

infants. Touch is preferable, but it is only at the disposal of persons very accustomed to its practice. It seems preferable to Moscoso to make the *diagnosis* by elimination. All the means described to establish the diagnosis of hypertrophy of the thymus itself are found difficult. Only radiography gives us definite information upon the size of the gland.

The *prognosis* of congenital stridor is bound up in the causal affection. The *treatment* will also vary in a similar way. When hypertrophied thymus is the case it is marked by crises of suffocation, which in almost all cases indicate surgical interference. According to Veau, thymectomy is a simple, easy, and efficacious operation. *J. D. Lithgow.*

ŒSOPHAGUS.

Gerrado, Dr. S. (Naples).—Circular Destructive Ionisation in Œsophageal Cicatricial Stenosis. "Archiv. Ital. di Laring.," Naples, 1911, p. 5.

The author gives details of a number of cases from the clinic of Prof. Massei as well as an extended account of the work done in this field on the Continent. While some writers have obtained good and permanent results from the use of the negative pole as the active agent with a current of 3 to 5 m.a. for twenty minutes on alternate days, the author has employed 5 to 8 m.a. for ten to twelve minutes. *James Douclet.*

EAR.

Yearsley, Macleod.—The Education of the Deaf. "Lancet," February 25, March 4 and 11, 1911.

From his experience the author is convinced that the whole system of deaf education in England needs thorough reorganisation on wider and more extended lines. He pays a tribute to teachers of the deaf, who are not to blame for failure under present conditions. Taking statistics of some 548 deaf children in L.C.C. schools, it is shown that 25.1 per cent. are failures at lip-reading and 30.4 per cent. are oral failures as regards articulation. After a brief sketch of the history of deaf-mute teaching in this country, the author proceeds to ask why the present system is a comparative failure, and points out that it is because education begins too late and the classification of the deaf child is defective. The needs of deaf education are postulated as (1) more scientific and comprehensive classification; (2) earlier education; (3) greater care of the deaf child; (4) encouragement of the deaf child to mix with hearing people; (5) diminution of the number of deaf children by the application of eugenic principles to congenital cases, and a better care of the ear in children.

Classification in different countries is then reviewed, and praise is given to the United States for the vast experimental work being done there in deaf education. This leads to an exposition of the author's ideas of classification, based upon the study of individual children. His scheme embraces every deaf child from the slightly deaf to the blind and mentally defective deaf-mute. Not only is earlier education advocated, but education should be prolonged, and adequate reasons are given for the latter contention.

These matters occupy two articles, the third dealing with the age at