

which issued from the eye was removed by means of a wash consisting of 100 per cent. solution of the benzoate. — *Lyon Méd.*, March 7.

**MENIERE'S DISEASE.**—At the International Scientific Congress, at Amsterdam, in September last, Science of Otology (reported in *Le Progrès Médical*), M. Guye read a paper on Mènière's vertigo, of which the following are the conclusions :

1. In the most general sense of the word, we may consider as Mènière's disease all cases of vertigo caused by abnormal irritation of the nervous apparatus of the semicircular canals. The irritation may be due either to a normal cause exaggerated, such as violent rotary movement of the head or body, or to an abnormal cause, such as sudden change of temperature, generally a reduction, variations of intra tympanic pressure, and circulatory or inflammatory disorders.

2. In a more restricted sense, the designation of Mènière's disease applies to cases in which an inflammatory condition, either of the semicircular canals themselves, or of the middle ear (tympanic or mastoid cavity), is the cause of vertigo which may be continuous, or may be only provoked by the normal movements of the head, or still may be produced only in the form of isolated attacks, with intervals of weeks or months.

3. Cold, or catarrhs of the tympanic cavity, play a large part in the etiology of Mènière's disease.

4. The majority, if not all, of the cases of Mènière's disease are secondary, that is, are caused by catarrhs of the tympanic or mastoid cavities.

5. In typical cases the vertigo is accompanied or preceded by sensations of rotation which follow in a constant order ; the attack commences with a feeling of turning around a vertical axis, and always in direction corresponding to the side diseased, sometimes with a feeling of rotation of going and coming ; next, in severe cases, a sensation of rotating around a frontal axis, in front and rear, the vertigo becomes general, the patient falls, with or without loss of consciousness ; frequently there is vomiting. In some cases the attack is over in from ten to thirty minutes ; in others the vertigo is revived by every motion of the head during one or two days, and the patient is compelled to keep a recumbent position.

6. In some cases the sensation of rotation are produced experimentally by therapeutic operations on the affected ear (either insufflation of air into the tympanic cavity, which is the seat of an acute inflammation, or injection of fluid into a mastoid cavity after trepanation of the mastoid epiphysis). In these cases the sensation of turning is always around the vertical axis, and corresponding in direction to the diseased ear.

7. In certain cases the attacks are accompanied with intense subjective sensations of sound, in

others a slight tinnitus exists all the time without any exacerbation during the attack ; sometimes auditory sensations are altogether lacking.

8. In cases of long duration a slight feeling of vertigo exists during the intervals, produced chiefly by the first movements of the head on awakening. Sometimes the patient feels as if falling forwards or backwards ; others are compelled to keep the head fixed constantly in one position, as every motion in the plane of any one of the semicircular canals gives them a sensation as if a heavy body within the head followed the movement. (In one very characteristic case observed by me, the patient held his head inclined forward and to the left, and thus prevented every movement of rotation in the plane of the left sagittal semicircular canal. The left ear was the one involved.)

9. Besides the rather frequent complications with hysteria, Mènière's disease often produces in children a condition akin to chorea, and in adults clonic contractions of the facial and bodily muscles, which may entirely disappear with local treatment of the middle ear.

10. Mènière's disease is often cured with or without loss of hearing.

11. Local treatment alone is often efficient in cases not too obstinate.

12. For internal treatment, quinine, recommended by M. Charcot, is most deserving of confidence. One is often able to delay the attacks by its use. Quinine has also the paradoxical action sometimes of making the tinnitus disappear while the deafness increases. This effect is generally limited to the period of its employment.

M. Mènière remarked on the above that he did not agree with M. Guye, that the majority of cases of the disease were the result of catarrhal affections of the middle ear or the mastoid process, and that he thought the author had generalized too much in making all cases of vertigo Mènière's disease. The vertigo was only a symptom. — *Jour. of Nervous and Mental Disease*.

**NEW TREATMENT OF PLACENTA PREVIA BY FERRI PERSULPHATIS.**—Dr. R. J. Nunn, of Savannah, Ga., reports a successful case in the *American Journal of Obstetrics*. He used it as follows : I found the pains had entirely ceased, the vagina was filled with clots, the os dilated sufficiently to admit the finger, by which the placenta could be easily detected, and the warm blood could be distinctly felt flowing through the os. Cleaning out the clots, a speculum was introduced, and the liquor ferri persulphatis was applied to the bleeding surface by means of a cotton swab passed through the os. The hemorrhage ceased *instantly and absolutely*, and the speculum was retained in place about fifteen minutes to see that bleeding did not recur. Stimulants and ergot were then given freely, and a pledget of cotton saturated with the styptic was-