stitutes the normal discharge, is said to have been noted six times in 200 vicarious cases. The appearance of a mild dermatitis of the auricle or canal at the monthly period, or during pregnancy has been often observed, and the stubbornness of such inflammations when occurring about the climeterium is dwelt upon. Perhaps the most important point mentioned in the paper refers to the unfavorable influence sometimes exerted upon aural affections by pregnancy and childbirth; any existing pathological process in the ear may suffer a considerable exacerbation during the period of gestation, and only exceptionally does there follow a reclamation of the hearing power lost in such cases.

A Pure Transudate in the Middle Ear.—WALB, of Bonn (*Archiv f. Ohrenhkk.*, 1909, lxxiii, 317), refers to the discussion which took place at the last session of the German Otological Society, at Bremen, as to the possibility of a sterile exudate or transudate into the tympanic cavity occurring. He holds, with Kümmel, Schiebe, and others, that there are many instances of pure intratympanic exudate, resulting from negative intratympanic pressure, and that such fluids, naturally, are sterile. In support of his contention, he cites clinical cases in which the middle ear disturbance arises from closure of the tympanopharyngeal tube, and in which an incision of the tympanic membrane disclosed the following conditions: Sterile fluid evacuated; the tympanic mucous membrane presenting characteristic appearances of tissue under negative pressure; an incision that remained sterile, even though unhealed, for weeks; and, in some cases wherein the causes of negative pressure had not been removed, a recurrence of the transudate shortly after healing of the incision. Walb's views coincide with the commonly accepted views here that the simple exudative otitis medias, occurring without inflammatory symptoms, usually in elderly persons or in those who have stricture or obstruction of the tympanopharyngeal tubes, are not of bacterial, but rather of mechanical, origin.

The Surgery of the Labyrinth of the Ear.—During the past five years operations upon the labyrinth have been quite frequently performed, and the revived study of the physiology and anatomy of this portion of the organ of hearing, incited by these surgical investigations, together with the clinical experience resulting therefrom, is giving a broader knowledge of the internal ear affections and holding out some promise of a more enlightened treatment in the future of these previously ignored or neglected conditions. It was quite natural to pursue further the excellent surgical work that has developed in the treatment of suppurative otitis media, and to open the semicircular canals or the cochlea when, in the course of a mastoidotympanal exenteration, they were found to be diseased. The symptoms of labyrinthine invasion associated with purulent otitis media are not yet so clearly defined as to make it always possible to diagnose the condition prior to operation, but great progress is being made in that direction. Meanwhile, all cases of chronic suppurative otitis that present evidences of labyrinthine disturbance, such as frequent or continued headaches, severe tinnitus, nausea and vomiting, or great deafness, are being carefully investigated during the course of the operative intervention that is necessary to cure the middle-ear disease.