"Abductor Paralysis," viz.: "This may be unilateral or bilateral. Bilateral paralysis is a rare but extremely serious condition, and its most prominent symptom, of course, is dyspnœa, which may go on to suffocation and cause the death of the patient. Bosworth thinks that the great majority of cases are due to lesions in the medulla oblongata, but there have been a number of cases reported which seem to have been the result of an infectious neuritis occurring as a sequel in 'typhoid fever' or other infectious diseases. Unilateral abductor paralysis is, of course, not nearly so serious a condition, the dyspnœa never assumes as grave a character, and the patient may live with it for many years, suffering no further inconvenience than partial aphonia." Nothing else is mentioned in connection with abductor paralysis. Apparently the proclivity of the abductors to succumb in progressive lesions earlier than the adductors is, like the name "Semon," considered of too little import for the practitioner. On the pathology of ethmoiditis, the author states that "chronic ethmoiditis is usually associated with caries or necrosis of the bony walls of the cells"! In otosclerosis the author states that Gellé's test is sometimes of value. "It is performed by placing the tuning-fork upon the vertex, when, if there is increased labyrinthine pressure, its tone will be greatly diminished in the affected ear. Of course such a test only shows the presence of increased labyrinthine pressure, and, as this, may be due to other causes than otosclerosis," etc.! This is the only reference to Gellé's test we could find. Careful revision of the text and the rewriting of various pages is required before we can commend the work as a guide to students and practitioners. P. Watson-Williams.

#### NOTES AND QUERIES.

Mr. Arthur Cheatle has been elected an honorary member of the Società Italiana di Laringologia e Otologia.

At a meeting of the Berlin Laryngologische Gesellschaft on January 16, Sir StClair Thomson and Dr. Dundas Grant were elected Honorary Members, and Drs. Tilley, Logan Turner and Brown-Kelly were elected Corresponding Members.

DEVON AND CORNWALL EAR AND THROAT HOSPITAL, PLYMOUTH.

Mr. George Jackson, who has been Honorary Surgeon to the hospital since its foundation twenty-seven years ago, has resigned from the active staff, and has been appointed Honorary Consulting Surgeon.

Mr. Charles W. M. Hope has been appointed Assistant Surgeon to the Throat Department in King's College Hospital, London.

#### THE USE OF ADRENALIN IN TREATMENT BY SALVARSAN.

In the British Medical Journal, January 24, 1914, p. 212, attention is drawn in an editorial to a paper by Milian, in which the intramuscular injection of 1 to 2 c.cm. of a 1-1000 solution of adrenalin a few minutes before the salvarsan injection is recommended as a reliable method of counteracting the depression and other toxic phenomena of the arsenical compound. "Adrenalin tremble" follows the administration of that substance, but it is generally abolished by the salvarsan. It would appear that, in certain respects, salvarsan and adrenalin are physiological antagonists.

#### BOOK RECEIVED.

Transactions of the Thirty-fifth Annual Meeting of the American Laryngological Association, May, 1913. Published by the Association. New York: 1913. ADVERTISEMENTS.

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DR. FITZGERALD POWELL	Monday, 2.0 P.M	Thursday, 10.0 A.M.
MR. FRANK ROSE	Thursday, 2.0 p.m	Friday, 2.0 P.M.
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MR. GEORGE BADGEROW	Мопday, 9.0 л.м {Friday, б.зо р.м	Saturday, 9.0 A.M.
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MR. NORMAN PATTERSON	Monday, 9.0 A.M., Tuesday, 2.0	р.м., Friday, 20 р.м.
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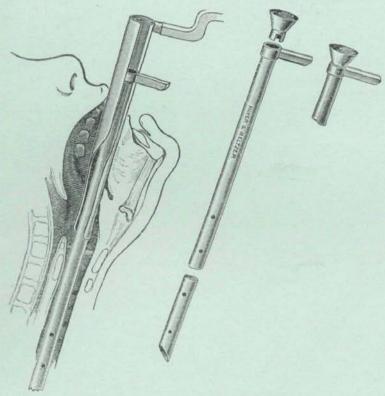
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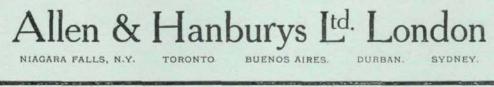
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