He gives a list of twenty cases of ozena, most of which were cured or greatly relieved by operative treatment on the ethmoidal or sphenoidal cavities.

The writer thinks that sinus suppuration is much more common in children than is usually supposed and bases his conclusions on the following arguments:

1. When patients are intelligent or relatives observant in cases of ozena there is invariably a history of purulent discharge from the nose or nasopharynx in early life.

2. This discharge, free at first, lessens in amount, but never quite disappears till it merges into ozena, forming crusts and becoming offensive.

3. Pus is always present in ozena and enters into the formation of crusts.

4. The establishment of free drainage and the cure of purulent discharge has proved more successful in treatment than any other methods.

The writer answers the argument that long standing cases of sinus suppuration often do not produce ozena by the reply that it is the lessening of the discharge combined with difficulties of drainage which cause fermentation and the special features of ozena. He suggests that the marked atrophy of the inferior turbinal and lower parts of the nose are due to the effect of the descending discharges.

The posterior ethmoidal cells and the sphenoidal sinus are more frequently at fault.

In treatment he suggests that the dense mass of bone so frequently found in the middle meatus should be removed under general anesthesia and that a free passage to the anterior wall of the sphenoid should be established. In completing the cure of cases where free drainage has been established the use of the X rays is highly spoken of, not only in lessening the discharge, but inducing a rapid return of the parts to their normal condition.

HERBERT TILLEY.

A New Treatment for Deafness from Chronic Catarrh of the Middle Ear, A Preliminary Report—W. H. BATES, N. Y.—*N. Y. Med. Journal.* May 3, 1902.

The patients improved by this treatment had symptoms of an obstruction to the sound conducting part of the ear. All heard the tuning forks best by bone conduction. All other treatment was given before the operative method was carried out. The object of the operation is to obtain room for treating the region of the oval window,

and not to improve the hearing immediately. The patient received no special preparation. An incision is made over the mastoid, close to the insertion of the auricle. With a chisel the superior and posterior wall of the external auditory canal were removed until the antrum is reached, and the next steps are identical with the Stacke operation. The membrane and ossicles and overhanging bone were removed. The cavity was dusted with iodoform powder, and the skin wound was closed with sutures and covered with collodion iodoform and cotton dressing. A small pledget of cotton was placed in the external canal and the ear covered with a large wad of cotton and bandaged. The next day the bandage was removed and not used again. Most of the patients were able to go out doors the day after the operation. To prevent infection of the middle ear the patient used twice daily in the external auditory canal a solution of bichloride of mercury, 1 to 3,000, and this was continued during the after treatment. The object of the after treatment was the removal and prevention of recurrence of connective tissue from the inner wall of the tympanum. This is a tedious process and may have to be kept up for months. The best instruments for this purpose are the Graefe knife, Sexton's trowel-shaped knife and Wilde's ear forceps, mouth-toothed. A number of cases showing good results are reported.

M. D. LEDERMAN.

A Case of Respiratory Tinnitus—P. D. KERRISON, N. Y.—*Med. Record*. April 19, 1902.

A male, aged 46 years, complained of a low blowing, distressing noises in left ear whenever he breathed. The noises were not continuous. Both inspiration and expiration produced the symptom. By closing the mouth and nostrils and attempting to inflate his lungs the patient drew in the air from the ears (reversed Valsalva). He was able to stop the noises, but they would always return as soon as the act of swallowing took place.

The left ear on examination was perfectly healthy in appearance. Both Eustachian tubes were patent. There was some nasal disease and elongated uvula.

The treatment consisted in passing a bougie of No. 5 piano wire, wrapped with cotton and dipped in an alcoholic solution of bichloride, 1 in 4,000, and this was passed through the catheter, being carried to the isthmus of the tube. After a few moments the bougie was withdrawn and a cotton applicator, bent to a somewhat greater curve than the catheter, wrapped with cotton and dipped in the same solution, was introduced catheter fashion into the pharyngeal orifice