

V. EAR.

Otitis Externa Tropica—P. N. GERRAD—*Lancet*, September 23, 1899.

The author gives a description of an affection which is of fairly common occurrence in Singapore and the Malay States. The symptoms somewhat resemble those associated with furunculosis, although the discharge of pus from the outer ear may take place painlessly. The results of bacteriological examination of the discharge are given, and an antiseptic line of treatment is suggested.

STCLAIR THOMSON.

Deafness as a Result of the Abuse of Phenacetine—H. GULEKE—*Zeitschr. für Prakt. Aerzte*, November 15, 1899.

The author gave a prescription for powders containing 0.7 of phenacetine, one powder to be taken twice daily. Through the stupidity of those in charge, the powders were given every two hours; so that in the course of less than 24 hours the patient took 7.0 of the drug.

Aside from other toxic symptoms, the patient was entirely deaf. On the subsidence of the general symptoms the deafness continued and has proved to be permanent. Meningitis could be excluded, and the only explanation is that the function of the ear was entirely destroyed by the phenacetine.

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The Politzer and Gruber Clinics—JOHN P. MORTON—*The Canad. Pract. and Rev.*, Vol. xxiv, No. 10.

Dr. Morton, in a short article, details in a very interesting manner the methods of diagnosis employed in both of these noted clinics. *Inter alia*, he makes the following statements: "Electric headlights are not used for illumination of the ear." In the diagnosis of catarrhal adhesive processes in the middle ear, "Bing's ingenious test is used to test the mobility of the stapes. Through the medium of a Eustachian catheter, an ear trumpet is connected directly with the tympanic cavity; the sound waves are thus conducted immediately through the base of the stapes and membrana tympani secundaria to the labyrinthine fluids. Another trumpet is connected with the external meatus. If speech cannot be heard through the latter source, but can easily be heard when spoken into the tube connected with the catheter, the stapes is then judged to be freely movable and the malleus and incus to be in some way stiffened.

Dr. Bing has also instituted a method which aids in differentiating ear trouble from nose trouble. The sounding tuning fork is placed upon the mastoid process; as soon as the note ceases, the external meatus is closed with the finger, and if the sound is not again heard middle ear disease is diagnosed."

In auditory nerve disease, good perception for the high notes is considered of no value, for so many cases of pronounced nerve