

he gives some interesting everyday examples of cerebellar ataxia or hypermetria. As that the patient, if asked to draw a series of horizontal lines to end in a given vertical line, cannot check his pencil; so that the horizontals straggle widely and irregularly beyond the vertical. Also he makes his O's and C's polygonal. The author reminds us that nystagmus on deviation, or due to caloric stimulation, tends to last a much longer time in cerebellar lesions than in labyrinthine disease.

H. Lawson Whale.

MISCELLANEOUS.

Ocular Complications of Dental Affections.—Juan de Cruz Correa. "Rev. de Laryng., d'Otol., et de Rhinol.," September 30, 1917.

In two very similar cases described the chain of evidence definitely incriminated a molar tooth and the maxillary antrum.

One patient suffered from palpebral œdema, the other from conjunctivitis. Both were cured by dental extraction.

Among theories as to ætiology, Dr. Correa discusses "reflex" origin from the tooth, blood infection, toxæmia, and lymphatic spread from antrum to orbit. The last hypothesis will meet with most general favour.

H. Lawson Whale.

Diagnosis of Early Pulmonary Tuberculosis.—J. I. Johnston (Pittsburg). "Amer. Journ. Med. Sci.," July, 1917.

The writer refers to the vital importance and frequent difficulty of the diagnosis of early curable tuberculosis. Suspicious cases must be worked out to a confirmation by all available means. Sputum analysis is only of value when it gives a positive result. X-ray examination is inconclusive because, while damage to the lung may be apparent, no indication is given as to the activity of the disease, and the only tuberculosis of the lung that concerns us is active tuberculosis. The complement-fixation test devised by Craige is likely to be of great value in that it not only discloses suspected cases in which physical signs are absent, but shows also that cases which are considered in a state of cure are not entirely free from infection so long as this test is positive. Pulmonary tuberculosis which can be positively diagnosed at the first examination is an established condition associated with permanent damage. An immediate diagnosis is sometimes impossible, and a statement made to the patient that one can find no active tuberculosis is an honest one, no matter what subsequent developments may occur.

Thomas Guthrie.

OBITUARY.

DR. W. H. JAMIESON, MONTREAL.

DR. JAMIESON had many friends on both sides of the Atlantic. Many of us remember him as one of the pleasantest and cheeriest of Resident Medical Officers at the Throat Hospital, Golden Square, and were glad to meet him again when the British Medical Association met in Toronto in 1906.

He has for many years been associated with the Royal Victoria Hospital, Montreal, where, as First Assistant, he carried on the Throat Clinic during the absence of Dr. Birkett with the Army in France. He died suddenly last winter from a central nervous lesion.