

appearances of this complication, fortunately rare in the case of swallowed foreign bodies.

Dr. GUISEZ (Paris) had frequently observed abscesses resulting from foreign bodies. He thought that whenever œdema is present it is advisable not only to remove the foreign body, but further, to make a small incision into the mucosa; one then sees a flow of pus. Abscesses are also observed as a result of operative measures for the removal of a foreign body—for example with Graefe's coin-catcher.

Dr. JACQUES (Nancy) said that œsophagoscopy should be carried out by experienced hands. He had seen the pharyngeal mucosa rasped by the œsophagoscope.

H. Clayton Fox (trans.).

(To be continued.)

Abstracts.

EAR.

Mayer, Otto (Graz).—On Affections of the Auditory Nerve in Acquired Syphilis. "Arch. Internat. de Laryngol., d'Otol., et de Rhinol.," May-June, 1911.

The author has been struck by the number of cases reported by Finger in which "606" was employed in the treatment of syphilis that had been followed by lesions of the auditory nerve and untoward symptoms attributed to affections of the auditory nerve. From the sixty-five cases placed at his disposal untreated by this remedy he has come to the following conclusions as to the occurrence of these labyrinth complications in this condition: (1) The affections of the auditory nerve may appear as early as three weeks after the chancre or six weeks from the period of inoculation. It is more frequent during the first six months but may occur as late as thirty years after. (2) In most cases the condition was ushered in by subjective noises and an absence of vertigo. (3) It is usually bilateral and frequently equal on both sides. It is rare for one ear to escape entirely. (4) While in almost half the cases there was a varying degree of vestibular involvement, in no case has he observed an isolated vestibular affection. Whereas the examination of the cases of Finger indicates preponderance of vestibular involvement, it would seem that the vestibular nerve is more sensitive to certain poisons by which the cochlear branch is little or hardly at all affected. A large number of cases may still fall to be considered in which the isolated infection of the vestibular apparatus has caused the case to pass unnoticed by the otologist into the hands of the neurologist. The author gives a new indication of the fact that affections of the auditory nerve may appear at all stages of syphilis, and that affections of the ear observed after the employment of arseno-benzol differ essentially from those due to syphilis.

J. D. Lithgow.

Buys (Brussels).—The Symptomatology of Labyrinth Lesions due to Indirect Traumatism. "Archives Internationales de Laryngologie, Otologie, et de Rhinologie," May-June, 1911.

Some of the above lesions improve; others get progressively worse. The apparent severity of the cranial injury is no index to that of the

labyrinth. Until recently only the more severe cases were recognised: now, owing to improved methods of diagnosis, even the mildest cases can be detected by objective examination. In the examination of a suspected case of labyrinth lesion both the cochlear and the vestibular apparatuses must be examined separately, as they may be independently affected. This examination should be comprehensive, as otherwise confusion may arise where both systems are involved. Sometimes there may be only temporary and partial interference with function—or in the case of the vestibule alone, a passing hyperæsthesia.

The author describes fully an interesting case where a fall on the occiput, which resulted in a passing unconsciousness of a few minutes' duration, and which at the time showed no signs of any ear trouble, was followed by gradual, and at the end of two years complete, destruction of both the functions of the inner ear.

In a case of the kind repeated examinations should be employed in which the caloric and rotary tests will be used. A special difficulty arises where there is a predominant functional inequality of the vestibular operation, as its function has not the same measurable and absolute value as that of the cochlea. When the exact degree of involving of the labyrinth cannot be absolutely determined it will be sufficient clinically to compare the two sides; and in cases where both sides are affected the "relative quantitative analysis" of the two sides may assist, the possibility of vestibular hyperæsthesia being kept in mind. The author draws attention to the fact that when using the thermal test, even when the provoked nystagmus is slight, the patient, on closing the eyes and attempting to walk straight ahead, deviates in the direction opposite to that of the nystagmus. This last sign would, of course, only be of value where one could definitely exclude any extra-vestibular origin of the interference with equilibration, such as cerebellar disease.

J. D. Lithgow.

Day, Ewing W.—Reports of Three Cases of Mental Derangement associated with Suppurative Otitis Media. "Annals of Otology, Rhinology, and Rhinology," vol. xx, p. 388.

The first two cases, one female, aged fifty-five, and one male, aged thirty, both showed great apprehension of operation, and remind one of the cases recently described by Devine in the *British Medical Journal* for September 30, p. 747, in his paper on "The Significance of Some Confusional States." In the third case, a man, aged fifty-two, with lateral sinus thrombosis, severe and continued pain seems to have been the determining faculty in his mental condition. *Macleod Yearsley.*

MISCELLANEOUS.

Wall, Cecil (London).—Some Aids to the Diagnosis of Pulmonary Tuberculosis. "Clinical Journal," October 18, 1911.

As subsidiary to the general clinical examination, Dr. Wall discusses somewhat critically some recent aids, such as radiography, recent developments in the search for the bacillus, tuberculin tests, and the opsonic index. The use of the X rays is considered of the greatest value to confirm the observations made by other methods, and has afforded most useful information in some of the complications of pulmonary tuberculosis, as also in determining the position of the heart and any