of the eustachian tube. The rings on the external extremity of the catheter are at right angles, or nearly so, to their position at earlier stages of the operation; and the surgeon can ascertain, by a gentle antero-posterior movement, that the tip is implicated, so to speak, in the orifice of the tube.

I do not wish to overrate the facilities of this little operation when I state that, judging from my own experience in a considerable number of cases, the instrument *literally cannot do otherwise than enter the eustachian orifice*, if introduced in the manner described. At the same time, I must confess that it is not a pleasant operation to the patient, and that it is desirable, in many cases, not to persist in carrying it out at the first, or even second or third attempt. The internal parts of the nose are sometimes very sensitive, and the catheter produces a tickling, or even painful sensation, which can only be avoided by introducing it at the first trial a short distance, the second a little further, and so on until the mucous membrane tolerates its presence. Seeing that the disease for which the instrument is introduced is not a critical malady, and is not likely to be aggravated by a reasonable amount of delay, it may be concluded that no objection can be taken to preparatory measures extending over a day or two at most.

When the catheter has been introduced, it may be desirable to ascertain the character and amount of obstruction in the tube. This may be done by simply fitting an india-rubber tube to the external extremity of the instrument, and breathing in a *very gentle* and graduated current of air. Should the tube be free, the current enters the ear, and is perceived by the patient immediately. More or less mucous obstruction is indicated by the current either not entering the ear at all,or producing a series of crepitating sounds such as are produced by air forced through a tenacious fluid.

As auxiliary treatment, I have employed inhalation of pure and medicated vapour, counter-irritation behind the ears, attention to the condition of the mucous membrane of the fauces and soft palate, and a tonic plan of treatment by iodide of potassium, or such other medicines as the nature of the case seemed to demand. The use of iodide of potassium internally, and appropriate topical applications to the fauces, are especially indicated in those cases, by no means rare, in which deafness is accompanied by a syphilitic affection of the throat. I presume the syphilitic affection may extend, under circumstances, along the eustachian tube, and originate or keep up a state of deafness. In thess cases, I have found large doses of iodide of potassium beneficial.—*Glasgow Medical Journal.*

MIDWIFERY.

ON TURNING BY EXTERNAL MANIPULATION.

By Dr. Noeggerath.

Dr. Noeggerath calls attention to this procedure because he believes that it is put into force and appreciated in the United States far less than it deserves to be. Prior to the discovery of obstetrical auscultation, the bulk of accoucheurs doubted the possibility of ascertaining accurately the position of the child by external examination, although even at that period two of the most celebrated German practitioners, Wigand and W. Schmidt, attached the highest importance to this. Since the practice of auscultation, however, has become general, it is agreed that the position may be accurately made out by its aid; and Dr. Noeggerath declares, as the result of no inconsiderable experience, that if required to establish the diagnosis in a case of transverse presentation, at the beginning of the labour, by one method to the exclusion of the other, he would rather dispense entirely with the internal than with the external examination. In some few instances the thickness of the walls of the abdomen, the tenderness of the uterus, or an undue mobility of the fœtus, excludes the chances of a satisfactory external examina-