Incudectomy in the Treatment of Progressive Hardness of Hearing, Tinnitus and Vertigo—CHAS. H. BURNETT (Phila.), *Penn. Medical Journal*, Oct. 1901.

Chronic progressive hardness of hearing is the result of a tropho neurosis in the muscular structures of the naso-pharynx, Eustachian tube and tympanic cavity, and not a purely catarrhal process, according to the author.

The surgeon's aim should be to overcome the retractive power of the tensor tympani and thus relieve the symptoms and arrest the advance of this progressive process.

In the author's opinion, the best method to accomplish this purpose, is to perform an incudectomy. The operation should be performed under general anesthesia. Its various details are described.

(In reading over the clear description of the operation as suggested by the author, one not experienced with the technique would imagine that the procedure was quite simple and without danger. No mention, however, is made of the sequelae which may follow such treatment. Instances of faucial paralysis; prolonged suppuration; mastoid involvement; marked vertigo and poorer hearing power have followed surgical intervention in these cases, and ossiculectomy must be well considered, pro and con, before attempting its application in these cases of chronic middle ear disease.

M. D. L.

Acute Amygdalitis; Its Treatment by the Local Application of Tincture of Iodine—DR. S. FLOERSHEIM, *N. Y. Medical Journal*, Oct. 5, 1901.

Prompt relief was obtained in three cases of this affection, by the local application of the tincture of iodine, over the tonsils and pharynx. The application was repeated in a few minutes. If much burning followed the treatment, a gargle of warm water was employed.

If applied early, the disease may be absorbed. It is also of service in acute pharyngitis and uvulitis; also in phlegmonous amygdalitis.

The intense redness and swelling has decreased in a few minutes. Sixty-eight cases of acute amygdalitis were treated with marked benefit.

M. D. L.