hyperæmia of the turbinates, this drug produced ischæmia of these parts, but not ischæmia comparable to that of cocaine. In the ear it seems to have acted as well as cocaine, but no better.

Goutiness in its Relations to Ear Diseases.—A. H. BUCK starts out with the "premise that a patch of eczema, of spontaneous development, signifies the existence, in the individual possessing it, of a gouty diathesis." . . . "As it happens, the floor of the external auditory canal is apt to be the very first spot on the surface of the body where an eczematous inflammation develops." This condition the author claims "constitutes a valuable guide-post, pointing as it does, at a very early stage, to the existence of that disturbed state of the metabolic processes to which the term goutiness, or a gouty diathesis, is applied." In the cases related it is shown "how different localities or different tissues are involved at different times." At one time "it is the skin of the external auditory canal and auricle; at another time, the dermoid surface of the tympanic membrane is involved, as well as the walls of the canal; at still another, the adjacent bone tissue is affected; and, finally, at a fourth, the disease locates itself in the mucous membrane of the tympanic cavity, and particularly in that part of it which borders upon the two fenestræ." The treatment applied to these lesions, as set forth minutely in the notes of the cases appended to the paper, consisted largely in local applications to the diseased territories in the ears, with combination in some cases of Carlsbad salts. More or less relief was given in this way; but if patients are of irregular habits of living, which they will not give up, relapses in ear-lesions must occur.—*Transactions of the American Otological Society*, vol. vi., Part IV.

Ear-complications in Influenza.—EAGLETON claims that cases of catarrhal otitis complicating influenza, and going on finally to suppuration, may present one of three conditions, that "are probably due to the influence of the presence of Pfeiffer's bacillus:" 1. "Distinctive types of hemorrhagic otitis." 2. "Primary mastoiditis or periostitis before involvement of the middle ear, due apparently to direct infection by the bacillus, and not to extension from the nasopharynx." 3. "Rapid caries and necrosis of ossicles or mastoid, this last being of very frequent occurrence." He also thinks that "the presence of the influenza bacillus exerts a very unfavorable influence on the bony structures of the ear, often converting apparently simple cases of acute suppurative otitis into very malignant ones, with rapid destruction of bone," not only in the drum-cavity, but in the mastoid.—*Transactions of the American Otological Society*, vol. vi., Part IV.

[We have never observed any specific tendency toward virulency nor malignancy in otitis media occurring in epidemic influenza. The course of otitis media in this disease, as in all others, depends upon the judicious, non-irritative treatment of the primary inflammation in the nose and ear.]

Phosphorus Necrosis of the Temporal Bone.—This rare disease has been observed in one instance and reported by H. V. WÜRDENMANN. The patient was a man, aged fifty-eight years, employed in a match factory. Two years after the development of phosphorus necrosis of the upper jaw on the left side the left mastoid began to be painful, and, finally, about a year later,