Swain, Henry L., (New Haven, Conn.).—*A Case of Tuberculosis of the Ear, with Autopsy.* "Arch. of Otol.," vol. xxx., No. 3.

The patient, a man aged thirty-seven, had a discharge from the left ear for six months. (There is no mention that he had pain at the onset of the disease, which was attributed to cold.) Later there was pain in the ear and on the side of the head. There was evidence of crepitation in the right lung, and a purulent discharge from a sinus in the left testicle, obviously tuberculous. The author attributed the diseases to secondary general infection from the testicle, and abstained from operation on the petrous bone. The patient died from inanition, and on post-mortem examination there was found extensive tuberculous disease of the petrous bone, but with a considerable fibroid thickening on the upper surface, protecting the cerebral membranes from infection. This confirmed him in the justness of his decision to avoid operation, which would probably have opened the way for infection of these structures. (It will be remembered that Professor Politzer discountenances operation for tuberculous disease of the petrous bone coming on in the course of a well-established pulmonary tuberculosis, whereas he advises operation when signs of pulmonary tuberculosis develop in the course of a long-standing suppurative inflammation of the middle ear.—D. G.)

Dundas Grant.

THERAPEUTICS.

Gleason, E. B.—*Nitrate of Silver and other Salts of Silver in the Treatment of Inflammation of the Mucous Membrane of the Upper Respiratory Tract.* "Therapeutic Gazette," March 15, 1901.

When a solution of nitrate of silver is painted on a mucous surface it is decomposed, and organic compounds are formed. These are further decomposed, with the final result of the formation of argentic oxide. Nitrate of silver is an irritant; the organic compounds, however, are sedative. Whether the irritant or sedative effects of nitrate of silver predominate depends largely on the character of the epithelial layer of the mucous membrane to which it is applied. If a 60-grain solution be applied to the posterior wall of the pharynx it is extremely irritating, but if applied to an inflamed tonsil it is followed by great relief and comfort. Such a solution applied twice or thrice daily for two or three days will in a large proportion of cases abort a phlegmonous tonsillitis, and will be equally successful in follicular tonsillitis if the crypts are first freed of pseudo-membrane by applying a solution of peroxide of hydrogen. *Middlemass Hunt.*

Somers, Lewis S.—*The Use of Suprarenal Extract in Diseases of the Middle Ear.* "Therapeutic Gazette," December 15, 1900.

Somers finds the following solution of suprarenal extract the most suitable for use in middle-ear disease: Suprarenal gr. xx, phenic acid gr. ii, β eucaine hydrochlorate gr. v, aqua dest. ʒii. Phenic acid alone in this amount will preserve the solution for several months, but this action is greatly enhanced by the eucaine. He recommends the above solution as a hæmostatic and anæsthetic in aural operations, such as removal of granulations, or in operative procedures in the tympanic membrane. When granulations are present in the canal or

https://doi.org/10.1017/S175514630017012X Published online by Cambridge University Press

middle ear, the solution causes them to shrink, and if they are small and soft a few applications will bring about their entire disappearance. In chronic suppurative otitis it diminishes secretion through its tonic action in vascular tissue, and also aids in the more rapid healing of the parts. In acute inflammation of the tympanum it gives temporary relief, and if repeated as required will frequently abort an attack. At the same time the solution should be freely applied to the nose and naso-pharynx by means of a spray. If the case is seen after suppuration has taken place, and there is a perforation in the membrane, the solution should be instilled twice daily after cleansing. It will shorten the course of suppuration by aiding free draining through reducing the swelling of the mucous membrane, and rendering the Eustachian tubes patent. In cases of small perforation in Shrapnell's membrane it should not be employed. *Middlemass Hunt.*

Somers, Lewis S.—*The Use of Citric Acid for the Relief of Ozæna in Atrophic Rhinitis.* "Therapeutic Gazette," March 15, 1900.

Citric acid was recommended by Hamen in 1899 as of use in removing the fetor of ozæna. The writer has made a considerable trial of this drug, and finds that, though it exercises no direct action on the morbid tissue, it can be relied on to entirely remove fetor, so long as its regular use is continued. After cleansing the nose of all crusts, a powder, composed of citric acid 25 parts, and sugar of milk 75 parts, is blown into the nostrils. This treatment the patient is instructed to carry out three times a day. The amount of citric acid may be increased to 50 per cent. if not too irritating. Care must be taken that the powder does not enter the pharynx or larynx, as pain is immediately produced, and in the latter case spasm of the glottis from the intense irritation. *Middlemass Hunt.*

REVIEW.

Diseases of the Upper Respiratory Tract: The Nose, Pharynx, and Larynx. P. Watson Williams, M.D., London. J. Wright and Co., Bristol.

This excellent text-book has met with well-merited success, and the present work, which constitutes the fourth edition, has been produced in two volumes, the first part being descriptive matter, enriched by many good illustrations; the second an atlas of plates illustrating the anatomy, physiology, bacteriology, and clinical aspects of our speciality.

The author, after dealing with the anatomy, physiology, methods of examination, and general semeiology, discusses the affections of the whole upper respiratory tract in a practical yet thoroughly scientific manner. This edition is considerably increased in size, and greater care has been paid to diphtheria and diseases of the nasal accessory sinuses. He states: "The text has been revised throughout, largely re-written, and brought up to date without departing from the original design—viz., a simple, concise, and thoroughly practical text-book on a scientific basis, affording information on every point likely to come within the needs of the practitioner and student of laryngology." The profession will readily admit that Dr. Williams has thoroughly suc-

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