vertical bars moving on a horizontally-revolving cylinder.

Lesions of the optic nerve abolish optic nystagmus, lesions of the vestibular nerve abolish vestibular nystagmus, whilst in supra-nuclear ocular palsies both varieties of nystagmus are preserved.

Bárány enters into a complicated discussion as to the different factors of vestibular nystagmus, maintaining that the slow part of the movement is truly vestibular in origin, whilst the rapid part may be either labyrinthine or extra-labyrinthine. He gives an elaborate diagram indicating his views as to positions of the various nystagmus centres in relation to the ocular and vestibular nuclei, the mid-brain and the cerebral cortex.

*Purves Stewart.*

**von Török, B.** (Budapest).—*Carics of the Horizontal Semi-circular Canal Associated with Unusual Ocular Phenomena.* "Arch. f. Ohrenheilk.," Bd. 70, Heft 3 and 4.

Goltz, Cyon, Högyes, and others have shown that, when the nerve-endings in the ampullæ of the semi-circular canals are stimulated, reflex movements of the ocular muscles are initiated, and these movements follow this fixed rule: they are always antagonistic, the contraction of one muscle being succeeded by the contraction of its opponent.

Von Török's case is interesting as showing a deviation from this type. The patient was a male, aged twenty-one, who had suffered from intermittent suppuration in the left middle ear since an attack of scarlet fever in childhood. He was admitted to hospital on account of violent pain in the affected ear together with vertigo so severe that he was unable to walk without aid. On being made to close his eyes while standing he swayed and fell in a direction backwards and towards the unaffected side.

The external auditory meatus was filled with thick, foetid pus, and bulging of the postero-superior wall was found. Edema and tenderness over the mastoid process were present.

On examining the eyes nystagmus, most active when the patient looked towards the sound side, was observed. And it was while investigating this symptom that the phenomenon was discovered which gives

interest to the case. This consisted in the sudden appearance of extreme convergent strabismus in both eyes when the patient was asked to look at near objects. Obviously both internal recti were over-stimulated at the moment of fixing and accommodating. The symptom was transient, the eyeballs quickly going back to their usual oscillating movements. In every other respect the eyes were normal.

At the operation, in addition to extensive cholesteatomatous disease in the mastoid, the bone covering the horizontal semi-circular canal was found to be carious, and presented a sinus leading into the depths of the canal.

The operation was followed by the rapid disappearance, entire and permanent, of all the symptoms including the ocular phenomena. (The hearing tests are not given.)

*Dan McKenzie.*

**Ryan, L. R.** (Galesburg).—*Acute Mastoiditis*. "Med. Record," July 20, 1907, p. 122.

The writer considered that the Stacke-Schwartz operation was seldom necessary, and that Wilde's incision was adequate in that it seemed to meet all the indications if properly done. In a series of cases ranging in age from two to seventy years recovery had been brought about by the Wilde's incision alone without complication or the recurrence of the disease.

*Dundas Grant.*

### THERAPEUTICS.

**Mancioli** (Rome).—*The Light Bath for the Tympanic Membrane in certain forms of Dry Otitis*. "Bolletino delle Mal., etc.," June, 1907.

In the otological clinic at Rome the author, as clinical assistant, has made experiments with the light bath. The forms of dry otitis in which he obtained good results in a few sittings were those which depended on the uric acid diathesis. Catarrhal otitis, whether acute or chronic, was not benefited by this method of treatment.

*V. Grazzi.*

**Dionisio, Ign.** (Torino).—*On Photo and Radio-therapeutics in Ozæna, Chronic Suppuration of the Middle Ear, and Chronic Pharyngitis*. "Bolle. d' Malatt. del. Orrechio, etc.," November, 1906.

The author quotes fifty-four cases of ozæna treated by this means, and also forty-eight of suppuration of the middle ear; he claims good results from this treatment in atrophic and chronic catarrhal pharyngitis.

*V. Grazzi.*

### REVIEWS.

*Geschichte der Ohrenheilkunde (History of Otology)*. By Dr. ADAM POLITZER, Professor of Otology in the University of Vienna. In two volumes. Vol. I: From the First Beginnings up till the Middle of the Nineteenth Century. With 31 illustrations on plates and 19 photographs in the text. Stuttgart: Ferdinand Enke, 1907, pp. 467.

This interesting and valuable work has evidently been a labour of love with Professor Politzer, for the amount of literature which he has