Common-Sense in the Treatment of Discharge from the Ear.

Dr. ALEXANDER DUANE (New York) presented a paper with this title. After enlarging upon the importance of the subject to the general practitioner, he contended that the therapeutic principles to be enforced here are the same as those governing the treatment of suppuration anywhere else, and are comprised in the words cleanliness, drainage, and the removal of hopelessly diseased tissue. These indications are best fulfilled by thorough irrigation with some cleansing fluid, the best one for the purpose being a weak solution of common salt. Politzerization to force out the residual discharge may be used as an adjuvant to the syringing. If these methods do not suffice for a cure, astringent powders (boric acid, alone or combined with zinc oxide) may be used, but only in connection with thorough cleansing by preliminary irrigation. Granulations and polypi must be carefully removed, the operation being done by a good light and with the patient fully under control. Any tendency of the granulations to recur must be checked by the instillation of alcohol with or without the addition of corrosive sublimate. In the case of caries, iodoform is useful. These procedures, combined with suitable constitutional treatment, will usually succeed unless there is extensive caries, or unless drainage is prevented by the situation of the disease (in the attic), or by inflammatory hypertrophy and swelling. In this case resort should be had without delay to removal of the obstructing and diseased parts by a radical operation. By following out the treatment thus outlined the author believed that in nearly every case of chronic suppuration the disease can be cured, the danger of cerebral involvement be averted, and the necessity of doing a mastoid operation be done away with altogether.

REVIEWS.

Ruault.—*Maladies du Nez et du Larynx* ("Diseases of the Nose and Larynx"), by Dr. A. RUAULT. Vol. IV. of the "*Traité de Médecine*," edited by Drs. CHARCOT, BOUCHARD, and BRISSAUD, &c. (G. Masson, 1892.)

WE have already noticed the first fasciculus of this important work, which dealt with diseases of the mouth and pharynx, and we took occasion to speak in high terms of commendation especially of the section dealing with diseases of the pharynx and diphtheria. Seventy-one pages of the present work deal with diseases of the nasal fossæ. The first chapter is occupied with the discussion of circulatory affections, which comprise hyperæmia, hæmorrhages, and epistaxis. Of the former due notice is taken of the passive form of distension of the subcutaneous veins of the root of the nose as a sign of naso-pharyngeal disease, and amongst active hyperæmias of general but especially circumscribed congestions of the nasal mucosa in neuro-arthritic and gouty subjects, which may be bilateral, and affect only the anterior or posterior two-thirds of the nasal fossæ. In other subjects these congestions may be unilateral,

and affect first one side then the other, but generally the inferior turbinated, and especially its anterior extremity. Turgescence of the venous sinuses of the deep layer may exist without congestion of the superficial layer, even with ischæmia of this region, from which we may infer with probability the existence of independent vaso-motor filaments for each region.

The subject of hyperæmia is very completely dealt with, and the author recommends for treatment cauterization or insufflations of menthol or cocaine powders.

The subject of epistaxis is very fully discussed and presented clearly. Rightly the author considers it only a symptom, and its relation ought to be determined to various morbid local and general conditions, and its diagnostic and prognostic value appreciated. Hæmorrhage from the nose lasting from five to fifteen minutes, during which the patient loses from fifty to one hundred grammes of blood, may be considered of average intensity. If it lasts for half-an-hour or more, and the patient loses from two hundred and fifty to four hundred grammes, it is an abundant epistaxis. Above this figure it is serious. It is rare for the hæmorrhage to surpass one thousand two hundred grammes, and one thousand five hundred, two thousand, and two thousand five hundred grammes of blood lost can only very exceptionally occur without death, immediate or consecutive. No credence is to be attached to the cases reported of losses of blood above three kilogrammes.

While death is fortunately very rare from sudden epistaxis in healthy persons, it is not exceptional in cases of repeated epistaxis, which lead to anæmia, profound weakness, and cachexia. The origin of epistaxis in thrombus and ulcer of the septum, and eczema of the vestibule and simple lesions, is reviewed, as also is that curious affection perforating ulcer of the septum and as a complication in various morbid general conditions, such as diseases of the liver, heart, kidneys, respiratory organs, etc. The author states that during the recent epidemic of "grippe" he has observed a number of cases of epistaxis which were always controlled by rather large doses of quinine. Several pages are devoted to the diagnosis and treatment of epistaxis, the importance of an accurate estimate of the former being necessary from the fact that the surgeon should not be in too great a hurry to arrest a salutary epistaxis, and never wait before obtaining hæmostasis until symptoms have arisen from too great loss of blood. Such salutary epistaxes occur in some acute disorders (pneumonia, facial erysipelas, etc.) when they are critical, and in conditions when bleeding is indicated (renal or cardiac disease). With free ventilation, clothes loosened about the neck, the head directed forwards, tampons of cocaine are first to be applied (ten per cent). If this fails to arrest or check the hæmorrhage after from four to five minutes, neither antipyrin, nor irrigations with cold or hot water, nor ice to the neck, dorsum, etc., nor hot pediluvia, will be more effective.

Ruault relies on cocaine before all other means. He rightly rejects coagulative hæmostatics, like perchloride of iron. Next, compression must be adopted or tampons, and anterior tamponing is usually effective enough without the necessity of tamponing through the mouth and

posterior nares. Tampons impregnated with aristol may remain three days in the nares without any bad odour or infection, but it is seldom that these tampons should be left in longer than from thirty-six to forty hours.

In repeated epistaxes, especially where there are lesions of the septum, Dr. Ruault energetically protests against the use of the cautery, preferring the lucubration of the parts with vaseline, applied with a spatula, three times daily until the erosion is healed. Simple perforating ulcer is easily cured by salol in vaseline, or white precipitate used continuously for from fifteen days to three weeks.

Nervous affections, anosmia, hyperæmia, parosmia, cacosmia, anæsthesia, hyperæsthesia, paræsthesia, neuralgia, reflex hyper-excitability occupy Chapter II. As to the association of polypi with asthma, Ruault believes himself to have radically cured some cases by intra-nasal treatment, to have temporarily cured some others, and many others have only experienced indirect benefit, *i.e.*, relief to nasal obstruction but not disappearance of the asthma. In two cases the latter was distinctly aggravated after surgical intervention. He thinks that the number of cures would be greater if our methods of rhinological therapeutics were more perfect. In one case where removal of polypi did not cure the asthma, operation upon empyema of the antrum effected improvement, and the condition of this sinus might always be enquired into in asthmatics with polypi. Cure of the asthma is not always cure of the patient; other neuroses may replace the asthma. Ruault thinks that many asthmatics are hereditarily neurotic, and the asthma is only one symptom of a general condition, but it would be absurd to condemn the patient to systematic abstention.

Chapters follow upon acute nasal catarrh, hay fever, and chronic coryzas, with an especially good section dealing with atrophic rhinitis, and these close the section dealing with nasal disorders. It is not a complete treatise upon diseases of the nose, but the subjects with which it deals are well selected, and clearly and concisely written.

The second portion of the book comprises diseases of the larynx. Chapter I. is occupied with the consideration of anæmia, hyperæmia, œdema, and hæmorrhage. Chapter II., which is the most important in this volume, deals with nervous affections. A very full and critical survey is given of the subjects of abductor paralysis and adductor spasm, which have provoked so much discussion, and Ruault is led to the conclusion that it is most probable that irritation of one recurrent nerve, such as is produced by slight compression, induces spasm, convulsion, or intermittent tonic contraction of a cord, lasting for a short time, rarely more than a week, that these accidents may disappear with their cause, and recur and disappear, but if the pressure continues it very rapidly determines a paralysis, limited at first to the dilator muscle; and if the pressure is from the first sufficiently severe it determines sudden paralysis, either limited at first to the dilator or immediately generalized.

Ruault objects to the use of the expression "cadaveric position" of the cords so customarily employed. *Post-mortem* all the muscles are in a state of inertia, during life there is the tone of the crico-thyroid, the thyro-arytenoid, and the arytenoideus to prevent the real "cadaveric" position

ever being reached. The position is, moreover, *not* midway between deep inspiration and phonation, as Ziemssen described it when he gave this name to it. An interesting chapter on laryngeal vertigo closes the section upon nervous diseases, the author having been fortunate enough to see five cases in his own practice during the last three years. Chapter III. deals with laryngitis, acute and chronic, chapter IV. with syphilis, and chapter V. with phthisis of the larynx. We are glad to find the author adopt the view that certain forms of laryngeal phthisis are curable, and that no patient should be condemned to therapeutic inactivity, an opinion which accords entirely with our own experience.

This second volume of Dr. Ruault's work is quite up to the standard of the first volume. The matter is sound, the diction forcible and elegant, and the method of presenting the various subjects scholarly, and though not a complete treatise upon diseases of the mouth, pharynx, nose, and larynx, it is full and complete as to the subjects with which it deals, and we know of no better or more interesting contribution to special literature than Dr. Ruault's work. *R. Norris Wolfenden.*

Von Krafft-Ebing.—*Psychopathia Sexualis, with especial reference to Contrary Sexual Instinct: a Medico-Legal Study.* By Prof. R. VON KRAFFT-EBING. Authorized Translation from the seventh enlarged and revised German Edition. By Dr. CHARLES GILBERT CHADDOCK. Philadelphia and London: The F. A. Davis Company. 1892. Pp. 436.

THIS book reveals instances of human depravity, of bestiality and offences against nature, which we could scarcely credit were it not compiled by an earnest and scientific professor of psychiatry. It is emphatically not a work to be put into the hands of any but the few, but to the earnest practitioner it will reveal many things to which his mind is a stranger, instances of moral perversion of which he now and then meets, however, with singular examples. To the alienist the translation of the work will be most acceptable. Prof. Krafft-Ebing deserves great credit for attacking such an unsavoury subject in a scientific manner, and the translator and publishers deserve equal credit for their courage in presenting this unique study in an English dress, and not less for the manner in which the work has been executed. *R. Norris Wolfenden.*