the more extensive involvements. He states that it is necessary for the operator to know the relative value of radium and the Roentgen rays when combining these two agents. How often both forms of radiation are to be repeated must be determined by the judgment of the radiotherapist who "must be also a clinician." It is to be hoped that the combined radiation will be extensively experimented with in inoperable laryngeal cancer. Of course, no one familiar with the marvelous results of those rare cases of cancer of the larynx seen in the stages adapted to thyrotomy would think of advising any other method of treatment; but, unfortunately, nearly all cases have reached the inoperable stage by the time a diagnosis is made. As urged many years ago by Semon, all laryngologists should continually preach the necessity for early diagnosis in all laryngeal growths. It is almost a crime to treat for months without a diagnosis any laryngeal condition that could possibly be malignant.

Anyone who has to deal with malignant disease will profit largely by reading the excellent article on "Intensive and Deep Roentgen Therapy," by Dr. George C. Johnston, in the journal above referred to.

Common Disease of the Ear. Their Early Recognition and Treatment. S. MACCUEEN SMITH, *New York Medical Journal*, Vol. CIII, No. 2, Jan. 8, 1916.

Acute otitis media is the starting-point of some of the more serious ear conditions. Therefore, the careful examination of the ears, especially in children ill with influenza, pneumonia, and the exanthemata is essential. The early recognition and early incision of the membrana tympani is of great importance. If the ear is left to rupture, the drainage is inadequate and the condition becomes chronic. When symptoms of acute mastoiditis develop, if they do not respond to the application of ice and such simple measures, operation should be done and not wait until the late symptoms have developed.

PACKARD.