Streptococcus pyogenes must be discovered in the secretions of the affected part or parts.

The dose to be injected depends on the age and condition of the patient: in an adult I consider 10 to 20 c.c. sufficient as an injection; in children the dose should be proportionately smaller.

In addition to streptococcal antitoxin injections, I think the free administration of large doses of the liquor ferri perchloridi of service.

If œdema be very marked, and especially if the larynx be attacked, free scarification should early be resorted to, and tracheotomy performed as soon as the breathing becomes markedly embarrassed.

If the inflammation be gangrenous, the gangrenous parts other than the larynx itself should at once be thoroughly rubbed over with pure carbolic acid; this local treatment had excellent results in my Case 3.

These are the main lines of treatment I would advocate. Among adjuncts are the administration of stimulants according to the state of the pulse, the use of disinfecting vapours, such as the vapor creasoti, and the spraying of the throat before the ingestion of food with cocaine or cocaine and menthol sprays. The external application of cold by means of ice coils, etc., to the neck I deprecate, as I hold that these cold applications only tend to further devitalize already damaged tissues. In similar diseases, especially of an erysipelatous nature, attacking other parts of the body, cold applications are contra-indicated, especially if suppurative or gangrenous inflammation threatens or has already ensued.

NOTES.

The Seventh International Otological Congress.

We are requested to state that the Congress will meet in Bordeaux, from August 1 to 4, 1904, under the Presidency of Dr. E. J. Moure.

Discussions will be held on the following subjects:

1. The choice of a simple and practicable acoumetric formula.
2. The diagnosis and treatment of suppuration within the labyrinth.
3. The technique of opening otogenic cerebral abscesses.

All communications should be addressed to the Secretary-General of the Congress, Dr. Lermoyez, 20*bis*, Rue la Boëtie, Paris (8e).

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THE OTOLOGICAL SOCIETY OF THE UNITED KINGDOM.

The Extra-Metropolitan Meeting of the Society will be held this year in Liverpool on Saturday, May 2. Dr. HUGH E. JONES is acting as Local Secretary.

We regret that, owing to great pressure on our space, we are compelled to hold over the publication of many articles and communications of importance and interest.

SOCIETIES' PROCEEDINGS.

THE OTOLOGICAL SOCIETY OF THE UNITED KINGDOM.

Ordinary Meeting, held at 11, *Chandos Street, Cavendish Square, W., on March* 2, 1902.

The President, DR. URBAN PRITCHARD, *in the Chair.*

THE discussion was resumed on the papers read at the last meeting on:

Tuberculosis of the Ear, the Nose, and the Naso-Pharynx.

Mr. LAKE said that one point that struck him in the papers was the question of granulations. In certain post-influenzal disease of the mastoid one found there was a condition which was extremely like tuberculosis of the bone or antral cavity. He had operated upon such a case at the Royal Ear Hospital, where the granulations were in a large mastoid cell. Judging from the naked-eye appearances, he thought that it was a case of tubercle, but the guinea-pig experimented on took the advantage of dying of something else, and there was absolutely no sign of tubercle. With regard to primary tuberculosis of the middle ear, Mr. Cheatle had spoken of cases in which the membrane was of a dark-red colour. In the cases which he had seen, and in one of which he had found bacilli, the colour of the membrane was relatively a pale pink, with large vessels coursing over it. The larynx became infected, but the pus which came down the Eustachian tube seemed not to infect the naso-pharynx. With regard to tuberculous disease of the antrum and the cells, there were cases in which it might be primary or secondary. In these cases he did not see that the bacillus could help them from a clinical point of view. When they opened the antrum a diagnosis had to be made. In a case in which tubercle was not suspected one was not so radical, and did not cut away more than was necessary. He had rather a peculiar case lately, which was one of secondary infection, and a

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