mann reaction does not discover all cases of congenital deafness which are due to congenital syphilis.

It must be emphasised that congenital syphilis acts as a cause of sporadic deaf-birth far more frequently among the poor, in whom it goes so often untreated and works in conjunction with poverty and overcrowding. When syphilis occurs amongst the better classes, it does not cause nearly so much deafness, although deafness and blindness due to congenital syphilis are not unknown amongst them. This is because, in the well-to-do, the disease receives proper treatment. Supervision and treatment are often impossible amongst the poor, partly on account of ignorance, partly of lack of time and of expense.

4. Most of the other causes that have been advanced as inducing deaf-birth, such as influences during pregnancy, twisting of the umbilical cord, pressure on the foetal head, etc., must be discarded as unlikely to prove worth consideration. In a certain number of cases "maternal impression" was offered as an explanation, but upon none of these could any reliance be placed. Two cases, however, one in which a severe fall occurred during pregnancy and one in which the mother was brutally kicked and ill-treated shortly the child was born, may be included as presumptive of serious before pre-natal injury.

Congenital Aphasia.—Only 9 cases could be described as true congenital aphasia ("word-deafness"). In several other cases a provisional diagnosis of this condition was found later to be untenable.

(*To be continued.*)

LUMBAR PUNCTURE IN MASTOID DISEASE.

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THE writer ventures to submit a brief statement of reasons in favour of the routine employment of lumbar puncture in all cases of acute infective aural disease upon which it has been decided to operate. The reasons are :

(1) Because it is highly desirable to know (previous to any operation upon aural disease which falls into that class of case under consideration) whether or not the spinal fluid is turbid.

An aural diagnosis which has taken into account the condition

of the lumbar fluid is of higher value than one that has not done so. The procedure is dangerless, and, in the great majority of cases, it is quickly and easily performed.

In all cases upon which it has been decided to operate, it is suggested that a specimen of the spinal fluid be obtained as soon as the general anæsthesia is complete, and before the operation begins.

(2) Because, in certain instances, the tissue reactions fail, and the middle-ear infection proceeds with great rapidity to an intracranial and meningeal infection.

It is extremely difficult, if not impossible, to know whether or not a given case of acute mastoid disease will be a case of this type.

The evidence that we get from an actual operation does not answer this question. When an operation exposes the diseased area, it is not uncommon to find an almost complete absence of Nature's barriers or rallying zones (in the form of extradural abscess, suppuration of mastoid antrum and cells, or lateral sinus-tissue changes) across the path of an advancing infection.

As a matter of observed fact, a diffuse, or perhaps focal inflammation, of mastoid cells, with or without a mere reddening of the cell linings, may be found to be the whole visible extent of the local tissue reactions.

Cases of this nature occur with some frequency, and they are treacherous. They are, no doubt, of far less common occurrence than the type of case which must be ranged at the extreme opposite end of the scale, where local tissue changes in their well-known manifestations are vigorous and prompt.

If we know, before beginning to operate, that the fluid is turbid; if we know from the actual operation evidence that tissue reaction has failed, has been defeated, or has never been initiated; then it becomes clear that we are dealing with a case of grave nature.

It is better to seek out and possess ourselves of this knowledge at the time of the operation, when possibly a prompt translabyrinthine drainage might be successful, than to be suddenly confronted and surprised with this knowledge some hours or some days afterwards, when a translabyrinthine operation may be too late to be effective.

It seems to the writer that if we do not obey the earliest sure indication for drainage through the labyrinthine route, it is of little use to wait and obey a later one.

When the abdominal surgeon opens the abdomen in order to deal with a presumed localised affection, he will know, in most of his cases during the course of the operation, whether or not he has to deal, after all, with a diffuse peritoneal infection. The operation which the aural surgeon carries out gives him no corresponding knowledge with regard to the state of the meninges.

(3) Because it is probable that a certain proportion of these cases which begin to manifest signs of meningitis after an aural operation has been in reality cases of meningeal infection for hours, or even days, before an operation was performed.

(4) Because lumbar puncture as a routine procedure would do much to establish the frequency of occurrence, and to inform us as to the type of case in which we are to expect occurrence of the condition known as meningitis serosa. Also it might result in a more clear and complete elucidation of the condition itself.

(5) Because the procedure would afford a safeguard of some value to the reputation of the operator.

SOCIETIES' PROCEEDINGS.

THE AMERICAN LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL SOCIETY.

Meeting at Chicago, June 15 and 16, 1915.

(Continued from Vol. XXXI, p. 535.)

Some Investigations of the Salivary Glands in Health and Diseases.—Thomas E. Carmody.—There is notable lack of literature on this subject, due to the rarity with which the salivary glands are affected, or to the fact that cases are not considered by observers as of sufficient interest to be reported.

Among pathological conditions mentioned by the author as involving the salivary glands or ducts were mentioned: Calculus; injury to or stoppage of ducts by mucous plugs, constriction, or cicatricial bands; Mikulicz's disease; tuberculosis; air tumours; new growths; chronic hypertrophy; atrophy; and congenital defects.

Mistakes in diagnosis of these conditions seemed to be the rule, probably due to the infrequency of most of them.

Is there any reason why the salivary glands are so free from disease? It had been suggested that these structures are more frequently affected in persons who are careless about their teeth, though this view could not be substantiated. A badly decayed tooth, however, was frequently found opposite the opening of Steno's duct in cases of diseases of this duct or of the parotid gland. The rich blood supply of the tissues about the