

Dr. DENCH cited the case of a young girl who had nystagmus to both sides. The caloric test was negative. The nystagmus and the vomiting persisted, and he was convinced that the trouble was in the cerebellum. He operated and found around the sheath of the auditory nerve a cerebellar abscess.

Dr. KERRISON, in closing the discussion, said that in diffuse suppurative labyrinthitis the hearing was probably always lost, though cases of circumscribed labyrinthitis had been recorded in which considerable hearing-power remained. Referring to Dr. Dench's report of a case of labyrinthine suppuration in which useful hearing remained, Dr. Kerrison said that the functional examination of such patients without the use of Bárány's noise-instrument was sometimes misleading. He cited a case under his observation in which the patient appeared to hear various sounds with the sound ear tightly closed with the finger, but could hear absolutely nothing with Bárány's noise-instrument in the sound ear. With reference to Dr. Goldstein's case, in which the nystagmus appeared only after fifteen minutes of continuous irrigation, Dr. Kerrison thought that this could hardly be regarded as a caloric reaction, since after fifteen minutes of irrigation with either hot or cold water the different parts of the semi-circular canal system would probably have reached a uniform temperature. Dr. Norval Pierce had alluded to the occasional difficulty in the caloric test in determining whether an observed nystagmus was really due to the irrigation. Dr. Kerrison suggested that such a doubt might be easily settled by using alternately hot and cold water, which should reverse the direction of the nystagmus. This, however, was apt to induce nausea and vomiting.

(To be continued.)

## Abstracts.

### PHARYNX.

**Wright, Geo. H.** (Boston).—*A Functional Relation of the Tonsil to the Teeth.* "Boston Med. and Surg. Journ.," May 20th, 1909.

The author considers that enlargement of the tonsils, without infection, coincides definitely with four periods, between two and eighteen years, of tooth eruption. After discussing the development of the teeth and the lymphatic arrangements in relation with these organs, he offers, in conclusion, six observations: (1) When a tonsil is normal infection from the external surface is rare. (2) Secondary infection through the lymph-channels is the usual source. (3) There are four periods of molar

eruptions, with some variations in time, when the tonsils may enlarge without infection or inflammation, as two, six, twelve and seventeen years. (4) Tonsils, though slightly enlarged when not infected, return to normal with complete eruption of the teeth. (5) Diseased teeth are a prolific source of enlargement of the glands through proximity of membranes, either directly by infection, or by toxins. (6) In the treatment of the tonsil by the specialist, may we not include as a routine the observation as to carious teeth and a recognition of these four periods of eruption coincident with slight enlargement? *Macleod Yearsley.*

**Hudson-Makuen.**—*The Faucial Tonsils and the Teeth.* "Journ. of the Amer. Med. Assoc.," June 19, 1909.

The author describes in detail the close inter-relation between diseased conditions of the tonsils and teeth, and states that we cannot cure mouth-breathing and its resultant disastrous effects in all cases by merely removing tonsils and adenoids. When there are dental irregularities coincident these, too, must be regulated. Tonsils cause dental deformity by pressure on the molars. Old degenerated tonsils should be removed, though they are no longer active. *Macleod Yearsley.*

**Miller, A. H.**—*Anesthesia for Adenoid and Tonsil Operations.* "Boston Med. and Surg. Journ.," July 15, 1909.

The author advocates nitrous oxide, ethyl chloride, or a single administration of ether when the operation is a short one; in long operations he prefers ether or chloroform by a Junker apparatus. He draws attention to the danger of chloroform on account of the lymphatic diathesis. *Macleod Yearsley.*

**Pearson, J. S.**—*Streptococcal Pericarditis and Colitis following Tonsillitis.* "Lancet," May 1, 1909.

Two cases are recorded, one a girl, aged twenty, the other a girl, aged seven. The former died. Both cases showed *Streptococcus longus* in the blood, and the younger patient recovered after injections of anti-streptococcal serum. *Macleod Yearsley.*

## NOSE.

**Mosher, H. P., and Kerr, J. D.**—*The Treatment of Atrophic Rhinitis with Vaccine.* "Boston Med. and Surg. Journ.," May 20, 1909.

The vaccine used was a mixed one of the *Staphylococcus albus, aureus and citreus*, the initiating dose being 400,000 increased to 900,000, the injection being made twice a week.

The conclusions are that none of the ten cases under treatment eleven months were cured, but their most annoying symptoms (odour, crusts, headaches) have been improved. The observers have not been able to determine how long the treatment should be continued. *Macleod Yearsley.*

**Adams, James.**—*The Pathology and Treatment of Atrophic Rhinitis.* "Glasgow Med. Journ.," July, 1909.

The author, after discussing thirty-one cases of atrophic rhinitis, divides them into two distinct types: (1) The common type consists of