The ear mirror is now used, and, if necessary, the cotton used again and again until all the discharges are thoroughly removed. The head is bent to the opposite side, and the upturned ear is half filled with the warm solution of boroglyceride. While the head is in this position air is forced through the eustachian tube, middle ear and perforation, and through the column of medicated fluid. In addition to this the tragus is pressed backwards and inwards, so as to compress the air over the fluid. Both these procedures favor the passage of the boroglyceride into the middle ear. If the patient is unable to force the air through the eustachian tube—the catheter or the air douche is used. A plug of absorbent cotton, soaked in vaseline is used to prevent the boroglyceride from escaping. The patient is seen two or three times a week, and in the meantime the ear is to be syringed with the boracic acid solution, and the boroglyceride applied night and morning at home. The boroglyceride is used in solutions of glycerine varying in strength from 10 to 100 per cent. according to the case. Dr. R. C. Brandeis, of New York, who has been using this remedy for the last two years, commences the treatment with the more concentrated solutions, and diminishes the strength as the mucous membrane assumes a healthier condition, and as the discharge diminishes.

"This remedy, he states, has enabled him to discharge patients as cured in from three to four weeks, who, he is sure, under the old methods, would have been under treatment as many months.

With a view of making the history of boroglyceride more complete, I may add, that in March, 1882, Prof. Barff read a paper before the London Society of Arts, "On a New Antiseptic Compound and its Application to the Preservation of Food," etc. This paper was published in the Journal of the Society. In the *British Medical Journal* for April 29th, 1882, Mr. Balmanno Squire suggested that the new compound be given a trial in antiseptic surgery. This led Dr. Brandeis to use it in aural surgery, the result of which he reports in *The Archives of Otology* for April, 1884.

CHARCOT'S JOINT DISEASE.

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GENTLEMEN.—As the subject of Charcot's joint disease has recently attracted a good deal of attention, I trust a few notes of a case, which I have under my observation, may prove of some interest to this meeting:

H. G., aged 42, a native of England; engaged in the dry goods business in New York during 14 years. He has a good family history; no case of nervous disease that he can discover. He had convulsions when a child, but enjoyed generally good health until 1876 when he noticed strabismus of both eyes. He had one eye operated on in Glasgow and the second in Paris, since which time he has had no further trouble with his eyes. In looking back he can notice some failure in his gait in 1879, which was soon followed by neuralgic pains in his legs. These began quite suddenly. He can remember distinctly the place and hour when he had the first attack. He describes them as the usual pains of locomotor ataxia are described—as lightning-like pains. These have continued until the present, each attack lasting two or three days, and then an intermission of two or three weeks. He also had a cord-like feeling about his waist and a weakness in the knees.

He first came under my notice in December, 1879, when he presented very typical symptoms of locomotor ataxia. His walk was quite ataxic, could not stand with his eyes closed. Patellar reflex absent; complained severely of the feeling of girdle pains; some loss of power over the sphincters and diminished cutaneous sensibility in the legs. He continued in very much the same condition, but with a gradual failure of co-ordination until July, 1883, when one day while using a saw in such a manner that his right leg was put into a swinging motion over the edge of the box, the under surface of the thigh coming in contact with the box, he noticed immediately afterwards his knee very much swollen, and during the day the leg, foot and toes were involved in the swelling. There was a slight purple discoloration on the under surface of the thigh. My attention was called to it about ten days later; there having been no pain about it from the first, it had been looked upon as a simple sprain. I found the knee and leg as far as the ankle much swollen, the joint full of fluid and crackling on pressure. It had the appearance of a joint undergoing rapid disorganization. His present condition one year since the knee was first affected will be seen by the appearance of these photographs. The joint is enlarged; the lower end of the femur appearing to be much enlarged. There are no apparent bony outgrowths. Both bones of the leg are dislocated outwards, though they can be readily replaced, and in doing so give rise to a sound as if the ends of the bones were quite worn away. There is no fluid in the

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