

spleen, tonsils, liver, lungs and kidneys, in which the myeloblast and promyelocytes were the predominating cell. A moderate number of eosinophilic and neutrophilic myelocytes and erythroblasts were found, with only an occasional polymorphonuclear neutrophile. The lymphatic tissue was everywhere atrophied, and indeed existed only as 'rests' in the glands, spleen and tonsils.

In conclusion the author discusses the origin of the myeloid foci in the viscera. Banti regards these myeloid foci as metastatic from the marrow by means of the blood stream. Schultze, Ziegler and Helly also believe that they originate in the marrow, are carried to the viscera by the blood current and further develop in the viscera without forming a definite infiltrating tumour-like growth. Port, however, regards the foci in the hæmatopoietic organs (spleen, liver and glands) as developments of pre-existing embryonic relics of myeloid tissue which are stimulated to growth by a specific irritant. He admits that there is no proof that the other viscera in embryonic life contain any myeloid tissue. He then discusses the ingenious claim of Schridde, who believes that the endothelial cells of the vessels of the embryo are the mother-cells of the myeloblast and erythroblast, and that post-embryonically the endothelial cells of all the viscera can under certain conditions (e.g. leukemia) develop into myeloblasts and erythroblasts. Port's chief objection to this theory of metaplasia is that in such conditions as pernicious anæmia the hæmatopoietic organs alone develop myeloid tissue from the endothelial cells of the capillaries, and that such organs as the glomeruli of the kidneys, which are very rich in capillaries, show no such changes.

C. P. H.

OTO-LARYNGOLOGY.

UNDER THE CHARGE OF DRs. BIRKETT AND JAMIESON.

RETROSPECT IN OTO-LARYNGOLOGY.

FERNAND LEMAITRE & E. HALPHEN. "Nystagmus and the Internal Ear." *Annales des maladies de l'Oreille et du larynx*, December, 1908.

After a review of the physiology and anatomy of the labyrinth, the authors define vestibular nystagmus as a "bilateral, rhythmical, involuntary and unconscious nystagmus, resulting from two successive ocular movements, namely, a slow movement at first followed by a rapid return." The rapid movement being more marked serves to determine the direction of the nystagmus. Thus, there is nystagmus to the right, when the eyeballs turn slowly to the left, but return suddenly and rapidly to the