the puncture of the needle is also at right angles at the surface of the wound, and the suture approximates the whole thickness of the parts through which it is passed with equal tension; and the needles are stronger and much less liable to break when held in a holder than those in common use.

The needle-holder is very simple in construction; it grasps the flat surfaces of the needle, and can seize and hold the point as securely as any part of the stem. The jaws are closed with a lever handle, which can be fixed by a rachet. For special purposes these holders are made of different lengths and shapes, but anyone who uses them will soon be convinced of their great convenience and merit."

EAR DISEASE IN DIPHTHERIA AND SCARLET FEVER.—Dr. Thomas Barr, of the Glasgow Ear Hospital, concluded the clinical history of a case of scarlet fever, complicated with nasal and pharyngeal diphtheria, acute suppuration of both middle ears, rapid destruction of tympanic membranes, serious loss of hearing, facial paralysis, and abcess of the lachrymal sac, ending in recovery, with the following remarks:—"1. This case bears out what Burckhardt-Merian has especially drawn attention to—namely, that scarlet fever, when complicated with or followed by diphtheria, is apt to give rise to a most destructive type of disease of the ear. It is probable that in such cases there is a real propagation of the diphtheritic membrane along the Eustachian tube to the tympanic cavity, and even to the external auditory canal. We have not simply to deal with an ordinary collection of purulent secretion in the tympanic cavity, with rupture of the membrane and evacuation of the pus; we have rather to do with a rapidly destructive ulcerative process, which, as is shown by this case, denudes the organ of the tympanic membrane in a very short time. There is reason to believe that scarlet fever alone does not produce such havoc; the addition of the diphtheritic poison seems to impart that destructive tendency to the ear complication which may terminate in deaf-mutism, or even lead to a fatal issue. 2. From the favourable course of the facial paralysis in this case, we need not despair of recovery from this complication of purulent disease of the ear. In children, not only is the facial nerve, as it lies in its osseous canal on the inner wall of the tympanum, in close juxtaposition to the mucous membrane of the tympanic cavity, but the bony walls of this canal are very frequently defective when the neurilemma of the nerve is in actual contact with the mucous membrane. It is easy to understand how, with such an anatomical arrangement, the pressure of granulation tissue, swollen mucous membrane, or even of secretion, may produce paralysis of the facial nerve without ulcerative disease of the bone, and therefore without the same gloomy prognosis. 3. The recovery of fair hearing also illustrates a fact which is not unfrequently observed—namely, that fair hearing may exist even when the tympanic membrane is almost quite destroyed. What is of more importance than the presence of the tympanic membrane is a normal mobility of the fenestral structures. If these structures, with the stapes, are not thickened, bound down by adhesions, or subjected to pressure, fair hearing power may be enjoyed, although the membrane, with even the malleus and incus, should have been swept away. 4. This case also shows in a striking way the value of treatment by rectified spirit in purulent disease of the middle ear associated with granular excrescences." The following is Dr. Barr's description of the treatment pursued in the case referred to above:—Diluted rectified spirit was employed in the strength of one-third of spirit and two- thirds of water. The following process was carried out every eight hours:—(1) Careful syringing with a warm solution of boracic acid; (2) removal of all the moisture in the interior of the ear with absorbent cotton on a cotton holder; (3) instilling into the ear fifteen drops (warm) of the diluted spirit; (4) allowing it to remain in the ear, while the child lay on the opposite side, for fifteen minutes; (5) drying the canal with cotton, and then placing a plug of salicylicated cotton in the orifice of the ear. This treatment was, of course, applied to both ears. In addition, and in order to ensure still more thoroughly the complete expulsion of the purulent secretion, Politzer's method of inflating the middle ear was performed once a day after the syringing. The nasal passages were also syringed daily with a tepid solution of chlorate of potash. The strength of the spirit was gradually increased to equal parts of water and rectified spirit, but when employed stronger than this the pain excited by it compelled us to return to the weaker form. This method of treatment very soon proved itself to be the most efficient. The discharge perceptibly diminished; the granulation tissue began to shrink; and the hearing power became more acute."—*Lancet.*

THIRD STAGE OF LABOUR.—I believe that the great facts in the natural history of the expulsion of the placenta and membranes are that they are not separated for some time after the birth of the child, that they are then expelled by uterine contraction and retraction, that the placenta is expelled from the uterus usually edgeways, and that no access of air occurs into the genital tract. In the management of a normal third stage, the patient should therefore occupy the dorsal posture, and the accoucheur should grasp the uterus with his left hand to ascertain its tone. When this is good, he retains his grasp merely to note if the