

past, infection denied, Wassermann positive, mucous membrane of the larynx extremely red and swollen, diffuse gummatous infiltration of the epiglottis. As no improvement followed local treatment and iodide of potassium internally an intra-venous injection of 0.5 gr. of salvarsan was given. The dyspnoea became so threatening in the course of the next few days that the patient was admitted to hospital and tracheotomy eventually found necessary.

CASE 2.—A man, aged forty-two, under treatment in 1904 for mercurial stomatitis, applied for relief December 17, 1910, with a small ulcer on the base of the uvula and another on the tonsil. Sajodin, local treatment, healing. At the beginning of January, 1911, another ulcer had appeared on the uvula and tongue, Wassermann strongly positive. January 26, intra-gluteal injection of salvarsan, 0.6 gr. Healing by February 4, but within three weeks a jagged perforation of the hard palate had occurred close to the base of the uvula.

CASE 3.—Congenital syphilis in a boy, aged fifteen. Under treatment many years. Tracheotomy in 1907 for specific stenosis of the larynx. In 1909 large gummata on the skull and right humerus. In October, 1910, the patient applied for treatment with a dirty ulcer the size of a florin in the pharynx. Intra-gluteal injection salvarsan 0.3 gr. under which healing took place. January 14, 1911, patient came again with periostitis of the bridge of the nose. Intra-venous injection of salvarsan 0.3 gr. During the next four weeks an energetic inunction was carried out and the periostitis partially subsided. Four weeks later still severe keratitis in the right eye and a slight degree also in the left; nasal periostitis still present but better. Wassermann strongly positive.

CASE 4.—A man, aged thirty-seven, acquired lues in 1898. Six mercurial injections in 1906. Applied for treatment February 2, 1909, stating that he had been unable to see with left eye for ten days and with right eye for two days. Complete double optic atrophy, saddle nose, perforation of the septum nasi. Treatment by inunction. December 10, Wassermann positive, intra muscular injection salvarsan 0.6 gr. Meningeal symptoms appeared in the middle of the following January and he died of meningitis January 26, 1911. (The author considers the optic atrophy and meningitis followed on disease of the sphenoidal sinus in this last case, which condition the salvarsan aggravated, though how he arrives at this conclusion is not quite clear, nor does it seem fair to accredit the drug with the unfavourable course of events in the two preceding cases.)

Alex. R. Tweedie.

REVIEW.

Der Schwindel (Vertigo). Von Geh. Med. R. Prof. Dr. E. HITZIG. Zweite Auflage. Herausgegeben und Bearbeitet von J. RICHARD EWALD und ROBERT WOLLENBERG. Mit 12 Abbildungen. Pp. 114. Wien und Leipzig: Alfred Hölder, 1911. Price 6.50 marks.

Originally the work of the late Dr. Hitzig, this book on vertigo has been brought up to date and largely rewritten by the present authors, Drs. Ewald and Wollenberg. Respect for the memory of Hitzig has led to the retention, in the physiological section, of as much of the

original text as is compatible with modern views and advancing knowledge. The resulting mixture has certainly been skilfully compounded, but nevertheless, the impression left on the mind after reading the book is that a bolder break with tradition would have been perfectly justifiable.

The subject is dealt with from the two standpoints of physiology (Ewald), and pathology (Wollenberg), and in both sections most of the recent work and opinion is compendiously displayed.

In his exposition of the theory of canalicular vertigo and nystagmus, Ewald endeavours to avoid the difficulties of Breuer's theory of a free circulation of endolymph round the canals during and after rotation, by attributing ciliary action to the hair-cells. The trend of the fluid [the difference is the difference between a wave and a current.--D.M.] in one or other direction is supposed to hinder or facilitate the movement of the cilia, and a corresponding nerve stimulus is thus initiated. Further, the stimuli uninterruptedly generated by the placid normal ciliary movement is held to be responsible for the general muscle-tonus of the body.

In the matter of the theory of caloric nystagmus the author agrees with many other observers in referring the reflex to the direct action of the cold or heat upon the end-organ, and not, as Bárány does, to changes in the circulation of the endolymph effected by thermal influences.

On page 22 Bárány is credited (or debited) with the belief that both phases of the nystagmoid movement originate in the labyrinth. But the charge is surely not well founded, for Bárány, like most other investigators, holds that it is the slow phase alone which is generated in the labyrinth, and that the rapid phase is brought about by the intervention of nerve-centres higher in the brain than those which transmit the vestibular impulses direct to the motor centres for the eyes.

Another slip, in the pathological section (p. 75), that caloric nystagmus, whether induced by cold or heat, is directed to the "unsyringed ear," will doubtless be rectified in future editions.

For the otologist the book will serve as a useful reminder that vertigo is common in many diseases other than those of the ear. But in respect to aural disease he will be disappointed to find that the ever-interesting topic of the "labyrinth storm," or Ménière syndrome, is only glanced at, the reader being referred to V. Frankl-Hochwart's monograph on the subject.

These criticisms, of course, apply only to what appear to be the deficiencies in the work. Taken all round it is accurate, and not too abstruse, and well deserves a place in the library of all who are interested in the fascinating problem of vertigo.

Dan McKenzie.

OBITUARY NOTICE.

PROFESSOR BERNHARD FRÄNKEL.
(Berlin.)

WE regret to announce that the *doyen* of German laryngology, Professor Bernhard Fränkel, a laryngologist whose reputation and renown are world-wide, died on November 12, 1911, a few days before his seventy-fifth birthday.

The son of a medical man, Fränkel was born at Eberfeld, November 17, 1836. His student life was passed at Würzburg and Berlin under Joh. Müller, Traube, Langenbeck and Virchow, whose teaching and