

ness on the right side. She was unsteady in her gait, stumbling to the right. No nystagmus. Strychnine and quinine improved the vertigo.

MacLeod Yearsley.

THYROID GLAND.

Burt, R. Shurley.—**Manifestations of Thyroid Disease in the Upper Respiratory Tract.** "Laryngoscope," March, 1911, p. 145.

A large number of patients, the subject of thyroid disease, refer their first symptoms to the throat. The faucial tonsils appear to be in physiological and pathological relationship to the thyroid gland. It has been noted that thyroid enlargement has subsided after enucleation of the tonsils, and also that septic processes involving the lymphoid tissues, *i. e.* tonsillitis, quinsy or scarlet fever, are often direct ætiological factors in the occurrence of Graves's disease. It is therefore possible that tonsillectomy may have a place in the prophylaxis of Graves's disease. In cases of hypothyroidism, slowness and difficulty in articulation are often present. Slight motor insufficiency of the laryngeal muscles also occurs, but the affection of speech is not proportionate to this paresis. A perversion of taste is also often present. Two myxœdematous cases complained of tinnitus, but no lesion could be found on aural examination to account for this. In hyperthyroidism, or Graves's disease, taste, hearing and smell are less commonly affected. Cases of myxœdema sometimes present a peculiar infiltration of the nasal mucosa as an early sign, and later the membrane is found much thickened and the nose obstructed by a gelatinous yellow secretion. A cough with dry throat and husky voice may be the initial symptoms of Graves's disease, and cause the patient to first consult the laryngologist.

John Wright.

Bahri, Ismet (Constantinople).—**A Case of Acute Suppurative Thyroiditis after Influenza.** "Rev. Hebd. de Laryngol., d'Otol., et de Rhinol.," February 4, 1911.

A man, aged forty-two, who was just recovering from an attack of influenza, observed a swelling of the front of his neck, which became painful, gradually increased in size, and finally pointed. There was pain in deglutition and respiratory distress, owing to œdema of the aryepiglottic folds and ventricular bands. After evacuation the symptoms subsided, but the thyroid remained swollen. The pus contained streptococci.

Chichele Nourse.

MISCELLANEOUS.

Coakley, C. G. (New York).—**The Association of Suppurative Disease of the Nasal Accessory Sinuses and Acute Otitis Media in Adults.** "Amer. Journ. Med. Sci.," February, 1911.

The subject is dealt with in two portions, namely, (1) statistics and (2) personal impressions. The former are based on a series of cases observed during a period of six months, consisting of sixteen cases of acute suppurative otitis media; twenty-six cases of acute rhinitis without sinus involvement; thirty-one cases of acute sinusitis (all of which also had acute rhinitis), and thirty-six cases of chronic sinusitis. Of the cases of acute otitis media 81 per cent. suffered also from sinus disease; of the cases of acute rhinitis 11.5 per cent. had acute suppurative otitis media; of the cases of acute sinusitis 42 per cent. had acute suppurative otitis

media; and of the cases of chronic sinusitis 3 per cent. had acute suppurative otitis media.

It is the author's conviction that the early recognition of sinus disease and appropriate treatment for its relief, will prevent many a patient from developing acute otitis media. It is significant in this connection that the acute otitis media usually occurs on the same side as the sinus disease; moreover, cases of acute otitis media associated with nasal accessory sinus disease are more likely to develop disease requiring a mastoid operation than those not complicated by sinus trouble. The author has repeatedly seen cases of severe otitis media and mastoiditis, with all the indications for mastoid operation, recover without a mastoid operation when the nasal sinus disease was recognised and treated. Cases of chronic suppuration of accessory sinuses are much less liable to acute otitis media than those with acute sinus disease. This is probably due both to decreased virulence of the pathogenic organisms and to the formation of anti-bodies by the host.

Thomas Guthrie.

Williams, Washington.—The Pathology of the Cranial Nerves in Tabes Dorsalis. "Amer. Jour. Med. Sci.," March, 1910.

This paper refers chiefly to the oculo-motor paralysis so frequently met with in tabes, but in conjunction with preceding articles (*Amer. Journ. Med. Sci.*, August, 1908, and *Medical Record*, January 29, 1910), it deals fully with the ætiology and microscopic appearances of the cranial nerve palsies occurring in tabetics, both during the early stages and after the disability has become permanent. The writer supports the views of Babinski and Nageotte that all the symptoms of tabo-paresis ensue upon a chronic meningitis of syphilitic nature. The fundamental lesion of tabes dorsalis is, in fact, a chronic syphilitic arachnoiditis. The result of this is a transverse radicular neuritis causing more or less complete damage to the nerve. If the process is arrested before it has proceeded too far a considerable degree of recovery may take place, partly as a result of the regeneration of the nerve. In the author's case, which is fully reported, there was complete paralysis of all acts governed by the third nerve with the exception of the pupillary reaction upon accommodation. The nerve was examined *post-mortem* and a distinct focus of transverse radicular neuritis was found at a point 4 mm. after entering the parietes of the cavernous sinus. The portion of the nerve affected measured only 1.5 mm. in length and was situated immediately behind the place where the nerve is divided into compartments by the layer of connective tissue which accompanies its anastomotic branches. Islands of regeneration were present both above and below the site of the lesion. In addition to the oculo-motor paralysis there was complete blindness, the right vocal cord was paralysed, and the right side of the tongue was atrophied, corrugated, and showed fibrillary twitchings. The optic nerve presented characteristic tabetic atrophy, and the hypoglossal showed changes similar to those of the third nerve. The nuclei of none of the cranial nerves showed any alteration, although carefully studied in serial sections.

Thomas Guthrie.

Brown, W. Langdon.—An Inquiry into the Value of Rectal Feeding. "Proc. Roy. Soc. Med." April, 1911 (Therapeutical Section).

The results obtained by giving isotonic saline solutions by the bowel are just as good as those got by so-called "nutrient enemata." Rectal feeding is apt to cause secretion of gastric juice.

J. S. Fraser.