

uneasiness or irritation, when once healing is complete, although if partially exposed it is apt to cause pain. Mr. Carter's experience leads him to think that we are indebted to Dr. Mules for one of the most remarkable and valuable improvements in ophthalmic surgery. Most of the objections which could at first be urged against it have been already removed by experience, and it is the duty of surgeons to endeavor to remove any others which may remain, and not to deprive the patient of the great benefits as regards both comfort and appearance, which the principle is calculated to confer.—*Medical Press and Circular*, Aug. 17, 1887.

P. S. ABRAHAM (London).

II. Trepanation of Mastoid Process, complicated by Perforation of the Transverse Sinus. By DR. R. VON BARACZ, (Lemberg). He operated with the hollow chisel. After removal of the granulations, whilst smoothing the outer plate there was a rush of dark blood showing a marked periodicity of flow. The accident occurred despite observation of the rules laid down by Schwartze. He tamponed with 50 % iodoform gauze.

He has collected 5 other cases. By adding that of Benton (*Proc. King's County Med. Soc.*, p. 260, Jan. 1884,) who was, however, trephining for another purpose, we have a total of 7 fairly certain cases. None terminated fatally although in one (Guye's) air entered.—*Wien. Med. Woch.*, 1887, Nos. 38-39.

WM. BROWNING (Brooklyn).

III. Phosphorous Necrosis of the Jaw. By DR. ED. ROSE, (Berlin). The interesting studies included in this paper are concerned with the behavior of the operator in those cases of necrosis of the jaw resulting from phosphorus poisoning or acute osteomyelitis.

Conservative surgery has directed itself here very pointedly to the preservation of the teeth in those cases demanding resection. Beginning with a review of 12 cases of phosphorus necrosis of the upper and lower jaw, the author, by a very careful comparison of results and post-mortem specimens, concludes in favor of the "tertiary subosteo-