

rosy tint is seen over the region of the promontory. The mobility of the membranes is normal on both sides.

On inflation with the catheter air passes freely up the Eustachian tubes of both sides, but no appreciable improvement results.

Tinnitus of a hissing character is present, but paracusis has not yet been observed, since the dulness of hearing is not yet sufficiently pronounced. There is, however, considerable probability that paracusis will appear as the deafness increases.

The history of the case reveals the following facts. The dulness of hearing was first noticed about a year before the examination. It was of gradual onset and there was never any pain or discharge of any kind. The patient first noticed the tinnitus a few months after the dulness of hearing was suspected.

This is a case in which otosclerosis has made its appearance at a relatively early age, especially in view of the fact that there is no obvious exciting cause, such as was found in case D 1 of Table I, and in case C 7 of Table IV.

D 4. Female, æt. $7\frac{1}{2}$. There is no affection of the organ of hearing.

D 5. Male, æt. $5\frac{1}{2}$. There is no affection of the organ of hearing.

In this family, therefore, although none of the members has yet reached the usual age for the appearance of otosclerosis, one of them already manifests the condition unmistakably. Probably one or more of the remaining members will ultimately become sufferers.

Taking the next generation back on the paternal side, it will be seen that the father's own family consists of six members. Of these four are deaf. The analysis is as follows:

C 1. Male, æt. 60. Not examined by myself. The