

at this point. The remainder of the drum membrane was pale. The following day the membrane presented an appearance of uniform redness, except at the margin of the perforation, where it was somewhat everted, raw and swollen. Healing proceeded uninterruptedly.

Mrs. G., wife of Case 1. Injured at the same time and manner as her husband, but less severely; was only momentarily unconscious. She immediately noticed that her hearing was defective; also a roaring tinnitus in both ears, worse in the left. She was examined on August 2. The drum membrane presented a small perforation, now sealed with a scab of fresh, blood-red, but dry extravasated serum. The perforation was in the centre of the drum just behind the umbo. The right ear in both cases presented no visible lesion.

As an explanation of the ear injuries, it is supposed by the writer that both were due to the presence of water in the ears, as both had just left the surf. Water, being a well-known, excellent conductor of the electric fluid, it is believed that a small charge of electricity followed a track of moisture in the external auditory canal, and thus in each case caused a perforation of the drum in finding its way to the Eustachian tube. Examination of these cases with Hartmann's set of tuning forks disclosed no lesion of the nerve or sound-perceiving apparatus, and both cases healed promptly under dry dressings, with only an inconsiderable impairment of hearing.

---

A CONVENIENT way in which the anesthetist may carry, all sterilized and ready for instant use, his hypodermic solutions, is the following: Shallow, wide-mouthed, half-ounce bottles are sterilized, labelled and filled. Over the mouth of each bottle is then stretched, and hermetically fastened, a cover of sterilized rubber (dam). Before the narcosis is begun the anesthetist disinfects his syringe and sets these bottles in a dish of sublimate solution. This sterilizes the surface of the rubber. When a solution is wanted the needle of the hypodermic syringe is simply thrust through the rubber and as much as is needed is drawn into the barrel. The puncture hole closes without leakage. The covers of the bottles need to be changed only occasionally.—*American Journal of Surgery.*