

the scrotum resected. After its removal and complete hæmostasis the sutures are tightened and a compressive bandage applied. So much of the scrotum should be removed as is necessary to hold the testes in a position which would be maintained by a well-fitting and well-applied suspensory bandage; especial care should be taken to remove a sufficient amount from the perineal region. The author claims equal or greater efficiency for this method, with less danger than in the resection of the venous plexus.

OTOLOGY.

UNDER THE CHARGE OF

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A CASE OF PRIMARY MASTOIDITIS.

L. LOCARRET, of Toulouse (*Annales des Maladies de l'Oreille*, Tome xx., No. 1), reports a case under the above title, which seems to be an example of intra-mastoid congestion, inflammation, and suppuration, induced by excessive counter-irritation over the mastoid, to relieve neuralgia in a man sixty-seven years old. The violent revulsive treatment at this point induced a cellulitis, phlebitis of the mastoid vein, and then intra-mastoid inflammation, as can be seen by "reading between the lines" of the report of this case, as in that of many other similar cases lately reported.

PATHOLOGICAL CONDITIONS FOLLOWING PIERCING OF THE LOBULES OF THE EAR.

DR. MAX THORNER, of Cincinnati, Ohio, reports, as a consequence of piercing the lobules of the ears, erysipelas of the auricle and face, eczema of the auricle, tumors of the auricle, fibroma and keloid of the auricle and face.—*Journal of the American Medical Association*, vol. xxii., No. 4.

CLOSURE OF THE EAR BY GROWTHS OF BONE.

DR. ROBERT BARCLAY, of St. Louis, Mo., gives an account of the closure of the ear by growths of bone, and removal of the same followed by cure of otorrhœa and deafness, with a description of the operations and instruments employed in three cases.—*Philadelphia Medical News*, vol. lxii., No. 16.

BILATERAL HÆMATOMA OF THE LOBULE.

RANDALL reports a case of bilateral hæmatoma of the auricle, resulting from traction on the auricle as a means of resuscitation from an epileptic fit. The sacs were opened, giving exit to no pus, but a little dark blood. The cavities extended to the slightly bared lower end of the auricular cartilage.