

sound-perception. A marked advance was made in the method now employed, by which the fork is placed over the base of the mastoid process, and a measurement is taken of the time in seconds during which the normal ear hears the fork above or below that time during which it was heard by the patient.

The following modification of Schwabach's test has been advanced with the object of enabling us to compare the relationship which exists between air- and bone-conduction, and thereby avoiding at least one of the many sources of error which this method entails. As the test is usually employed this relationship is greatly upset by reason of the fact that the period of vibration of a tuning-fork which is suspended free in air or held lightly between the fingers is much longer than that of the same fork when its stem is firmly planted upon a hard substance. Our measurements are further adversely influenced by the fact that whilst we are transferring the fork from one mastoid process to the other it must for a time swing freely in the air, which still further interferes with the character of its vibrations. These difficulties may be overcome by comparing the pathologically altered bone-conduction with the normal air-conduction in the following manner. The examiner must in the first place determine the constant difference in time between his own bone- and air-conduction for a given tuning-fork: this is known as normal Rinne (*n.r.*). In the second place he must determine the difference between the air-conduction of the patient and his own; this is designated as air-figure (*l.*). He must in the third place estimate the difference between the bone-conduction of the patient and his own air-conduction; this is known as the examiner's differing number (*f.d.*). In estimating bone-conduction the author uses the tuning-fork *e* (Bezold) and *g*<sub>2</sub> (Reiner). By the first of these the normal Rinne is in his own case 40 sec. and by the second 21 sec.

*Example.*—A case of unilateral interference with conduction, confirmed by otoscopic examination. Tuning-fork *e*; *n.r.* = 40, *l.* = 36, *f.d.* = 16. This interpreted means, the air-conduction is diminished by 36 sec., and the bone-conduction is lengthened by 24 sec. (air seconds) compared with the normal. The Rinne test may be reckoned from the above figures. If the patient's air-conduction were normal the Rinne would work out + 16 (40–24), but we know from *l.* that air-conduction is diminished by 36 sec. Therefore in this case the Rinne would be – 20. The opinion is held that the estimation of bone-conduction if carried out in this manner will give more accurate results, and lead to a truer interpretation of the variations in bone-conduction which occur with different tones and in different diseases. J. B. Horgan.

### MISCELLANEOUS.

**Thost, A. (Eppendorf).**—Gout in the Upper Air-passages. "Archiv für Laryngol.," vol. xxvi, Part II.

After some reference to the nature of gout and to the relation of diseases of metabolism in general to the mucous membranes, the writer considers the diagnosis of gout of the upper air-passages. In his opinion we are justified in arriving at a diagnosis of gout of these regions—(1) when there is a family tendency to the disease; (2) when gout has been proved to be present by examination of the purin metabolism, or when the upper air-passages are affected during acute attacks of gout elsewhere;

(3) when cutaneous gout is also present; (4) when, ordinary treatment having failed, treatment directed against gout succeeds.

The relationship of gout and hay-fever is discussed, and this is followed by a detailed description of the manifestations of gout in the different portions of the upper respiratory tract together with the histories of eleven illustrative cases.

*Thomas Guthrie.*

**Bunch, J. L.—Hereditary Syphilitic Infants treated by Intra-venous Injections of "606."** Section for the Study of Disease in Children. "Proc. Roy. Soc. Med.," December, 1911.

The child was eight weeks old and presented the usual thin, old appearance. The skin was covered with a maculo-papular rash and there were fissures at the angles of the mouth; the child had snuffles; W R + . On June 21, 0.03 grm. salvarsan injected intra-venously; three days later the eruption had diminished. Six days later an intra-muscular injection was given, and a week after this all syphilitic lesions had disappeared. Dr. Bunch states that the results of intra-venous injection have not been very successful in infants, and that intra-muscular injections have been associated with sloughing of the tissues.

*J. S. Fraser.*

**Spiller (Pennsylvania).—Loss of Emotional Movement of the Face with Preservation or Slight Impairment of Voluntary Movement in Partial Paralysis of the Facial Nerve.** "Amer. Journ. Med. Sci.," March, 1912.

The author has observed this phenomenon, especially in instances of tumour of the cerebello-pontine angle pressing on the facial nerve. It is important to recognise that this form of dissociation of facial movement may be the first sign of interference with the facial nerve from pressure of such a tumour, and in connection with slight nerve deafness may be of localising value.

*Thomas Guthrie.*

## REVIEWS.

*Patologia, Anatomia e Fisiologia della Tonsilla Faringea.* By Dr. FRANCESCO MALTESE. Pp. 261 with 6 plates and 20 figures. Libreria Medica, 33, Via Massimo, Torino, Italy.

It was with some misgiving that the writer undertook to review "yet another adenoid book," and accordingly hesitated to attempt the, for him, necessary task of perusal before the leisure of the long vacation. This, such as it is, is the only excuse he can offer for the delay in the appearance of a notice of a work well worth attention. Dr. Maltese has rendered a valuable service to the history of medicine and surgery in our special department. In such a well-worn field as that of diseases of Luschka's tonsil there is small opportunity of saying anything that has not already been said over and over again. Indeed, it is only when one has occasion to study a work of this class that one obtains anything like a complete view of the immense amount of labour and research that has been devoted to this subject in all civilised countries during the greater part of the nineteenth century and especially since the publication of Wilhelm Meyer's paper in 1878. In the history of "the concentration of great minds on the elucidation of a small subject" the work of Dr. Maltese will have an honoured place, furnishing, as it does, what is