

reaction to tuberculin is not an absolutely positive proof of tuberculosis of the eye, the only positive proof is a local reaction to the tuberculin in the diseased organ itself and this was observed in three cases. Brückner considers that ocular tuberculosis is generally secondary to other tubercular foci.

CHAS. STEADMAN BULL, M.D. "Some of the Rarer Ocular Lesions associated with Gout and General Lithemia." *Ann. Ophthalm.* April, 1907.

Gout is due to the accumulation of uric acid in the blood. Before an acute attack the urine may show a diminution in uric acid but after the attack the excretion may be excessive. High blood pressure and gout go together. Arterial sclerosis is responsible to each for its causation. Intestinal fermentation is generally responsible for the acid state. The lithemic dyscrasia is the frequent cause of conjunctivitis, oedema of the eye lids, choroiditis, retinitis, neuritis and affections of the ocular muscles. Some of these ocular lesions precede acute gouty attacks elsewhere and when these latter have occurred the eye lesion promptly disappears. As an example, in conjunctivitis (in which there is but little secretion and local treatment is of no avail) the eye attack lasts a week and is then succeeded by an explosive inflammatory attack of arthritis in the toes, ankles or wrist joints. The oedema of the eyelids when it occurs involves all four lids. The lids are sometimes hard and dense but following the outburst of an acute gouty attack elsewhere the oedema disappears. The external rectus is the muscle most frequently involved in affections of the ocular muscles. The paralysis is generally transient clearing up rapidly choroiditis. Retinitis and optic neuritis are the results of degenerated arteries and veins and high blood pressure occurring in advanced lithemia. The treatment has to be largely dietetic.

J. W. S.

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## OTOLOGY.

UNDER THE CHARGE OF DR. BIRKETT.

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ROBERT BARANY. "The Physiology and Pathology (*Functional Examination*) of the *Semi-Circular Canals in Man*." *Deuticke, Leipzig und Wien*, 1907.

Under the above title Barany has recently published a brochure which represents an attempt to set forth the recent work on the labyrinth in a form available for the practising otologist.

The aim of the author, as stated in his preface, has been rather to give a working basis for routine clinical examination than to discuss