state sanatorium should be a trained laryngologist, with a sufficiently good laryngeal technique to do whatever may be necessary in treatment, and that no patient should be admitted without a careful examination of the larynx by a competent laryngologist. *Macleod Yearsley.*

EAR.

Jack, F. L.—*The Blood-Clot Dressing.* "Transactions American Otological Society," 1906.

The experience of many eminent surgeons goes to show that blood-clots in long bones break down and become infected. To secure organisation of the blood-clot absolute asepsis is requisite. In the treatment of the mastoid wound an absolutely aseptic field is practically impossible owing to the relation of the previously infected middle ear to the bone wound after removal of the mastoid cells. In a series of sixty cases suffering from acute suppurative middle-ear inflammation with acute mastoiditis where the blood-clot dressing was adopted the following results were obtained: Average length of treatment in hospital twenty-six days; at time of discharge condition of mastoid wound was as follows—granulating well in 5 cases, nearly well in 38, and healed in 9 cases. The clot became disorganised in 9 cases in two days, in 20 cases in seven days, in 18 cases between seven and fourteen days, and in 1 case after fourteen days. Uncomplicated healing was obtained in only 4 of the 60 cases after intervals of seventeen days, fourteen days, eight days, and twenty-two days.

After due consideration the author fails to see that the treatment by the blood-clot method has any advantage over the more ordinary methods in use. *W. Milligan.*

Thomson, I. I.—*Acute Mastoiditis, its Prevention, Diagnosis, and Treatment.* "Med. Record," September 8, 1906.

In this paper the author discusses the various signs and symptoms of acute mastoiditis. With regard to pain as a symptom, the author regards it as not by any means constant; in fact, in many cases it is conspicuous by its absence. Temperature also is not of any great diagnostic value. A symptom of great importance is the amount and the persistence of discharge. Where there is genuine doubt as to whether or not pus is in the mastoid area the author inclines to the performance of an exploratory operation, believing that it is really conservative surgery to operate early, not only to prevent extension of disease, but to conserve the hearing power. In operating for acute suppurative mastoiditis, it is important to open and drain all cells from base to apex, working forwards towards the zygoma and backwards to the sinus if necessary, and leaving a broad-bottomed trough which ultimately fills up with healthy granulations. In order to allow the soft parts to fall in, and to prevent deformity, a portion of the prominent posterior canal-wall and anterior mastoid region should be removed. It may at times be necessary to stimulate the growth of granulation-tissue by the application of balsam of Peru or friction. To prevent the skin from dipping into the wound it is advisable in packing to see that the gauze does not slide over the edges of the wound, otherwise the incursion of epithelium is favoured. It is also advisable at each dressing to gently press the skin backwards away from the edges of the wound. *W. Milligan.*

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