Such, then, *in petto*, is Mr. Heath's theory of paracusis Willisii together with the chief arguments he offers in its favour. The theory presents no inherent impossibility, and as a speculative exercise it is ingenious. But, as we have just shown, its structure is weakest where strength is most required, for such all-important matters as pathological findings, the evidence of methodical and painstaking clinical research, and the careful exclusion of other possibilities are either defective or altogether absent. Further, despite Mr. Heath's hasty assumption of the rarity of fixation of the stapes, the evidence of the presence of paracusis in otosclerosis is, of course, too firmly established to be spirited away by a mere *ipse dixit*.

Let us now turn to Mr. Heath's treatment of "paracutic deafness."

This consists in painting the membrana tympani with graduated solutions of cantharidin so as to induce an inflammation of that structure, and, it is hoped, a swelling and stiffening of the relaxed "membrane of the oval window."

We have no intention of discussing the rationale of this treatment. *A priori* reasoning in therapeutics is often but a waste of time. The important question is, What are its results? And for an answer we turn to Mr. Heath's cases as they are recorded in the pamphlet.

Nine are reported, eight in the text and one in a foot-note, in narratives impressive and dramatic. Unfortunately, when we come to analyse them we discover here the same poverty in essential detail which we found to invalidate the author's presentation of his theory of paracusis. The only hearing-test regularly reported is that for the watch. The patients are said to have been able to "hear a little" by means of an ear-trumpet (Case 4); or one ear was "useless," and the hearing in the other had "failed completely" (Case 3), and so on; but the actual measured hearing distances for the conversational voice and the whisper are not recorded. There are no systematic records of tuning-fork tests—of the hearing for high and low tones. The results obtained by the author from the use of the catheter and from Politzerisation are not reported. There are no regular records of the vestibular test. There is no indication that these methods of diagnosis and of estimation, methodically entrusted to a second observer, were always carefully carried out before, immediately after, and some months after the treatment had been practised. There is no evidence of the careful exclusion of functional deafness.

Finally, neither Mr. Heath, nor any of the correspondents he quotes as supporting him and pursuing his methods, give us any indication of the total number of cases of "paracutic deafness" treated in this way, with their percentage results. Nine imperfect case-histories do not, of course, settle the matter either one way or the other. The data, in short, are inadequate.

Dan McKenzie.

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