When all had been removed there remained a smooth-walled cavity the size of a small walnut. Everywhere it seemed bounded by thin bony parietes, except superiorly, where there was a distinct sensation of yielding, as though the dura mater were exposed. The lateral sinus could not be seen, being separated from the cavity by a thin lamina. Anteriorly the cavity freely communicated with the auditory canal and tympanum by several large round openings. The cavity was plugged with iodoform gauze and the flap was readjusted. The unhealthy soft parts corresponding to the sinus in the base of the flap were cut away, leaving a large opening into the cavity. Under the microscope a small flake of the substance showed fat cells, a large quantity of cholesterine and amorphous débris with large flattened cells like those of squamous epithelium. There was a total absence of signs of caries, no fragments of bone or gritty particles being detected.

March 14th.—The cavity has been washed out with "red wash" and plugged daily. It is filling up with healthy granulations, and epithelium is advancing over it with remarkable rapidity from the opening into the auditory canal. The general health is excellent.

March 26th.—The cavity is now quite dry and the granulations seen through the speculum have disappeared. There is a certain amount of hearing to loud conversation, but the facial paralysis remains. The engraving, from a drawing by Mr. Burgess, gives a good idea of the extent of the cavity. The curved probe can be passed into it from the bony auditory canal and out of the external aperture.

April 6th.—The opening was closed by a simple plastic operation.

May 2nd.—The patient went to a convalescent home. The opening behind the ear was completely covered in. All discharge had ceased from the canal. The hearing for conversation was good. The girl's health and intelligence have markedly improved. She is cheerful and assists in the ward work, and her apathetic condition observed on admission has quite disappeared, the change in the mental condition seeming, indeed, the most striking peculiarity about the case.

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ARTHRODESIS OF THE ANKLE-JOINT IN TALIPES VARUS DUE TO INFANTILE PARALYSIS.

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ARTHRODESIS, or the establishment of ankylosis in a healthy joint, with the idea of converting a yielding and flail-like limb into one which will bear the weight of the body and be useful for locomotion, is an operation which has lately attracted the attention of surgeons both in this country and abroad. Within the last twelve months my colleague, Dr. Wallis Ord, has kindly placed three children suffering from paralytic talipes varus under my charge at the West-end Hospital for Paralysis. Of these cases the knee was only affected in one patient and in that one not badly enough to warrant resection of the joint. When the first case came under my care I thought excision of the ankle-joint a rather severe measure, as it would necessarily retard the growth of the limb from grave interference with the lower epiphyses of the tibia and fibula. On considering the matter I came to the conclusion that, as the joint in these cases is not diseased, it would be possible to cause an ankylosis without removing the amount of bone, such as is generally done in an ordinary resection. The operation, which I have devised and have now practised in three cases, is as follows: An anterior incision is made over the joint from one malleolus to the other, the dorsalis pedis artery being divided and both ends tied. The tendons of the extensor proprius hallucis and tibialis anticus, as also those of the extensor communis digitorum, are divided, sutures being previously passed above and below the line of incision, to facilitate their being reunited when the wound is closed. The anterior tibial nerve is treated in the same way. The joint is then well opened and the astragalus dislocated forwards. The whole of the articular cartilage of the upper surface of the astragalus

is now removed with a probe-pointed knife, as well as the cartilage from the inner and outer facets, where the malleoli articulate. The lower articular surfaces of the tibia and fibula are treated in the same manner, the articular cartilage being removed from the two malleoli. No particular care is taken to cut a smooth surface; in point of fact the pseudo-articular surfaces are purposely left rough. Having thus cleared away the whole of the articular cartilage, the cut tendons are united, the nerve sutured, and the skin wound brought together *secundum artem*. The limb is put up on a splint for three or four days in an everted position, after which time it is treated with a plaster of Paris splint for three months. Even after this time it is wise, in the case of children, to have a well-fitting boot made with side supports, which should be worn for another twelve months, or until one may fairly assume that firm bony union has occurred. I claim the following advantages for this method of resection of the ankle-joint: (1) It interferes very little with the growth of the leg bones, as the epiphyses are not removed; (2) by leaving the malleoli, good lateral support is maintained, a very essential thing in the class of cases for which the operation is recommended; (3) the operation is easy to perform and is not at all dangerous; (4) the result, as regards power of locomotion afterwards, is very good; (5) expensive and cumbersome apparatus can be subsequently dispensed with.

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A CASE OF NOCTURNAL SPASM OF THE LARYNX IN AN ADULT.

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CASES of this nature are of such extreme rarity that I feel I have an excuse for briefly recording one which I have had close opportunities of observing during the last few months. The patient whose case I am about to describe is a literary man thirty-six years of age of a markedly neurasthenic temperament. About ten years ago he suffered very severely for some months from dyspepsia, but recovered, and now he enjoys very good health in this respect. This dyspepsia was of the atonic form and originated in an exhausted condition of the nervous system brought on by overwork and worry. On physical examination he appears perfectly normal, the pupils and radial pulses being equal, the heart normal, and there being no abnormal pulsations, bruits, thrills, or dullness in the thorax. The patellar reflexes are normal, and there is no incoördination. He first noticed spasm of the larynx at night about eighteen months ago and at that period used to have at least two attacks a week. On more than one occasion two attacks have occurred in the same night. This state of things continued for two months, after which under appropriate treatment the attacks lessened in frequency and finally ceased. He was then free for several months. Having relaxed his hygienic measures he had another attack on March 30th, 1893, and again one on April 14th. This last one was the most severe that he had ever experienced and in it he very nearly lost consciousness. A typical attack occurs in the following manner: Having retired to bed in his usual health after having dined a little later than customary and over-indulged somewhat in the matter of cigars, he wakes at about 2 o'clock with a sense of suffocation due to a spasm of the larynx, which completely or almost completely prevents inspiration. This continues for a few seconds, when the spasm is partial the air being very slowly drawn into the larynx with a crowing sound. If the spasm be complete at first, it always partially relaxes after a few seconds and allows the air to slowly enter the lungs in the manner described. After nearly a minute the spasm entirely relaxes, but the larynx feels very sore and uncomfortable for an hour or two. During the attack the heart palpitates violently, and on examination by percussion directly afterwards the stomach is found to be tympanitic and evidently much distended. If the patient can bring up the flatus he is comfortable, goes to sleep at once, and has no more attacks that night. Very often, however, there appears to be a spasmodic condition of the orifices of the stomach which prevents the passage of flatus either upwards or downwards. Under these circumstances the patient is afraid to