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Temperature 104° F., pulse 120. He was delirious; no coherent answers could be got from him, except that he had a bad headache and pain in the chest. The right middle turbinal was swollen, and there was pus in the right nostril. Respirations 40. The parents informed me that the pain began in the forehead on May 18. They knew no cause for the illness. There had been no injury and no previous complaint of nasal trouble. His health up to the onset of the present trouble had been good. There was no pre-existing septic focus. I elicited, on inquiry, that he had been to the swimming-baths on the evening of May 17. A rapid operation was done. An incision was made across the forehead for the whole width of both frontal sinuses, and vertically up to the hair line. The scalp was found to be separated from the underlying bone by purplish-brown exudate, such as is usually found in septic otitis when an incision is made before pus has formed. The anterior walls of both frontal sinuses were freely removed. They were full of pus. Free drainage was provided. No relief resulted from the operation, the patient rapidly becoming deeply comatose and dying next day. No *post-mortem* was allowed. It is probable that pyæmic dissemination in the lungs was present and had occurred before he was seen by me.

I should like to refer also to Case No. 3 in the same list ("Proceedings of the Royal Society of Medicine," Laryngological Section, 1912, p. 51) as amplifying Dr. McKenzie's list.

A man, aged seventeen, the subject of chronic ethmoiditis with polypi, developed acute ethmoiditis and frontal sinusitis, and eventually acute frontal osteomyelitis, probably as the result of fresh septic infection resulting from the entry of water into the nose during bathing. In this case also the medical attendant diagnosed and treated the case as one of acute "orbital abscess."

It is, I think, open to doubt whether the "fulminating" variety of frontal osteomyelitis is actually so rare as the literature of the subject would lead one to conclude. Possibly these cases occur and are classed as acute "orbital abscesses," and are so rapidly fatal that their actual origin from the frontal sinuses escapes recognition.

Yours faithfully,

G. WILKINSON.

SHEFFIELD;

March 16th, 1913.

THE NATIONAL BUREAU FOR PROMOTING THE GENERAL WELFARE OF THE DEAF.

LECTURES ON THE CAUSES AND PREVENTION OF DEAFNESS.

Under the title of "Sporadic Congenital Deafness and Syphilitic Deafness," the third lecture of the series on the causes and prevention of deafness, being given under the auspices of the National Bureau for Promoting the General Welfare of the Deaf, was delivered by Dr. J. Kerr Love, at the Royal Sanitary Institute, on Thursday, December 5, 1912, Dr. C. W. Saleeby, F.R.S.Édin., in the chair.

Dr. Kerr Love showed that the deafness which affects children was always, with the possible exception of true hereditary deafness, far commoner amongst the very poor than amongst the well-to-do. Taking the recent censuses of Glasgow as a basis he found that the average number of inmates in one apartment is about 3.19, whilst the average

number of persons in Glasgow houses represented by the Glasgow children at the Langside Institution for the Deaf and Dumb is 3145. Poverty, neglect and overcrowding, therefore, were the first conditions to be dealt with if deafness was to be prevented. The lecturer proceeded to show that associated with poverty and overcrowding other causes operated, and that the chief of these is untreated syphilis. By a series of twenty family trees exhibited on the lantern screen he showed that of 167 children 30 were still-born; including these there were 74 deaths, and in addition there were 30 deaf or deaf and blind children. Of the remaining so-called healthy children there were 63, and many of these showed when tested by the Wassermann test that they were syphilitic and would in all likelihood become diseased. The most common cause of death was shown to be meningitis. Scarcely any of these children were under treatment, nor were their parents, and they as a rule did not know why their children died or became blind or deaf.

A new point, brought out for the first time by the lecturer, was the proof that syphilis caused congenital deafness. This occurred in four at least of the families examined, and it was probably a rather common cause of congenital deafness. Dr. Kerr Love strongly urged the need for the notification of congenital syphilis, which could easily be effected under the National Insurance Act without any fresh legislation. Thus both parent and child would be put under treatment, and the infantile death-rate and deafness-rate be much reduced. Except as predisposing to deafness and in its association with poverty and overcrowding, the lecturer could not say that alcoholism produced congenital deafness.

We have been asked to intimate that a medical committee has been formed in connection with the Bureau. The committee, which has powers to add to its numbers, consists at present of Mr. Macleod Yearsley (chairman), Dr. J. Kerr Love, Dr. Fremantle, Mr. W. M. Mollison, and Dr. Dan McKenzie.

NOTÆ SUBSCRIPTÆ.

SEVENTEENTH INTERNATIONAL CONGRESS OF MEDICINE, LONDON, 1913.

We understand that a dinner of the combined Sections of Laryngology and Otolology will be held at the Hotel Cecil on Tuesday, August 12, at 7.30, and that tickets can be obtained from the Treasurer, Mr. Mark Hovell, 105, Harley Street, London, W., at a price of £2 2s. It has been decided that free invitations will be sent to all foreign members who register their names in the Congress.

Gentlemen wishing to give private entertainments of any kind during the Congress are asked to notify the Secretary of the Entertainments Committee, Mr. Cecil Graham, 17, Upper Wimpole Street, W., in order that there shall be as little clashing as possible.

An excursion to Oxford on Sunday, August 10, will also be arranged. Visitors will be asked to pay their own expenses, amounting to about 10s. 6d. per person. It is possible that the numbers may have to be limited.

Visitors who require hotel accommodation are advised to communicate with Mr. Cecil Graham, who will supply all details.

BOOKS RECEIVED.

Die Laryngealen Erscheinungen bei Multipler Sklerose des Gehirns und Rückenmarks. By *Privatdozent Dr. L. Rethi*. Wien und Leipzig: Verlag von Joseph Safar, 1907.

Klinik der Serösen und eitrigen Labyrinth-Entzündungen. By *Dr. Erich Ruttin*. Wien und Leipzig: Verlag von Joseph Safar, 1912.