bility, Heuer says that an intracranial approach best exposes and can most adequately deal with the greatest number of chiasmal lesions; and that the transsphenoidal approach should be considered only in those early cases in which there are sellar headaches, but no neighborhood symptoms. The operation employed by him is fully described and well illustrated.

Maybaum, J. L. TWO CASES OF GRADENIGO'S SYNDROME. [Laryngoscope, March, 1920.]

Gradenigo's syndrome is characterized by an initial acute purulent otitis media, which may spread to the mastoid; intense pain in the parietal and temporal regions from involvement of the gasserian ganglion, and paralysis or paresis of the abducens nerve of the ipsilateral side. This syndrome occurring during the course of a middle ear disease or of an acute mastoiditis, before or after operation, is indicative of an intracranial extension. The two cases reported by Maybaum were characteristic. In one, two weeks after a simple mastoid operation, while the patient was making a satisfactory convalescence the syndrome developed. Recovery followed. The second had a history of an acute middle ear suppuration which had recovered. The syndrome had been present, with lessening severity, for a period of ten days; there was entire absence of signs or symptoms of mastoid involvement. Meningitis developed, to which the patient succumbed.

Crouzon and Béhague. CONGENITAL AND FAMILIAL OPHTHALMOPLÉGIA. [Bull. de la Soc. Méd. des Hôp., Paris, March, 1920.]

This is a report of a family in which there were from one to three members with pronounced ophthalmoplegia in each of three generations.

Gibson, A. TWO UNUSUAL NERVE LESIONS. [Surg., Gyn. and Obstetrics, December, 1920.]

In one of the cases cited by Gibson a piece of shell entered the right cheek and was removed by the stretcher bearer. The wound suppurated for a few days. No facial paralysis or even paresis resulted, and the wound, being satisfactorily healed, was ignored. Later the patient complained of twitching of the muscles of the right side of the face, with a tendency to lacrimation in the right eye when exposed to cold, to wind, or to bright sunshine. In addition to this, the skin on the right side of the face under the right lower eyelid, and at the root of the nose, was somewhat sensitive. He complained of a tickling sensation, this being pronounced even with a slight touch. By pressing his tongue against the buccal aspect of the upper lip and the right upper cheek he produced a tickling sensation in the face. Examination revealed a hole of some size filled in partly by scar tissue. This scar tissue involved branches of two sensory nerves: (1) the twigs from the infra-orbital branch of the maxillary division of the trigeminal, (2) the buccinator branch of the