

Skiagram shows enlargement of sella turcica in antero-posterior diameter; depth about average. Anterior clinoid processes undermined; posterior clinoid processes look partly effaced.

Cranial nerves (apart from optic) normal. Speech normal. Motor power, co-ordination and sensation good. Arm and abdominal reflexes good. Knee-jerks exaggerated. Left ankle clonus; none right. Plantar reflex not obtained. No sphincter trouble. Chest *nil*.

The case was thought to be one of hypopituitarism, which may possibly depend on destruction of the pituitary body by a cystic growth.

Archer Ryland.

Herpes Zoster of the Glosso-pharyngeal Nerve.—C. T. Neve. "Brit. Med. Journ." November 15, 1919.

Two days after a long and cold motor journey, Miss M—, aged fifty-seven, complained of vomiting and malaise, of deafness in the left ear, and of pain behind the left ear and in the left side of the neck.

The temperature was 100° F., the left facial nerve was paralysed, and there was a herpetiform eruption on the left side of the soft palate. The left tympanic membrane was of normal appearance and the skin of the auricle was unaltered, though the acoumeter was heard at 2 in. only.

All the symptoms passed off within ten days.

The writer suggests that the lesion on the palate was due to a lesion of the ninth nerve ganglion, that the pain behind the ear and the vomiting resulted from involvement of the tenth nerve ganglion, and that the pains in the neck indicated lesions of the second and third cervical ganglia. The picture, therefore, was that of a posterior poliomyelitis of the ganglia of the seventh, eighth, ninth and tenth cranial nerves, and of the second and third cervical nerves, the infection being most acute in the upper ganglia. In support of this contention the views of Ramsay Hunt are quoted. Hunt did not describe any cases in which he found evidence of herpetic inflammation of the glosso-pharyngeal ganglion, though he mentions the possibility of its occurrence. He had one case of herpes auricularis in which stiffness of the neck, frequent vomiting and slow, irregular pulse indicated that the vagus might be involved.

Douglas Guthrie.

NOTES AND QUERIES.

SIR JAMES DUNDAS-GRANT, K.B.E.

Among the recipients of the recent Birthday Honours we are interested and pleased to observe the name of Dr. J. Dundas Grant, who, for notable and highly successful services in connection with the treatment of ear disease in pensioners, has received a Knighthood of the British Empire.

Readers of this Journal, which for many years he edited, will, we are sure, be pleased to unite with us in offering to Sir James Dundas-Grant our warmest congratulations upon a well-deserved honour.

SOCIÉTÉ BELGE D'OTOLOGIE, DE RHINOLOGIE ET DE LARYNGOLOGIE.

The Twenty-sixth Annual Congress of this Society will be held in Brussels on July 10-12.

The general discussions will be on (1) Diphtheria and its complications, and on (2) The operative treatment of laryngo-tracheal stenoses of diphtheritic origin. There will be a demonstration of patients, specimens and instruments.

On July 12 there will be an excursion to the Domaine de Mariemont and the rich collections of the Fondation Warocqué.

The President of the Congress is Dr. Ernest Delstanche, and the Secretary General is Dr. A. Capart fils, rue d'Egmont 5, Bruxelles.

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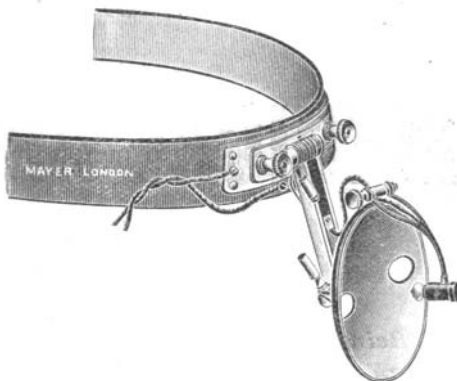
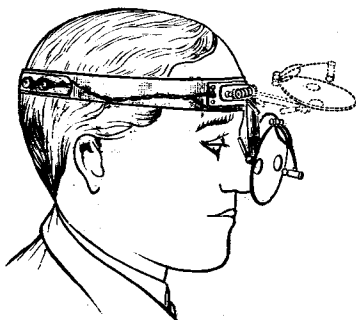
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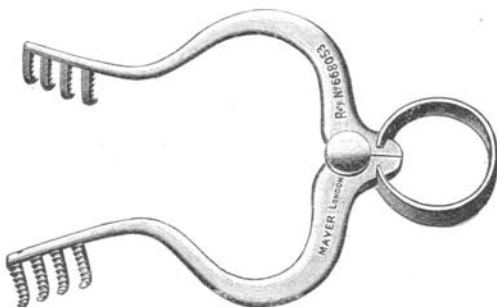
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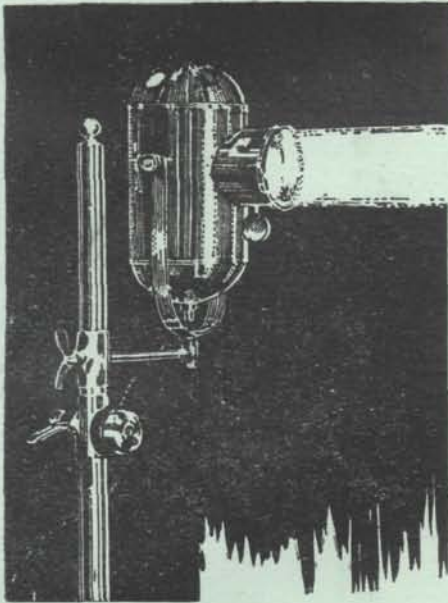


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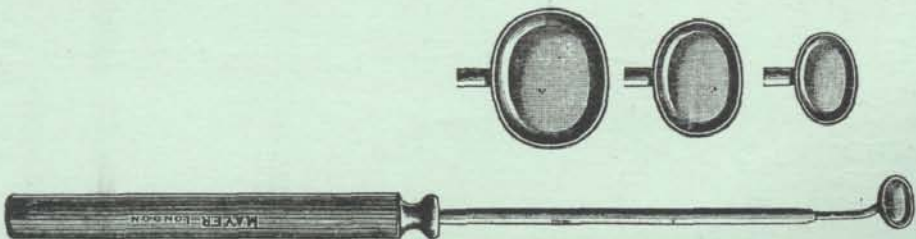


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