in a hospital population of all ages the affection was confined to children between two and sixteen years. No instance of contagion were observed. Its incidence was greatest in the spring, least in the autumn. It was not found to show any predilection for weakly children or for cases of oral sepsis. There is nothing characteristic in its prodromal symptoms. There are not two distinct varieties of Vincent's angina. The ulcerative is merely a later stage of the membranous form. Constitutional symptoms are slight or absent, but the local affection is more pronounced than in diphtheria. Association with other diseases is uncommon. The prognosis is favourable. Complications are infrequent and usually insignificant. Treatment consists in the local application of tincture of iodine or methylene-blue powder. Internal medication is usually unnecessary.

Dundas Grant.

THYROID.

Mumford, J. G.—*Graves' Disease.* "Boston Med. and Surg. Journ.," June 2, 1910.

The author's conclusions are: (1) Graves' disease is due to abnormal activity of the thyroid gland. (2) In advanced cases degenerative changes in the gland may lead to a shifting symptom-complex, ending at last in the positive signs of myxœdema. (3) The histology of the gland in Graves' disease indicates shifting, advancing, and retrograding symptoms. (4) An enlarged thymus is nearly always found *post-mortem* in patients dead of Graves' disease (5) Advanced Graves' disease may exist without the presence of all the classical symptoms. (6) The disease can nearly always be cured if taken early. (7) The sera of Rogers and Beebe cure a goodly percentage of cases. (8) Through neutral hydrobromate of quinine, as used by Forchheimer and by Jackson, is found a large percentage of improvements and of cures. (9) More than 70 per cent. of patients are cured by partial thyroidectomy. (10) Treat the case early by rest, by sera and hydrobromate of quinine; if no improvement results in two months operate by thyroidectomy, and always regard the operation as the surest cure.

Macleod Yearsley.

EAR.

Randall, B. A. (Philadelphia).—*How far is Heredity a Cause of Aural Disease?* "Amer. Journ. of Med. Sci.," July, 1910.

The writer deprecates the tendency displayed by some authors to ascribe undue importance to hereditary influences in the causation of ear disease. Especially in regard to ostosclerosis he considers it very doubtful whether heredity plays the important *rôle* so often assigned to it, and points out that the proof of genuine otosclerosis being, even in observed cases, far from positive, must in the unexamined relatives rest almost on pure assumption. He attributes some importance to a special susceptibility of the mucous membrane in some families to catarrhal troubles, and holds that some influence should be ascribed to peculiarities of structural configuration which are certainly inherited. He claims, therefore, that predisposition alone can fairly be claimed as a factor in the inheritance of ear disease, and the degree of this is not likely to be agreed upon by the authorities.

Thomas Guthrie.

Bourguignon, R. (Val-de-Grâce).—*Pouching of the Tympanic Membrane in Acute Suppurative Otitis.* "Arch. Internat. de Laryngol., d'Otol., et de Rhinol.," January-February, 1910.

The three situations in which bulging of the membrane are usually found are:

(1) The posterior superior segment.
(2) Shrapnell's membrane.
(3) The inferior segment.

In the first position the perforation is usually found with a drop of pus showing; inflation of the middle ear demonstrates the nature of the swelling.

In the second position an acute case has passed into a chronic condition, and is usually associated with intense pain simulating meningitis, indeed, intracranial complications are common in untreated cases.

The nature of the swelling in the third position is easily recognised; a considerable loss of membrane usually results.

The author gives the differential diagnosis of—

(1) Furuncle of the meatus.
(2) Myringitis.
(3) Periostitis of the meatal wall.

Furunculosis is intensely painful when touched; the membrane when seen is normal.

Myringitis is secondary to naso-pharyngeal infection; the bulging of the membrane is tense, whereas in acute otitis it is usually flaccid. When the middle ear is inflated the shape of the swelling alters, and this is not so where there is pus. The colour of the membrane is not of much diagnostic value.

The origin of the swelling in cases of periostitis is usually easily found by using the probe.

The localised character of the tympanic bulgings are due to adhesive processes taking place in the mucous membrane, and the posterior superior quadrant is usually affected because of its close contact with the Eustachian tube, the usual channel of infection. As regards treatment, a free opening should be made into the centre of the bulging.

Anthony McCall.

Mann, A. —*Injury of Ear by Hat-pin.* "Brit. Med. Journ.," July 9, 1910.

The membrane did not appear to be perforated, but a scratch was seen close to it, in the floor of the meatus. Giddiness, tinnitus, collapse, and deafness occurred, but the tests are not given with sufficient clearness to be of any value. It is suggested that partial dislocation of the stapes occurred, but the reasons for this diagnosis, which does not appear to be a very correct one, are not given. *Macleod Yearsley.*

Winckler, E. (Bremen).—*Retro-auricular Openings after the Radical Mastoid Operation, and their Plastic Surgery.* "Arch. f. Ohrenheilk.," Bd. 75, Heft 1 and 2, March, 1908, p. 76.

In performing the mastoid operation the author sometimes deliberately leaves the post-aural wound open in order to facilitate inspection and to further epidermisation. He prefers to do so in the following circumstances: when the fear of labyrinth complications renders a careful watch over the inner wall of the antro-tympanic cavity advisable; when there is suppuration of the tympanic ostium of the Eustachian tube and

of the "tube-cells"; when the case has to pass out of the hands of experts shortly after operation; in suspected or undoubted tuberculosis of the middle ear; and especially in the more active kinds of cholesteatoma.

The methods by which the fistulous opening is lined with skin-flaps and by which it is subsequently closed are detailed—a portion of the paper which would be rendered clearer by the provision of some diagrams.

This kind of epidermisation and subsequent closure are not advisable in cholesteatomatous cases. *Dan McKenzie.*

Bowen, W. H., and **Carlyll, H. B.**—*A Case of Sarcoma of the Petrous Bone.* "Brit. Med. Journ.," June 25, 1910.

The patient was a child, aged nine months, admitted for polypus of the left ear with purulent discharge. Death occurred, after operation, about ten weeks after admission, the growth increasing rapidly. Microscopically, it was a "typical round-celled sarcoma." The child's sex is not stated. *Macleod Yearsley.*

Yearsley, Macleod.—*A Case of Sudden Deafness occurring during Eclampsia.* "Lancet," February 26, 1910.

Woman, aged forty, with severe unilateral nerve-deafness. Physical and functional examination fully described. The writer believes the condition was due to blocking of the cochlear branch of the auditory artery. He has been unable to find any other case of deafness during eclampsia in the literature. *Macleod Yearsley.*

Thornton, Bertram.—*On Certain Uses of Vaso-Constrictor Drugs.* "St. Mary's Hosp. Gazette," January, 1910.

The author advises in attacks of migraine and in Ménière's symptoms. or tinnitus due to dilatation of vessels in the labyrinth, a pill containing half a grain of digitalis folia and gr. ij of extract of ergot three times a day. *Macleod Yearsley.*

Dench, G. B.—*The Treatment of Acute Otitic Meningitis.* "The Amer. Journ. of the Med. Sci.," February, 1910.

The author divides cases of otitic meningitis into four classes: (1) Extra-dural abscess; (2) general serous meningitis; (3) localised subdural meningitis; (4) general purulent meningitis involving the subdural space and the lateral ventricles. Of 101 cases of otitic meningitis in literature 45 were cured. Dench has operated upon 65 cases with 51 recoveries; 54 of the 65 belonged to the first class; 11 were general meningitis and but 3 of these recovered, all being of the second class. Dench summarises treatment as follows: For prophylaxis in all cases of middle-ear inflammation the drum should be early and freely incised. With the first symptoms of meningitis the focus of infection should be removed by the mastoid or complete radical operation. If the meningeal symptoms are pronounced lumbar puncture should also be performed, a procedure upon which much stress is laid. In still more severe cases a decompression operation is indicated with incision of the dura, and in extreme cases the lateral ventricles are to be drained. The technique of decompression and of drainage of the ventricles is described in detail.

Macleod Yearsley.