

## THERAPEUTIC NOTES

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**Follicular Tonsillitis.**—W. Lapat (*Medical Record*) employs hydrogen peroxide on a cotton applicator to remove the patches. With another applicator he inserts into the crypts a five per cent. solution of tincture of iodine, taking care that none of it flows into the pharynx. Applications are made twice a day on the first two days, and the patient is given an ichthyol spray to use every two hours.

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**Uncomplicated Tuberculous Foci in Bones.**—Huntington (*Annals of Surgery*) thoroughly exposes and clears out the focus, packing the cavity with camphor-phenol gauze. In a few days the amount of packing is reduced and then entirely dispensed with, when the bone cavity remaining may be filled with Beck's paste or the Mosteg-Moorhaf wax. The wound is then closed and fixation secured by a loosely applied plaster-of-paris dressing.

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**Progressive Deafness.**—Grodénigo (*Presse Otol.*) finds a rational basis for the administration of calcium salts as a therapeutic measure, as the deafness of pregnancy and lactation is the result of changes in the thyroid and parathyroids. He employed about three grains of the chloride or lactate of calcium in daily doses, with excellent results. As the hypodermic method frequently leads to abscess formation, it is considered dangerous.

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**Nasal Deformity.**—O. A. Lothrop (*Boston Med. and Surg. Jour.*) removed a strip of bone two inches long and one-twenty-fifth of an inch wide from the free vertebral border of the scapula with cutting forceps and wrapped in wet, sterile gauze. Great care was taken not to denude this strip of bone of its periosteal covering. A subdermal passage-way was made in the nose bridge extending to the distal extremity of the nasal bone. The periosteum was cut and elevated along the crest of the nose bridge up to the frontal bone. The nasal bones were ground down with a rasp and the graft inserted. In three weeks the graft was quite solid; in four weeks it was rigid and the dressing omitted.