this title the author drew attention to certain conditions other than those which he would describe as hyper-æsthesia, such as severe vomiting, giddiness and nystagmus, due to injudicious application of the caloric and rotation tests, and which more rightly belonged to the domain of physiology. To illustrate his views he quoted cases of middle-ear catarrh in which inflation, even gently performed, evoked severe symptoms, and also others in which the radical operation had been carried out, and where, during post-operative manipulation, the utmost delicacy was required to prevent labyrinthine disturbance. (The object apparently was to attempt a distinction between hyper-æsthetic states of the labyrinth in otherwise normal ears, and an unusual condition of excitability in connection with pathological circumstances.)

In the lengthy discussion which followed, FREY, RUTTIN, BÁRÁNY and NEUMANN took part. As Alt himself had pointed out, exaggerated symptoms in connection with neurotic people were known to all, and as regards the excessive reactions in pathological cases, these might be explained by assuming either some sudden alteration in the state of the labyrinth fluid, as by inflation in chronic tubo-tympanic obstruction, or by the loss of its normal protection in post-operative cases. The "fistula symptom" would serve to elucidate some of these conditions, although, however, it must be admitted that there remained many phenomena in connection with the vestibular system for which at present no explanation could be offered The possible co-existence of intra-cranial tumours in these cases should be borne in mind. It was obvious that a very cautious attitude was adopted towards this differentiation and terminology as suggested by the author. *Alex. R. Tweedie.*

Abstracts.

NOSE.

Gerber (Prof.).—The Vestibule of the Nose, and the Treatment of Lupus. "Münch. med. Wochens.," November 21, 1911, p. 2501.

In this short contribution to the International Rhino-Laryngological Congress in Berlin, September, 1911, Prof. Gerber emphasises the importance of a careful examination of the orifice of the nose, particularly of the upper angle at the junction of the skin and mucous membrane, in cases of facial lupus. It is there, the author believes, that lupus involving the nose and face has its origin in a very large proportion of cases. Dr. Gerber uses a small mirror devised by himself for examining the upper part of the vestibule of the nose, and he has repeatedly found lupus nodules in that situation even when no other evidences of the disease were present or when the cutaneous lesions were regarded as healed. The active co-operation of the rhinologist is therefore of great importance if there is to be an effective campaign against lupus and tuberculosis. *J. S. Fraser.*

Barraud, A.—Two Cases of Rhinolith. "Revue Med. de la Suisse Romande," August, 1911.

Foreign bodies in the nose are common, but rhinoliths, according to Dr. Barraud, are rare, only 160 having been reported in the whole of medical literature. The first of the two cases here recorded was a

woman, aged seventy. She had suffered for six or seven years from the ordinary symptoms of a foreign body in the nose. This, on removal, was found to be a rhinolith, measuring 2·5 cm. by 1 3 cm. by 1·5 cm. The outer layer of the rhinolith consisted of carbonate and phosphate of calcium; the nucleus was a cherry-stone. The second case seems hardly to deserve to be called a rhinolith, as it was merely a boot-button which had been in a child's nose apparently for a few months, and was not yet completely coated by the lime-salts. *Arthur J. Hutchison.*

Leroux, Robert (Paris).—Dangers of Menthol in Rhinology. "Annales des Mal. de l'Oreille, du Larynx, du Nez, et du Pharynx," vol. xxxvii, Pt. II.

The author classifies the baneful results arising from the use of menthol under three headings—hyperacute, acute, and chronic. The first are the most frequent and serious; they have only been met with in sucklings and young children who have been treated with mild mentholised preparations (strength 1 per cent. to 2 per cent.) for coryza. The symptoms experienced have been sudden intense dyspnœa, threatening asphyxia, cyanosis, imperceptible pulse, faintness, hypersecretion of mucus in the nose, throat and larynx, and convulsions. Death happened in one case, and was only averted in the others by prompt treatment. Cases observed by Killian, Mayet, Armand-Delille, Gomet, Ruffier, Pujol, the author and others are recorded in detail. These troubles attending the use of menthol are attributed to (1) spasm of the glottis, induced either by direct contact, through dropping, into the larynx or reflexly from irritation of the nasal mucosa. (2) Hypersecretion of mucus in the upper air-passages from reflex stimulation of the vaso-secretory nerves, determining asphyxia and comparable to drowning. (3) Reflex inhibition of the heart and respiration from irritation of the nasal nerve branches. An inflamed mucosa favours this action (Killian). The author concludes that mentholised preparations should be rigidly proscribed in the case of children under three years, and that the individual susceptibility of patients above that age ought to be considered and the strength of menthol adjusted accordingly. The treatment advocated consists in (*a*) ridding the respiratory passages of mucus by hanging the head downwards and aspiration of the discharge; (*b*) artificial respiration with rhythmical traction of the tongue; (*c*) general revulsion, hot baths and sinapisms. Under the heading of acute troubles, cases of acute conjunctivitis and pseudo-erysipelas observed by Triboulet are mentioned, also pharyngeal cough and reflex otalgias noted by Laurens. Withdrawal of menthol brought about a cessation of these troubles. Chronic affections which are frequent have consisted of erythema of the lip and nares and chronic turbinal hypertrophies located usually at the anterior ends of the inferior bodies. The latter condition has been met with in subjects who have gradually become addicted to the abuse of mentholated preparations of increasing strength for long periods. This hypertrophy is not recovered from by abstaining from the use of the medicament and is only amenable to surgical treatment.

H. Clayton Fox.

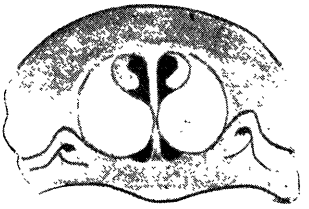
Freeman, J.—Further Observations of the Treatment of Hay-fever by Hypodermic Inoculations of Pollen Vaccine. "Lancet," September 16, 1911, p. 814.

A sequel to Noon's paper on hay-fever (*Lancet*, June 10, 1911). A table of 20 cases is given. Of these, 2 were "eminently satisfactory,"

9 were "satisfactory," 3 were "fairly satisfactory," 1 "disappointing," 1 "inconclusive," 1 "failure" and 1 is described as "no test." As far as the author can ascertain, one kind of pollen is not more active in one than in another case, so that, apparently, different types of pollen need not be selected for treating different patients. *Macleod Yearsley.*

Sturm, **F. P.—Nasal Obstruction due to Osteomata of the Posterior Nares.** "Brit. Med. Journ.," March 16, 1912.

Boy, aged eleven, with deafness and complete nasal obstruction. After removal of tonsils and adenoids, digital examination revealed a



dense bony enlargement of the posterior end of each inferior turbinal. Each was the size of a cherry, and so dense that neither spokeshave nor saw made any impression. *Dan McKenzie.*

PHARYNX AND ŒSOPHAGUS.

1. **Winslow, C. E. A.—An Outbreak of Tonsillitis or Septic Sore Throat in Eastern Massachusetts and its Relation to an Infected Milk Supply.** "Boston Med. and Surg. Journ.," vol. clxv, p. 899.
2. **Darling, E. A.—Clinical Aspects of the Epidemic of Septic Sore Throat in Cambridge.** *Ibid.*, vol. clxv, p. 904.
3. **Richardson, M. W.—An Epidemic of Tonsillitis due to Infected Milk.** *Ibid.*, vol. clxv, p. 907.
4. **Goodale, J. L.—Observations on the Epidemic of Sore Throat Occurring in Boston and Vicinity during May, 1911.** *Ibid.*, vol. clxv, p. 908.

These four papers require to be taken together, as each is the complement of the others, supplying information lacking in its fellows. It appears that in May, 1911, there was a sudden increase in cases of acute tonsillitis in parts of Boston and its suburbs, the increase in the cultures examined in the health laboratories being 100 per cent. It became realised quickly that most of the families affected used a single milk supply. The dairy company called upon Winslow to make a thorough study of the situation, and the first paper deals with his work upon the records of 1400 cases. The disease differed from ordinary tonsillitis, appearances varying from diffuse redness to characteristic white patches, or even a diphtheria-like membrane formation. The most striking feature was secondary gland enlargement, sometimes with sepsis, etc.—Winslow compares it to English "septic sore throat." The local geographical distribution is discussed, with the epidemiological characters of the outbreak. The incubation period appears to be from two to three days. As very few secondary cases derived by contact occurred, it is to be concluded that the disease was almost non-contagious. It was notably concentrated in the affected households, and women were much