

hydropult, aggravating what he attempted to relieve. This hitherto existing unskilfulness in the use of the syringe and eustachian catheter arose from the fact that in the days of medical pupilage no instructions were given and no opportunity afforded for the practice of these simple and frequently necessary operations. As aural surgeons are now attached to the various hospitals, the performance of these minor operations form part of the student's education. With the appearance of the membrana tympani in health and disease he becomes familiarized, and by ocular means he readily detects any abnormality of it. This is the unfailing index to the condition of the auditory apparatus. Any unhealthy condition of any standing in connection with the auditory structures except that arising in the nerve of audition, affects this membrane and its implication in but a trifling degree, exercises a sensible effect on the hearing power. When we remember that imbedded in the membrane of the tympanum, between its internal and middle layers, is the head of the malleus, influenced by the slightest vibration of this membrane and transmitting this influence through the os incus and orbiculari to the stapes, which, united to the fenestra ovalis membrane, continues the agitation to the sacculi and tubes in the labyrinth, awaking the sensibility of the filaments of the portio mollis. By calling to mind the anatomy of this delicate structure, we can readily understand that any morbid condition of the membrana tympani, must influence the measurement of auditory power. For the perfection of hearing, its condition must be that of perfect health. With Brunton's instrument the student, with a little care and practice, can gain a thorough knowledge of the appearances of this membrane—a know-

ledge which can only be acquired by one's eyesight, and which no literature on the subject can teach.

Otology still occupies the position of a subsection at the meetings of the British Medical Association and we think deservedly so. Throat, nose and ear are inseparably connected; disease of one soon implicates the other. Aural surgeons almost invariably tack on some other organs to their specialty, recognizing the fact that the large proportion of ear diseases or loss of auditory power are due to a process of implication and are rarely an affection *per se* set up primarily in the ear. The recent essays on this subject by aural surgeons are on catarrhal affections of the nose and throat, diagnosing as they must that ear disease and diminution of hearing power is generally to be traced to the extension of morbid conditions from other parts. There are, of course, diseases arising in the organ, but they are rare in comparison with those implicating the ear from adjacent structures. The true advance in the practice of otology for the last quarter of a century is due to this recognition, notwithstanding all that has been recently written on the subject, singularly little originality of treatment has been propounded. Old methods rechauffed under a different name have marked the advance (?) for the cure of "deafness," but now that it has become a part of the student's general education, coming years will probably prove less barren.

We are told of operations on the bones composing the chain of ossicles, but who that has worked at this subject believes them, and if he did, could believe in any good results by the practice.

Aural surgery is still in the lowest ranks of specialism, and it still remains a fallow field for professional cultivation.