

at the base of the brain. It is also sometimes caused by disease in the petrous portion of both temporal bones. The disease may come on gradually or suddenly. Among the first indications of its approach is inability to spit or whistle; or on waking in the morning is surprised to find his face all drawn to one side.

When the disease is fully developed, the diagnosis is easy. The only point is carefully to take note if any other nerve is involved. If such should be the case, there will be reason to suspect the presence of some basilar cranial trouble—possibly of syphilitic origin.

The prognosis is favorable in simple cases, but will take from six weeks to six months. There are, of course, cases, such as when there is necrosis of the petrous portion of the temporal bone, which are incurable. Again, a few cases get well very rapidly, say in a couple of weeks. I have had many cases of this disease under my care, but even simple cases did not show haste in cure.

*Treatment.*—Duchene advises farization, and insists on its value. Others think that some evidence of the conductivity of the nerve should be in evidence before electricity is used. When such is the case, Erbe is in favor of its employment. He advises that the anode be placed behind the ear and the cathode moved over the paralyzed side of the face, or that the two poles be placed over each mastoid process, the side affected receiving the anode. If there is any ear affection seek surgical aid. If you believe syphilis is the cause, iodide of potash, mercury, or both. In cases due to cold, counter irritation is especially called for and cantharidal collodion, fly-blisters, or even the actual cautery behind the ear, or over the occiput, are very useful. The bowels should be freely opened and diaphoretics or hot baths or alkaline diuretics administered—later, mercuri iodid and general tonics will be in order.