is foul, carbolic acid may be added. But the treatment I personally prefer in such cases is to wash out the tympanum through the Eustachian tube with boracic lotion, and after cleansing and drying the external auditory canal, to instil 10 drops of a solution of rectified spirit and carbolic acid (acid. carbol. gr. v, spt. vin. rect. ℥ iv, aq. ad ℥ j) into the ear, allowing it to remain fifteen minutes, and then to remove by means of absorbent cotton-wool the remaining moisture—which I consider is an important part of the treatment—and finally insufflate a fine powder of boracic acid. With the exception of washing out the tympanum through the Eustachian tube, which can be done every second or third day according to the amount of the discharge, the above treatment should be carried out daily or twice daily, but the object being to keep the parts as dry as possible.

A treatment which I used in the clinic of Politzer in certain cases, and which I have since adopted with very good results, is to irrigate the ear with a normal saline solution once a week, while a solution of hydrogen peroxide, spiritus vini rectificatus, and boracic acid is instilled every third day. The patient can carry out this treatment himself.

To deal successfully with cases of purulent discharge from the ear time and trouble are necessary, and as the patients, as a rule, have to carry out the greater part of the treatment themselves, it is most important to instruct them how to do it thoroughly. If we are to look for success this time and trouble must be given; a half-hearted treatment is worse than useless, and it is just because the parents in many cases do not carry out our instructions that we are doomed to disappointment.

If such a discharge is allowed to persist, complications which I have already mentioned may possibly arise, for, as Wilde has said, we can never say when, where, or how a discharge from the ear will end.

The struggle for existence in the race for life is sufficiently difficult for the majority of the physically fit without having an additional handicap imposed in the form of a deprivation more or less of the faculty of hearing; we should, therefore, do all in our power to instil into the poor the possible danger and consequences of a discharge from the ear, and the necessity of early treatment on its first appearance.

Case after case comes to me with the same old history—that during childhood they had a discharge from one or other ear, getting better or worse alternately, and that nothing much was thought about it, as it was supposed that the child would grow out of it. If such cases do eventually heal up, cicatricial adhesion about the ossicles and fenestrae are left, the hearing power being materially affected, in many cases beyond repair.

Prophylaxis is always better than cure, and if we take the mischief in time—that is, in early childhood or youth—we shall have done much for the hearing power of those who are to take their share, however small that share may be, in the future building of the empire.

THE TREATMENT OF POST-NASAL ADENOIDS.

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POST-NASAL adenoids occur very frequently in children; they are variable in size, soft, and readily bleed on pressure. They develop on all the walls of the naso-pharynx, blocking the orifices of the Eustachian tubes and the posterior nasal apertures, causing habitual mouth breathing, repeated attacks of chronic nasal catarrh, deafness from disturbance of the middle ear, and also mental and physical depression. The indications for operative interference can generally be recognized more by the persistency and urgency of the symptoms than by the examination of the nose and throat. The removal of these growths can be undertaken without any risk, provided there is no active disorder or any impairment of the health.

After an attack of tonsillitis or catarrhal inflammation of the naso-pharynx, it is always desirable to defer the operation for a few days.

Some surgeons use curettes of many forms, while others prefer a steel finger-nail or post-nasal forceps. For children the best instrument is the sterilized finger-nail, as it can be safely employed both to define and remove the growths in the obscure recesses of the naso-pharynx, guided by the sense of touch. I very seldom use any curette, although it is some-

times necessary in the removal of the firmer adenoids which are found in older patients. In my operations upon children I use only the simple contrivances represented in Fig. 1, and

Fig. 1.

with these I have cleared the naso-pharynx in hundreds of cases, and I have had very seldom—if ever—occasion to repeat the treatment. The mouth gag is a short rod of hard wood carrying a wooden ring to regulate its insertion between the teeth, and one end of it is larger than the other to suit the capacity of different mouths. The metal rings are simple protectors of the forefingers of the operator, and the nasal probes are made of flexible metal, and are of great utility in clearing the posterior nasal apertures.

After preparing the patient by the frequent application of some deodorizing mouth-wash, I always carefully examine the teeth and remove any loose tooth before the introduction of the gag. An anaesthetic is of great assistance in clearing the naso-pharynx, but it requires very careful administration. I prefer A.C.E. or chloroform, but whatever anaesthetic is employed it must only be continued to arrest corneal sensibility, and always short of suspending the reflex actions of coughing and swallowing. As soon as the patient is ready, the head is brought well over the edge of the table, and is there supported by the hands of a nurse or the arm of the surgeon; at the same time the shoulders are raised on a pillow. The nasal probes are passed through the inferior meatuses into the pharynx; the gag is fixed in the right angle of the mouth and the left forefinger is introduced into the pharyngeal fossa, and with it the sides and roof, the Eustachian orifice, and the posterior nasal apertures are rapidly cleared. The gag is then shifted to the left angle of the mouth and the operation is repeated on the right side with the right forefinger (see Fig. 2).

Fig. 2.

The probes are now freely applied around the posterior orifices, and rubbed over the inferior nasal passages. In many cases the haemorrhage is free, and it is necessary to have some sponges at hand to wipe the blood out of the mouth and pharynx. After clearing away the adenoids I always excise the tonsils if they are unhealthy and enlarged. Transient shock sometimes follows the operation, and cases of troublesome haemorrhage have been reported caused by tearing the mucous surface with forceps.

After the patient has recovered from the anaesthetic the improvement in the hearing power and breathing is often very marked. As a general rule I order rest, and light and soft food for a few days.

THE BRAINS OF EMINENT PERSONS.—A society having for its object the education of the public to the advantages which may be secured from the scientific study of the brains of eminent persons has been organized in America. A Committee—consisting of Professor B. G. Wilder, Dr. E. A. Spitzka, and Dr. Alexander Herdlicker—has been formed for the purpose of drawing up a form of bequest in conformity with legal requirements whereby persons may during their lifetime devise their brains to the society.