

Ossification of the External Ear—WASSMUND—*Deutsche Med. Wochenschr.*, July 6, 1899.

The author reports a case of this rare affection which, together with the five previously reported, makes a total of six on record. The trouble seems to occur as a result of some special irritation and relaxation of the vessels. In the case under consideration it followed a frostbite. The ossification involved mainly the middle part of the auricle, and gave rise to no inconvenience unless the patient lay for some time with the affected ear resting on a hard object.

VITTUM.

A Report of Actual Cases Demonstrating the Relief, by Modern Methods, of Patients Hopelessly Afflicted for Many Years with Deafness from Catarrh, Running Ears, Etc.—ROBERT BARCLAY—*Med. Rev.*, Vol. xl, No. 2, July, 1899.

The author, while "aware that many otologists appear to have given up the operation of ossiculectomy upon the middle-ear structures in deafness from catarrh, disappointed in their results, others—among them, myself—finds that the mere relief of tension, always abnormal in these cases, is sufficient to justify the operation, inasmuch as it relieves the labyrinth of inevitable still further secondary invasion and preserves the integrity of function of the auditory nerve, not only in this ear, but in its fellow of the opposite side." In cases not presumably or manifestly incurable, he claims that as regards the advantages of increased mobility of the conducting mechanism experience shows that the operation invariably improves the hearing. He cites ten of his own cases to prove his point.

[This article is in parts vague, and fails "to demonstrate to your satisfaction" that the operation will do what the author claims, since he is reticent as to the exact conditions of the ears treated, and as to his methods.]

EATON.

The Diagnosis of Septic Diseases of the Brain and Its Membranes from the Standpoint of the Oculist and Aurist—EUGENE SMITH—*The Physician and Surgeon*, August, 1899.

The writer, after calling attention to various symptoms of cerebral disease manifested in the eye, and urging thorough examination of this organ, says: It is in the middle ear and mastoid antrum where most of the pathogenic processes generate, which afterwards spread intracranially and affect the brain and its membranes. An extensive inflammatory disease of the middle ear may exist without any discharge from the external ear and without perforation of the drum membrane. Chronic purulent diseases of the middle ear, however, are the ones most prone to cause extension of the pathogenic process to the brain cavity.

A suppurative otitis media with erosion of the tegmen tympani is often, if not always, accompanied by a meningitis sufficient to produce an optic neuritis. Again, if the inflammation in the tympanic cavity were sufficient to produce an effect on the carotid