

Phosphorus is relied upon by Professor AGNEW, especially as combined with cantharides. (F. 534.)

Potassii Bromidum is an invaluable sedative. (F. 517.)

Strychnia is much used to give tone to the nervous system. (F. 534.)

Tannicum Acidum is employed locally. (F. 521.)

Veratrum Viride is a potent agent for controlling the priapism associated with some cases of spermatorrhœa.

Zincum. The acetate and sulphate are employed for injections. Dr. J. WARING CURRAN says the *oxide* is a drug of the greatest efficacy in seminal emissions. He combines it with camphor and conium.

VARICOCELE.

The numerous operations suggested for the radical cure of varicocele indicate that there is none wholly satisfactory to surgeons; and the occasional deaths from pyæmia recommend the employment, in preference, of some less dangerous means of cure. The most promising of these is by *compression*. In the majority of cases this is preferable to any more violent means of treatment, and in a large proportion favorable results may be expected. The pendent parts are to be supported, while moderate compression is made immediately over the external abdominal ring. To make the pressure an ordinary hernia truss may be used, with a perinæal band to keep it perfectly in position. The aim is to make such an amount of pressure as will moderately compress the veins at this point, and maintain it night and day, the truss only being removed for purposes of cleanliness.

Owing, however, to the annoyance of the truss, and the objection to allowing the blood to continue its vertical direction, the following plan of suspension, suggested by Mr. MORGAN, professor of surgical anatomy in the University of Dublin, has many advantages: The testis is enclosed in the "suspender," which consists of a piece of web about three and a half inches wide at one end, four and a half inches long, four inches wide at the other, and cut gradually tapering to the narrow end. A piece of thick lead wire is stitched in the rim of the smaller end, and the sides are furnished with neat hooks, a lace, and a good tongue of chamois leather, two tapes being sewn along the entire length of the web, which are afterwards attached to the suspending

belt. The application is easily made by the patient in the morning before rising, and when the parts are relaxed, laying the affected organ, while in the dependent position, in the "suspender," and lacing up the hooks with a moderate degree of tightness, then raising it up and attaching the tapes to the suspending belt previous to rising from bed.

The size of the "suspender" must, of course, vary more or less, but the measurements named will suit an ordinary case; the lead wire encircling the lower end gives a foundation to the general means of support, and keeps the testis within the suspending bag; the patient can mould it more or less to his convenience. Of course, as in every appliance of the kind, a certain amount of discretion must be used as to wearing the suspender; for the first few days it should not be kept on constantly; the parts should be sponged night and morning with cold water or a cold lotion, used so as to fortify the skin, as any chafing must be avoided. In all cases the suspender is best omitted at night.

Dr. EDWARD R. MAYER states that he has obtained the most satisfactory results in cases of varicocele, by applying lotions of tincture of *hamamelis virginica*, diluted with water.

XIII. LESIONS OF THE ORGANS OF SPECIAL SENSE.

THE NOSE.—*General Therapeutics of Nasal Diseases—Epistaxis—Nasal Duct, Obstruction of—Ozæna—Rhinitis.*

THE EYE.—*Amaurosis—Blepharitis—Conjunctival Diseases—(Ophthalmia)—Corneal Diseases (Ulcers, Opacity)—Iritis—Keratitis—Styes (Hordeolum)—Wounds and Injuries of the Eye.*

THE EAR.—*Eczema of the Auricle—Otitis—Otorrhœa—Tinnitus Aurium.*

GENERAL THERAPEUTICS OF NASAL DISEASES.

THE USE OF THE NASAL DOUCHE.

The use of the nasal douche has met with severe condemnation from Dr. D. B. ST. JOHN ROOSA, of New York, and he has detailed a number of cases in which its employment has entailed unfortunate results, even in skillful hands. Nevertheless, other specialists have by no means consented to banish it from practice.

DR. JAMES PATTERSON CASSELLS, M. R. C. S.,

Has, since ROOSA's paper, defined more clearly the proper mode of using it. (*Dublin Journal of Medical Science*, 1877.) He says:

"I never use it except in appropriate cases; never trust the use of the syphon douche to the patient, but in every case do the operation upon the individual myself; self-use in this, as in many similar circumstances, mostly means self-abuse. After deciding that the case is one in which the douche is admissible, I observe the following precautions, which, I may add, are applicable to the various modifications of the process. To have the fluid to be used non-irritating—of a density greater than the serum of the blood—about 90° Fah. in temperature, and *never to use pure water alone.* To give the column of fluid a fall

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from a point about one foot above the level of the patient's nose, patient meanwhile leaning forward and breathing short, rapid breaths, about forty per minute, interrupting the flow of the fluid every few seconds to allow of the patient resting, and to permit of the nostrils being sniffed out from behind by a succession of violent expirations through the nostrils, *the mouth being closed*, stopping the fluid from passing into the nostrils the instant that the patient ceases to breathe as I have directed, or on any involuntary act of swallowing taking place on the part of the patient; finally, in all cases, never to allow the patient to blow the nose after using the douche, till all the residual fluid has been expelled from the nasal passages by oft-repeated and strong expirations through them with the mouth closed. Lastly, never to begin the douche till the patient thoroughly comprehends the part that he or she is expected to perform in the course of the proceeding."

DR. CONSTANTINE PAUL, OF PARIS.

It is recommended by this writer (*Bulletin General de Therapeutique*, April, 1876,) that nasal irritation should be practiced with the patient in the upright position, and the head bent forward, the nostrils occupying the lowest portion of the nasal form. The best apparatus is the original one of H. WEBER. It consists of a caoutchouc tube, a yard and a half in length, the nasal extremity having an "ampulla" of horn or glass, which fits into the nostril; at the other end is a U-shaped tube of some solid material for convenience of insertion into the solution. A special apparatus is not, however, necessary, as an ordinary bone enema pipe around which linen may be wrapped to give it sufficient volume, so as to fill up the nostril, can be easily adapted to the tube of an irrigator. In such case, M. PAUL advises that the tap of the irrigator should be at "half cock." The affections in which he has especially employed these irrigators are ozæna, lupus of the nose, chronic rhinitis, nasal eczema and acute coryza. He has successfully used the following:

543. R. Sodii hyposulphitis, gr. xxv.
Aque, f. ℥j. M.

And,

544. R. Chloral hydratis, gr. xv.
Aque, f. ℥j. M.

ON NASAL BOUGIES.

Hitherto the treatment of nasal disease has been confined to injections of tepid water and solutions of different drugs, and applications of caustic to the nasal mucous membrane by means of *port-caustique*, the latter of which methods causes intense pain when the mucous membrane is swollen and the meatus is narrow. Moreover, cauterizations cannot be employed sufficiently often.

For these reasons *nasal bougies* have been recently introduced. They are made of *gelatine* and medicated commonly with alum, sulphate of copper, rhatany, carbolic acid, etc. Their use has been attended with great success. They are a little over three inches in length, and from one-eighth to one-quarter of inch in diameter, pointed at one end so as to be more easily introduced. Their introduction is not at all painful; the elastic body adapts itself to every irregularity in the nasal cavity, passes very easily through the narrowest parts of the meatus, and dilates them by gentle pressure. These bougies have been used in cases of *coryza* and *ozæna*, and with great success in cases of extensive swelling of the nasal mucous membrane and of the turbinated bones. If there is total obstruction of the meatus, and air cannot be drawn through the nostril, the introduction of the first bougie often effects great improvement. In cases of *ozæna*, sulphate of copper and carbolic acid are the most useful agents; but where there are extensive swelling and relaxation of the mucous membrane, the tincture of rhatany is to be recommended. Sulphate of zinc is not much used, for, according to Störk's experiments, solutions of this drug, when they are only injected into the nose, destroy the power of smell. There is no difficulty in introducing the bougie; it is advisable to give it a rotatory as well as an onward motion during introduction. Even in the most obstructed meatus, it is possible to introduce the bougie completely and in any direction; afterward the nostril is plugged with lint to prevent the liquefied gelatine escaping by any other orifice than the posterior nares. When there is much secretion present, the gelatine may liquefy in three-quarters of an hour, but it usually takes three hours. It causes no unpleasant sensation while in the nose, and it is useful, not only in applying medicaments to the mucous membrane but in keeping the meatus dilated.

EPISTAXIS.

545. R. Ergotæ extracti fluidi, q. s.
Twenty drops three times a day, in obstinate, recurrent epistaxis.
546. R. Olei terebinthinæ, gtt. xx-xxx.
To be given *pro re nata*, in capsule, milk or emulsion.

This very valuable remedy for persistent or recurrent epistaxis rarely fails to cure the most obstinate cases.

547. R. Infusi digitalis, f. ℥ ij.
Tincturæ krameris, āā f. ℥ j. M.
Extracti fluidi ergotæ, āā f. ℥ j. M.
A tablespoonful as required. Given twice a day, it will maintain a constant physiological effect. Recommended by Dr. BARTHOLOW.

Dr. BEVERLY ROBINSON (*Medical Record*, New York, March, 1876,) mentions a case where compression of the facial arteries proved successful in arresting epistaxis when styptics had proved ineffectual. These arteries were compressed upon the superior maxillary bones, just before they reach the *alæ* of the nose, by means of two small pads of lint.

A writer in the *British Medical Journal*, 1876, directs attention to the claims of *warm water*, applied externally to the face and nose in the treatment of that disease. It is not, perhaps, adapted for those severe cases where plugging the posterior nares is evidently and at first sight the only thing to be done; but it is, according to his experience (confirmed by that of his friends) the best remedy that can be applied for ordinary light cases.

548. R. Tincturæ ferri chloridi, f. ℥ j.
Aquæ, f. ℥ iij. M.
For injecting into the nostrils with a syringe. Or a plug of lint soaked in it may be pushed up. Any of the other styptics, alum, persulphate of iron, etc., may be used in like manner.

RÉSUMÉ OF REMEDIES.

- Aconitum*. Small and frequent doses often check epistaxis in children and plethoric people.
- Alumen* may be injected in solution, or the dry powder may be snuffed up.
- Digitalis* will often control epistaxis promptly. The infusion is said to be the best form in which to administer it.

Ergota is of very positive value. If the case is urgent it may be given hypodermically, gr. ij-v. Otherwise the fluid extract by the mouth is sufficient. (F. 545.)

Ferrum. Various preparations of iron are useful. *Iron spray*, of a weak solution of the *liquor ferri subsulphatis*, f. ℥j to aquæ f. ℥ viij, is a very serviceable astringent in obstinate cases. The nozzle of the tube should be inserted just within the nares, and the spray be driven with considerable force. Or it may be introduced on a feather. The *tannate of iron* may be given internally; and to correct the condition of anæmia which follows nothing is better than the tincture of the chloride with quinine.

Galla. Powdered galls taken freely, gr. x-xx, is an excellent astringent in cachectic subjects.

Hamamelis has been found very serviceable in epistaxis (m. j-ij of the tincture every half hour.)

Opium. Professor GROSS recommends that Dover's powder in large doses should be prescribed when there is dryness of the skin.

Quinine. A writer in the London *Lancet*, 1878, says quinine is the remedy in epistaxis. He says that he has tried it more than twenty times, often in aged people, and has never found it to fail.

Sodii Sulphas. A teaspoonful of Glauber salts every half hour is recommended by German writers.

Tannicum Acidum. A solution of tannic acid ℥j, aquæ f. ℥ vj, makes a good astringent injection or spray.

Terebinthinæ Oleum. A valuable remedy, not so well known as it should be. (See above.)

EXTERNAL MEASURES.

Blisters. In obstinate cases blisters applied to the nape of the neck are serviceable.

Cold. Pounded ice to the nape of the neck, or pieces of ice inserted into the nostrils or held against the roof of the mouth, often produce a happy effect. FERNEL recommends ice to the testicles or mammæ.

Cupping. Dry-cupping between the shoulders is useful in plethoric young people.

Heat. The spinal hot-water bag, applied to the cervical and upper dorsal vertebrae, is an excellent means. When the extremities are cold, hot mustard foot-baths should be resorted to.

Insufflation of astringent powders (alum, matico, tannin, etc.,) is frequently useful.

Plugging. A piece of dry cotton may be introduced and left in the bleeding nostril; or the cotton may be wet in an astringent solution previous to introduction. For plugging the posterior nares, the directions in surgical treatises should be consulted.

Position. In all cases the head and shoulders should be elevated. Raising the arms high above the head is a popular mode to stop nose-bleed.

Pressure on the facial artery, where it passes over the lower jaw, will often have the desired effect. For Dr. ROBINSON'S plan, see above. Compression of the nostrils, with the patient's head bent forward, continued some time, will oc-

asionally succeed. On a similar principle, a firm ligature around one or both thighs or arms will sometimes check the flow.

Transfusion. As a last resort, when deathly exhaustion is imminent, transfusion of blood is not only proper, but demanded.

Venesection, once often practiced in this complaint for its derivative effect, is rarely proper.

NASAL DUCT, OBSTRUCTION OF.

Obstruction and inflammation of the nasal duct, or dakryocystitis, is often due to temporary causes, mere congestion or œdema of the mucous lining being the most common, but plugging with inspissated mucus being also an occasional cause of the obstruction. Such cases may often be relieved by the simplest possible treatment, or get well spontaneously; but if they have remained unrelieved or neglected, they may pass into the condition of permanent obstructions, and these will almost always require treatment by the use of instruments.

In less obstinate cases, much may be done by washing out the lachrymal sac and the duct with stimulating injections, painting the exterior with tincture of iodine to prevent abscess, and the employment by the nostrils of stimulant powders, such as scented snuffs. The obstructions not unfrequently arise from catarrhal, strumous or syphilitic affections of the Schneiderian membrane, to which conditions it is necessary to direct the general treatment.

Of injections, one may use:

549. R. Cupri sulphatis, gr. ij.
Aquæ, f. ℥j. M.

Or:

550. R. Zinci sulphatis, gr. j-ij.
Aquæ, f. ℥j. M.

When the Schneiderian membrane is thickened and inflamed, Mr. W. SPENCER WATSON uses a mixture like the following, with an atomizer:

551. R. Acidi carbolici, gtt. v.
Aquæ ammoniæ, gtt. x
Alcoholis, f. ℥j. M.

For atomization.

A carbolic acid solution of varying strength has been used by other surgeons, for injecting the duct by means of an Anel's eye syringe. In a late article, Dr. G. STAMPINATI (*Mov. Med. Chir.*, March, 1876,) refers to a number of cases where treatment had been unsuccessful, but which were rapidly cured by the following method: A thirty per cent. solution of *persulphate of iron* was diluted with two parts of water, and this fluid injected by means of an Anel's syringe, into the sac. After remaining a few minutes, the fluid was aspirated with the same syringe. The injection may be made every day; and after repeating it about twenty times, a permanent cure is obtained.

OZÆNA.

JAMES E. GARRETSON, M. D., D. D. S.

Ozæna arises from various conditions, the nature of which must direct our treatment. The principal of these are as follows:

1. *Accumulation and Degeneration of the Common Antral Secretion.*—This is most frequently observed in the course of an ordinary coryza. It requires little treatment. The patient may be directed to sniff up the nostril of the affected side, some such combination as the following:

552. R.	Ætheris sulphurici	f. ʒj.	
	Tincturæ iodinii,	f. ʒij.	
	Olei juniperi,	f. ʒj.	M.

For insufflation.

If this fails to check the discharge, then constitutional treatment, such as is called for, is indicated. A plethoric patient should have a dose or two of sulphate of magnesia, and a restricted diet; an anæmic patient should have a tonic regimen, with some iron and quinine internally.

2. *Fetid Discharges from Tooth Abscesses Opening into the Antrum.*—This form of ozæna is cured, as a rule, by extracting the decayed tooth. If this does not succeed, injections are to be made through the tooth alveolus. A good one to commence for a day or two with, is a solution of permanganate of potash, ʒss-j to aquæ, f. ʒ viij, to control the fetor; this can be employed three times a day, after which one of the following can be employed:

553. R.	Tincturæ iodinii,	āā	f. ʒj.	
	Glycerinæ		ʒss.	
	Acidi tannici,		f. ʒj.	
	Aquæ coloni,		f. ʒij.	M.
	Aquæ destillatæ,		f. ʒij.	

Or,

554. R.	Tincturæ capsici compositæ,		f. ʒss.	
	Aquæ rosæ,		f. ʒ viij.	M.

Or,

555. R.	Argenti nitratis,		gr. xxx.	
	Aquæ,		f. ʒvj.	M.

Or,

556. R.	Vini opii,		f. ʒj.	
	Vini aromatici,		f. ʒj.	
	Aquæ,		f. ʒvj.	M.

Of these the iodine generally acts most satisfactorily.

3. *Ulceration of the Mucous Membrane of the Antrum.*—This is quite rare unless some constitutional dyscrasia is present. This, of course, requires appropriate general treatment. The best local treatment is to extract a tooth, and make an entrance into the antrum through its alveolus with any pointed instrument—a simple and easy operation. This done, the opening is to be kept patulous by introducing a tent of cotton or sponge. As an injection to be thrown through the opening, the following may be employed:

557. R.	Acidi carbonici,		gtt. xx.	
	Acidi tannici,		gr. v.	
	Glycerinæ,		f. ʒss.	
	Aquæ,		f. ʒvj.	M.

For an injection.

Or the following:

558. R.	Alcoholis,		f. ʒj.	
	Creosoti,		gtt. x	
	Aquæ,		f. ʒvj.	M.

Or the permanganate of potash, as suggested above. *Phenate of soda* is also one of the very best injections in these cases.

When the constitutional taint is syphilitic the patient must be placed upon anti-syphilitic remedies. Mercurial ulcers of the antrum are much more common than syphilitic ones. They demand *chlorate*

of *potash* internally, gr. x four or five times a day. Scrofulous ulcers are also frequent.

These ulcers are also often located in the nares, especially syphilitic ones. They are often accompanied by nasal osteitis, frequently ending in necrosis, especially of the vomer.

When the nasal bones are thus affected, the overlying skin is congested; pressure on the bridge produces much pain, and lachrymal secretions often run over the cheek.

The treatment required is to limit and circumscribe the local inflammation as much as possible by the usual means, and to build up the system. An excellent application is the following:

559. R.	Tincturæ ferri chloridi,	f. ℥j.	
	Quinæ sulphatis,	gr. xxv.	
	Tincturæ iodinii,		
	Glycerinæ,	āā	f. ℥j.
	Aquæ,		f. ℥ iv.
			M.

Inject, or brush over and about the parts three times a day.

Iron or quinine will be needed internally. Iodide of potassium must be freely given. But a good diet, moderate exercise, judicious amounts of malt liquor, and systematic bathing are the reliable means to enable the system to throw off the disease.

When the bone is necrosed, no attempts should be made to remove the sequestrum until the probe reveals it to be quite loose, when it may be lifted out.

4. *Foreign Bodies*.—Some of the most offensive and obstinate cases of *ozæna* arise from the lodgment and retention of foreign bodies. Pieces of sponge or cotton left behind in swabbing the nares, rhinoliths in the canals, peas, rags, buttons, etc., become sources of offence, resisting all medication and foiling the best attempts at cure until they are removed.

The patient should be placed in a strong light, and the parts searched with a delicate forceps; or he should be given a pinch of snuff, while his unobstructed nostril is compressed, so that the effort of sneezing may eject the obstruction. The employment of the rhinoscope is to be highly commended.

The rubber-bulb atomizer is an instrument of great service, which can be used by the patient without danger or trouble of any kind, and carries the spray to every part of the nostril. It may be charged with a solution of permanganate of potash or chlorine water, and kept

about the person ready for use at any time. In cases which emit much fetor, its employment will avoid many moments of mortification.

PROF. S. D. GROSS, M. D.

560. R.	Cupri sulphatis,	gr. ʒ.	
	Acidi tannici,	gr. iij.	
	Aquæ,	f. ℥j.	M.

Use for a douche.

Dr. GROSS has employed the above for many years with signal benefit. If the fetor is marked, liquor sodii chlorinatæ may be added. In old and obstinate cases, a rapid cure may sometimes be effected by washing out the nostrils freely, twice a day, with the following:

561. R.	Zinci chloridi liquoris,	gtt. x-xv.	
	Aquæ,	f. ℥ viij.	M.

It is a serious error in *ozæna* to use irritating lotions or unguents. The best plan is to begin with very weak applications, and increase their strength gradually. Whenever there is decided smarting and tension in the frontal sinus, the application is probably doing injury rather than benefit.

DR. EDWARD C. MANN, OF NEW YORK.

This physician commences by thoroughly cleansing the nasal cavities with the following:

562. R.	Sodii chloridi,	ʒj.	
	Aquæ,	ʒj.	M.

Use with the douche.

He then applies thoroughly to the entire surface of the nasal cavity, the following:

563. R.	Argenti nitratis,	ʒj.	
	Glycerinæ,	f. ℥j.	M.

Next he propels vapor of iodine into the nares for a quarter of an hour by means of a bulb and nasal tube. This is to be repeated daily. Meanwhile he prescribes the following snuff, to be used *ad libitum*:

564. R.	Pulv. camphoræ,		
	Sacchari albi,		partes equales.

When there is ulceration of the mucous membrane and caries of the bones of the nose, the following solution, applied over the affected part, is of great service:

565. R. Iodini, gr. ij.
Potassii iodidi, gr. xij.
Glycerinæ, f. ʒij. M.
For local application. (*New York Medical Journal*, Oct., 1874.)

DR. DUBOIS, OF NEW YORK.

This writer states that ulcerations at the septum of the nose are frequently the cause of a persistent, fetid discharge from the nostrils. (*New York Medical Record*, April 21st, 1877.) Many of them can be, without difficulty, brought to a condition of partial cure; that is, to where they can control the discharge from the nostrils to such an extent as not to be seriously inconvenienced thereby. It is a question in some of these cases, as to the advisability of stopping suddenly a long-continued discharge. The treatment that he has found most convenient for the patient, and at the same time very effective locally, has been the use, night and morning, of the following:

566. R. Vasinæ, ʒj. M.
Acidi salicylici, gr. v.

This is introduced into the affected nostril by a camel's-hair pencil; or, better still, by a little cotton wool wound around the end of a stick. At the same time he gives $\frac{1}{100}$ - $\frac{1}{50}$ grain of corrosive sublimate with some preparation of iron, twice daily. He frequently finds that, after this treatment has been continued for one or two months, a complete cure is effected; while in other cases the discharge has so far ceased after a few weeks, that the patient being satisfied, leaves off the treatment.

For medicated douches:

567. R. Sodii phosphatis, ʒss. M.
Aquæ destillatæ, f. ʒ viij.

Used to loosen the crusts and viscid secretion.

568. R. Potassii permanganatis, ʒj. M.
Aquæ destillatæ, Oj.

To correct the fetor.

Dr. WETZLER advises creosote, ʒj to cerate ʒj, applied to the inner membrane daily, with a camel's-hair brush.

DR. SOBRIER, OF FRANCE.

569. R. Bismuthi subnitratæ, ʒss.
Sulphuris iodidi, ʒss. viij.
Pulveris glycyrrhizæ, ʒj. M.

For a snuff in ozæna and chronic nasal catarrh. From ten to fifteen pinches a day should be used.

DR. BERNARD FRANKEL, OF BERLIN.

The local treatment of ozæna must be directed to the removal of the secretions, to the restoration of the membrane, and to the deodorization of the discharge. For the first we may use, either in the form of douche, injection or spray, such solutions as:

570. R. Sodii chloridi, ʒj. M.
Aquæ, Oj.

571. R. Ammonii chloridi, gr. ij-x. M.
Aquæ, f. ʒj.

572. R. Sodii bicarbonatis, ʒij-ijj. M.
Aquæ, Oj.

To restore the membrane to its normal condition, we must be governed by the etiological factor of the disease. In syphilitic rhinitis the following are useful applications:

573. R. Hydrargyri chloridi corrosivi, gr. ʒ-ʒj. M.
Aquæ, f. ʒj.

To use as a douche.

574. R. Hydrargyri chloridi corrosivi, gr. v-x. M.
Aquæ, f. ʒj.

To be cautiously applied with a brush.

Dilute tincture of iodine and Lugol's solution are also applicable in some instances. TROUSSEAU recommended:

575. R. Hydrarg. chloridi mitis, ʒij. M.
Hydrarg. oxidi rubri, gr. xv.
Sacchari albi, ʒss.

A pinch to be snuffed up five or six times a day.

In many cases no constitutional cause is discoverable. CAZENAVE has called attention to the value of *nitrate of silver*.

576. R. Argenti nitras, gr. x-xxx. M.
Aquæ, ʒj.

Apply with a brush.

577. R. Argenti nitratis, gr. xxv.
 Adipis, ʒj. M.
 Use as an ointment to the nasal membrane.

As a snuff, some astringent, as tannin or alum, is commonly used, combined with powdered white sugar or magnesia, one part of the astringent to ten or fifteen of the vehicle. When there is hyperplasia of the membrane and stenosis of the nasal canal, caustic applications are indicated, as nitrate of silver in substance, tincture of iodine or the galvano-cautery.

As deodorants, the usual disinfectants may be used, or the creosote ointment recommended by Dr. WETZLER:

578. R. Creosoti, m. xx-l.
 Cerati simplicis, ʒj. M.
 For an ointment.

Or one of the following snuffs, recommended by Dr. HEDENUS:

579. R. Carbonis animalis, ʒj.
 Pulv. cinchonæ, āā ʒj.
 Pulv. myrrhæ, gr. x. M.
 Pulv. caryophylli,

580. R. Carbonis ligni, āā ʒ ss. M.
 Pulv. myrrhæ,
 A pinch of either of the above to be taken every hour.

Astringents in this disease should be exhibited only when there is increased secretion and swelling; in the dry and atrophic forms they are contra-indicated.

DR. BERNARD KAUS, OF VIENNA.

The use of the solid stick of *nitrate of silver* is especially called for where ulcerations are present. It is best applied with the aid of the laryngoscopic mirror, the nitrate being fused on the end of a metal sound. A cardinal remedy is the *corrosive chloride of mercury*, although it has recently fallen into neglect; it may be used in a snuff with white sugar.

581. R. Bismuthi subnitratis, ʒj.
 Potassii sulphureti, gr. v.
 Pulv. glycyrrhizæ, ʒ iss. M.
 For a snuff. Useful as a disinfectant.

DR. PROSSER JAMES, OF LONDON.

Of substances useful to wash out the nasal passages, the author had used, with fair results, *chloride of aluminum*; but, on the whole, preferred the *permanganates*. These promptly remove the fetor, which is the great distress of the patient. A weak solution should be freely employed at first, gradually increasing until there is a little smarting. Ulcerations and erosions should be touched with a strong solution or with a paste. Inhalation of *iodine vapor* is often of great value. When syphilis is believed to be the cause, *iodide of sodium*, in large doses, is called for. This contains more iodine than the potassic salt, and is not so apt to disturb the stomach. The *iodide of calcium* is also an excellent preparation.

RÉSUMÉ OF REMEDIES.

Alumen. The nostrils may be well irrigated with a solution of ʒj to aquæ Oj.
Aluminum. The acetate of alumina is more efficient in correcting fetor than simple alum. Dr. PROSSER JAMES prefers *chloralum*, the chloride of aluminum.
Ammonii Chloridi is used as a wash by Dr. FRANKEL. (F. 571.)
Aqua Picis. The following is an injection extolled by M. DELIQUX DE SAVIGNAC:

582. R. Aquæ picis, f. ʒ ij.
 Acidi carbolici crystal., gr. j. M.
 For a lotion.

Argenti Nitras. When ozæna depends upon ulcers in the posterior nares, these should be touched with nitrate of silver, or with a solution of the strength of a fifth or a tenth; or, the following ointment (Dr. MAURIAC, Paris):

583. R. Argenti nitratis, gr. x-xx.
 Aquæ destill., q. s. to dissolve.
 Unguenti aquæ rosæ, ʒj. M.
 For local use to ulcerations or fungosities.

Bismuth. TROUSSEAU employed equal parts of bismuth and powdered talc in chronic non-syphilitic ozæna, ordering the patient to clear well the nasal passages by blowing the nose, and then to snuff up some of the powder. It is advantageously combined with astringents, as:

584. R. Pulv. aluminis, āā ʒj.
 Acidi tannici, ʒ v.
 Bismuthi subnitratis, ʒ x. M.
 Pulv. talc,
 To be sniffed up several times a day. (Dr. MAURIAC.)

Brominii. The offensiveness of ozæna may be removed by inhaling through the nostrils a few drops of the following: