of giddiness, was sent on from the eye clinic with the report that he had optic neuritis. Aural examination: Tympanic membranes normal. Loudest shouting only heard a.c. on either side. No spontaneous nystagmus. Cold water irrigation produced an enormously strong nystagmus on the right side in 35″ and on the left side in 20″, which increased directly the irrigation was stopped, that is, directly the nystagmus appeared, and lasted some minutes. Nystagmus so induced to the left persisted even for 100″ when cold water irrigation was applied to the left ear, when a period of rest occurred for 5″ and then a right-directed nystagmus appeared, the patient becoming quite delirious during this test. Simultaneous irrigation of both ears evoked after the use of 700 c.cm. of water a trace of rotatory nystagmus to the right accompanied with some giddiness. Two slow rotations either to the right or left produced a brisk reaction, *i. e.* nystagmus to the same side during rotation followed by nystagmus to the opposite side accompanied with giddiness on stopping. On account of the condition of the patient galvanic tests were not tried. It was of great interest to note that in spite of the extreme irritability of each organ separately that, during simultaneous irrigation, the sense of equilibration was preserved, an observation which Urbantschitsch stated has not hitherto been made.

Alex. R. Tweedie (*Trans.*).

Abstracts.

NOSE.

Officer, D. McM.—Deviations of the Nasal Septum. "Australian Medical Journal," August 12, 1911.

Officer mentions that nasal obstruction in children is sometimes due to septal deformity, and that cases which have been operated on two or three times for adenoids without relief are remedied by an operation on the septum. The submucous resection is the best operation, but sometimes cannot be carried out on children when the Asche is substituted. Developmental errors account for more cases than traumatic causes. The effects of nasal obstruction are described. Local anæthesia only is used in performing submucous resection. A square or crescent-shaped muco-perichondrial flap, which can be turned back before incising the cartilage, is formed. The flap is turned back, and a double crescent incision made in the cartilage. The piece is now pulled off the opposite muco-perichondrium; this facilitates separation, and lessens risk of perforation. Particular attention must be paid to the removal of bony parts near the floor of the nose. Before separating the periosteum from the maxillary crest it is necessary to carry an incision along the upper border of the same. It can then be peeled off the bone without severing its connection with the muco-perichondrium. When the operation is complete a dressing of vaseline gauze is applied. This is left in only a few hours.

[Ref. has found Dr. von Burdleben's *Bismuth Bandbinde*, designed for dressing burns, an ideal intra-nasal dressing. It can remain in the nose two or three days, thus securing the flaps in position.]

A. J. Brady.

Thompson, John A.—Bone Cyst of the Ethmoid Cells. "Laryngoscope." March, 1911, p. 152.

The patient, an adult female, had a serous discharge, when stooping, from the right nostril for some months. Her nose presented the appearance of atrophic rhinitis, and there was a perforation in the anterior portion of the septum. Both antra were clear on transillumination. On curetting the right ethmoidal region a cavity was entered, and it was found that the whole ethmoidal labyrinth had been converted into a cavity lined by a smooth shining membrane. All trace of partitions dividing the cells had disappeared. The discharge continued for about two months, and then gradually ceased without the lining membrane having been removed. *John Wright.*

Freudenthall, Wolff.—The Therapeutic Value of Radium in the Treatment of Diseases of the Upper Air-tract. "Ann. of Otol., Rhinol., and Laryngol.," vol. xx, No. 1, p. 1.

An illustrated account of ten cases of epithelioma of ala nasi, osteosarcoma of maxilla, epithelioma of tonsil, lympho-sarcoma of nasopharynx, and carcinoma of larynx treated by radium, with good result. *Macleod Yearsley.*

MacKenna, R. W. (Liverpool). — Ionic Medication. "Brit. Med. Journ.," October 14, 1911, p. 888.

In the course of a discussion on ionic medication at the Birmingham meeting of the British Medical Association, Dr. MacKenna reported good results from treating lupus with zinc. The difficulty hitherto experienced in effecting the penetration of the zinc ions is due to the layer of epithelium covering the lupus nodules. A solution of liq. potassæ rubbed over the lupoid surface, however, dissolves the epithelial layer. After wiping off the alkali, a thick pad of cotton-wool saturated with 10 per cent. zinc sulphate solution is applied to the part and the zinc electrode connected with the positive pole is firmly held over it. Sittings of from ten to twenty minutes once a fortnight were sufficient to bring about cure with a smooth elastic scar. It possessed an advantage over the Finsen light treatment in being applicable to intra-nasal lupus. *Dan McKenzie.*

Noon, L.—Prophylactic Inoculation against Hay-Fever. "Lancet," June 10, 1911.

The author states definitely that hay-fever "is caused by a soluble toxin found in the pollen of grasses." Idiosyncrasy exists in those who suffer from it and can be demonstrated by dropping extract of grass pollen into the eye. The history of the development of treatment by a serum, such as pollantin, is given briefly. Such treatment is, however, unsatisfactory, and therefore experiments were undertaken by the author to study the reactions of hay-fever patients towards inoculations of pollen toxin. The plan was to obtain a numerical measure of the sensitiveness of the patients to the pollen toxin and to observe whether this was increased or decreased by subcutaneous inoculations of various quantities of pollen toxin. The extract used was made by Dunbar's method from grass pollens of different species. The most active was that of Timothy grass (*Phleum pratense*). The result of the experiments so far is to

show that the sensibility of hay-fever patients may be decreased by properly directed dosage at least a hundredfold, whilst excessive or too frequent inoculations only serve to increase the sensibility. It remains to be seen how long immunity will last, and the author has patients under observation who have undergone treatment for periods varying from a few weeks to eight months. *Macleod Yearsley.*

Baumgarten, Egmont.—Impairment of Vision due to Intra-nasal Conditions. "Monatsch. f. Ohrenh.," Year 45, No. 6.

Referring to his previous article under the same title—an abstract of which was published in the JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOLOGY, March, 1911, pp. 160–3—the author now adds an account of four more similar cases to the six there described. All were sent on to him from the eye clinic. In these cases, as he observed in his previous report, it is unusual to find definite empyemata (probably because under these circumstances the rhinologist would have been consulted by the patient in the first instance)—though, if any such condition be discovered, it should, of course, be submitted to radical treatment. Failing this the author's mode of procedure is to remove enlarged middle turbinals, or, if no intra-nasal abnormality be detected, to apply adrenalin and cocaine to this area and note if any improvement at once occurs. In "many" instances this immediate improvement does occur, and it is then his practice to remove the middle turbinal and open the ethmoidal cells, and again later, if there is still reason to suspect that it may be advisable, to expose the sphenoidal sinus.

CASE 7.—Papillitis chronica. Vision both eyes $\frac{5}{30}$, central colour scotoma. Sight of the right eye failing many weeks. Both middle turbinals lay almost in contact with the septum; the right was therefore removed and the sphenoidal sinus opened, which, however, was found to be "empty, but the mucous membrane much swollen."

Within half an hour the oculist reported that the colour scotoma had disappeared. On the third day after, vision, both sides, was $\frac{5}{20}$; on the fifth day, $\frac{5}{7}$, and No. 5 type could be read. The papillitis still persisted, but after fourteen days was much improved.

CASE 8.—Neuritis retro-bulbaris. Vision right $\frac{5}{20}$, left $\frac{5}{5}$. Central colour scotoma on the right side and "in a slight degree" also on the left. Fundus normal in appearance. As the anterior end of the right middle turbinal was the seat of a small cystic enlargement it was resected. "Immediately" after the operation the colour scotoma on the left had disappeared whilst that on the right was scarcely recognisable; vision right "$\frac{5}{7}$?" After a few days the patient was lost sight of, "but must have felt well, otherwise he would have reported himself to the oculist who was also his club doctor."

CASE 9.—Neuritis acuta. A girl, aged twenty, was sent to the author in November, 1910, with the report: Vision—right, $\frac{5}{5}$; left, $\frac{5}{15}$, left neuritis acuta, central colour scotoma for red and green; three weeks ago influenza, severe headache; last six days vision in the left eye becoming worse daily.

With the exception of a bony enlargement engaging the septum about the centre of the left middle turbinal, the mucous membrane over which was normal, no abnormality was detected on intra-nasal inspection. This swelling was resected and its interior found to be filled with granulations and its mucous membrane œdematous. On the fourth day after the

vision was $\frac{5}{7}$ and the colour scotoma gone. On the tenth day the vision was $\frac{5}{5}$, the inner margin of the papilla was indistinct and was still so by the end of January as some neuritis was still present.

Case 10.—Neuritis acuta. A young man who, in December, began to suffer with left-sided headaches and within five days completely lost the sight of the left eye, presented himself with the following report from the oculist: Almost absolute central scotoma left side, cannot see the hand before his eyes but only the finger-tips; axillary neuritis; the papilla is red and its margin indistinct.

The left middle turbinal was much swollen and the middle meatus filled with pulsating pus. Acute purulent ethmoiditis was diagnosed, the frontal sinus being probably similarly affected, as transillumination showed this side much darker although no tenderness could be elicited over it. After the application of cocaine and adrenalin to the middle turbinal and its neighbourhood, the patient already stated that he could recognise light in the left eye. The middle turbinal was at once removed and the ethmoidal cells opened up. After the operation vision $\frac{5}{50}$, headache gone and did not recur. The third day, vision $\frac{5}{20}$; the fifth day, $\frac{5}{7}$; no scotoma could be detected and the neuritis had completely disappeared. By February the vision was $\frac{5}{5}$, and since January all discharge had stopped.

The very rapid and complete cure of this case was a most gratifying surprise, says Baumgarten, both to the oculist and himself, and quite eclipsed anything either of them had seen.

In conclusion he adds that he has since seen a "number" of similar cases which he has been able to either cure or considerably improve, and he urges very strongly that a very careful watch should be kept for such conditions and their recognition met with prompt intra-nasal treatment.

[The article is perhaps principally worthy of note in relation to the discussion which followed Prof. Onodi's paper this summer at Birmingham, where the very frank expression of opinion on this subject and the personal experience of most members were certainly somewhat at variance with the most satisfactory results as described by Baumgarten. This report should be read in conjunction with its predecessor or the two original articles should be studied together. An endeavour has been made to represent the paper without bias, but it is obvious that many points arise on which further information would be desirable before one can unreservedly associate oneself with the author's sanguine conclusions, whilst the last case should not be included in the same category as that of the previous three here reported. The account would further command much more reliance were it leavened with the relation of but one *un*successful case, for such indeed, occasionally at any rate, do occur.]

Alex. R. Tweedie.

MOUTH AND PHARYNX.

O'Meara, J. M.—Note on a Case of Adenoids Associated with Albuminuria and Casts in the Urine. "Lancet," May 6, 1911, p. 1204.

Boy, aged seven, with marked adenoid symptoms, in whom was found a very large number of casts and a quite small quantity of albumen. Very marked improvement set in immediately after removal of the adenoids,