mucous membrane over the lower edge of the left nasal bone. The bone was freed from the skin above and the mucous membrane below, and made to present, as the septal cartilage is made to present, in a submucous resection. Both bones were thus treated. When all was free, a median strip, including the deformity and a piece of the septum, was removed, leaving a gap. Then each nasal bone was chiselled free along its outer border and the bones made to meet in the median line without deformity. The result was excellent, the patient now having a straight profile. *Macleod Yearsley.*

King, Gordon.—*Some Reflex Neuroses of Nasal Origin.* "New Orleans Medical and Surgical Journal," March, 1906.

Deals chiefly with "sniffles," hiccough, laryngismus, spasmodic croup, asthma, parosmia, chorea, noctural enuresis, heterophoria, glaucoma, epiphora, cardiac irregularities, dysmenorrhœa, and stammering.
Macleod Yearsley.

Mosher, H. P. (Boston).—*Inflammation of the Frontal Sinus.* "Boston Med. and Surg. Journ.," June 7, 1906.

Taking as his text the frequency of headache as a symptom of frontal sinus disease, the author proceeds to discuss the development and anatomy of the sinus, the surgical routes thereto, and the diagnosis and treatment of acute and chronic inflammation occurring therein. The value of X rays in giving information as to the size, diverticula, and occurrence of septa in the sinus is specially insisted upon. Mosher divides cases of chronic frontal sinus suppuration into two groups—(1) those in which the chief features are the eye-symptoms; (2) those in which the prominent features are pain and nasal discharge. *Macleod Yearsley.*

EAR.

Hopkins, F. T. (New York).—*Electrolysis in the Treatment of Chronic Eustachian Stenosis.* "Arch. of Otol.," vol. xxxiv, No. 6.

The writer thinks this method has fallen into discredit through those who have tried it falling into errors such as insufficient attention to the naso-pharynx current. The smallest bougie No. 1 (French) measures one third of a millimeter in circumference, and the author advises dilatation up to No. 3 or even No. 4. The bougie is used at intervals of from two to four weeks. After three months or more the next larger bougie is employed. He approves of inflation before the passage of the bougie, but deprecates it after for fear of emphysema. He has found cases in which the tinnitus and dulness of hearing diminished after the larger bougies were passed, when no improvement had followed the use of the No. 1 bougie.

In the discussion on this paper in the Otological Section of the New York Academy of Medicine, Dr. Kenefick expressed an inclination to restrict its application to cases of long standing, where the stricture was of a more dry and less vascular character, and in a general way he considered that long-standing closure of the tube, tinnitus, a medium degree of deafness, and extreme vertigo were favourable cases for the electric bougie in proper hands. Dr. Gruening considered that emphysema following inflation with the bougie indicated that a false passage had

been made. Dr. Phillips never used the electric bougie unless he had absolutely failed to enter the tympanum with the whalebone one, and when he failed with this he usually failed also with the electric. In his experience the results had been equally satisfactory with the whalebone bougie so used. He referred to the not unknown danger of the gold bougie breaking during its use. Dr. Simpson felt that when there was a definite organised stricture this was the best, if not the only, method of relieving it; but it was surprising how many strictures could be overcome by simply lubricating the tube by the injection of a little bland oil like benzoinol, through the catheter and then passing the bougie, thus obviating the need of electrolysis. Dr. Harris considered the electrolytic bougie of value in certain carefully selected cases and in competent hands. Dr. McKernon did not profess to have a series of cases of complete cures, but he had had a series of selected cases where relief had followed the use of this method after other methods had failed. Dr. McAuliffe, seeing that the bougie could fit only the smallest part of the tube, questioned how it could engage or enlarge the stricture in the wider parts; he had tried the effect of the electrolytic needle on trachoma and had passed the needle time after time without any effect. He thought the true explanation was found in the action of the galvanic current of the muscles.

Dundas Grant.

Shambaugh, George E. (Chicago).—*Some Relations of the Blood-Supply of the Inner Ear which have a Practical Bearing on the Clinical Study of Otology.* "Archives of Otology," vol. xxxv, No. 1.

The writer draws attention to the divisions of the internal auditory artery, which go respectively to the utricle with the superior and external canals, to the posterior canal, to the saccule, and to the cochlea. The cochlear division branches in a fanlike form with festooned junctions between the radii. In the terminal coil of the cochlea there is a terminal artery. The possibility of the vestibular apparatus being damaged apart from the cochlea and *vice versâ* is therefore evident, but not likely to occur in the case of hæmorrhage. The main exit for the blood is through the vein of the aqueductus cochleæ. Shambaugh's observations confirm those of Alexander and Politzer, that there are communications between the blood-vessels of the middle and internal ear, hence the tinnitus in otosclerosis of the middle ear and the tendency to involvement of the labyrinth in catarrhal as well as in suppurative processes of the tympanum.

Dundas Grant.

Wittmaack (Greifswald).—*On Experimental Degenerative Neuritis of the Auditory Nerves.* "Zeit. für Ohrenheilkunde," Band li, No. 2.

The author describes the effect of toxic doses of salicylic acid, which he finds to be similar to those of quinine. He is, however, firm in his conviction that the hæmorrhages and congestions found in such experiments as Kirchner's were due to the death-struggles of the animal, whereas, when the animal is killed by instant decapitation nothing of the kind is present, and the changes are to be found in the nerve-cells as indicated mainly by alterations in the shape of the cells, changes or disappearance of the Nissl bodies, the occurrence of vacuolation, and, in the severest cases, also pronounced disorganisation of the nucleus and the nuclear framework. [The question of congestion or anæmia remains unsettled so far as these experiments go, and has to be solved by investigation in other directions.—D. G.] *Dundas Grant.*