

virulence for a considerable time in sputum, or in dust and earth. Sputum dried on linen and not exposed to sun light may continue virulent for as long as 45 days.

SCHWAB and GREEN. "A Case of Cerebro-Spinal Rhinorrhœa. *Am. Journ. Med. Sc.*, May, 1905.

GLYNN. "A Case Simulating Intracranial Tumour, in which recovery was associated with persistent Rhinorrhœa. *Brit. Med. Journ.*, 1905, p. 871.

In 1899 St. Clair Thompson published an admirable monograph in which he records twenty cases found in medical literature of an affection whose most conspicuous symptom was the spontaneous escape from the nose of cerebro-spinal fluid. Of these twenty cases, making 21 with his own, 17 manifested cerebral symptoms, and in 8 there were retinal disturbances. The ophthalmoscopic picture was strikingly similar in alloptic neuritis or post-heuritic atrophy being present, and with this, dilated pupils acting sluggishly to light. The visual fluid was contracted, and vision lost or limited to perception of light.

The fluid in the majority of cases flowed from the left nostril. It varied in quantity from 8 to 24 ounces in 24 hours. Headache and other cerebral symptoms often ceased with the onset of discharge. Thompson suggested that internal hydrocephalus was the cause of the cerebral symptoms, and Glynn believes his case to have been of this nature. In this instance the patient, after striking his head against a beam, temporarily lost consciousness and vomited. In the following twelve months he suffered from attacks of headache, giddiness and vomiting, lasting three or four days at a time. He had also diplopia and weakness of the right external rectus, the pupils were dilated but reacted promptly to light. Vision was normal with the exception of slight concentric limitation of the field of vision, and there was marked optic neuritis.

These symptoms persisted with periods of improvement, and there were added weakness of the legs and a tendency to fall forward, giddiness on stooping, weakness of the arms and volitional tremour, dilatation of the pupils and a nystagmus. His intelligence deteriorated, and on three occasions he had epileptiform convulsions. Sight failed greatly and there was incontinence. Five years after the onset of the first symptoms fluid began to escape from his right nostril, when he immediately began to improve. His sight was restored, optic neuritis disappeared, his mental vigour and muscular strength returned, and with slight loss of energy and memory he remained well. The rhinorrhœa