

central perforation of the drumhead. The external meatus was red and tender in its deepest portion, and near the membrane were two granular poly-poid growths. There was abundant otorrhœa, of a very fetid description. After removal of the growths from the external canal, the subsidence of the inflammatory state of the tympanic cavity, together with the discharge, he still complained of pulsating noises in the head, increased by walking or stooping, headache and occasional giddiness. The hydrobromic acid was given, as in the previous case, with an equally rapid disappearance of all the symptoms associated with the tinnitus.

Two points appear important to secure the success of the drug. 1. The auditory apparatus must be clear of any well marked objective morbid process, 2. The tinnitus should present the characters of *congested blood-supply*, already alluded to. In mentioning the foregoing facts at a recent discussion at the Harveian Society, owing to the lateness of the hour, the distinctive indications for the successful administration of the drug, were not insisted upon, an omission which, I trust, this communication will sufficiently rectify.

#### TREATMENT OF CHRONIC CYSTITIS BY STRONG SOLUTION OF NITRATE OF SILVER.

It is scarcely necessary that I should tell you that in the treatment of chronic cystitis, as in that of a great many other surgical affections, the first indication is to remove the exciting cause. Fortunately, in a large number of cases, as for instance in those dependent upon the presence of calculus or other foreign substance in the bladder, of stricture of the urethra or of excessive alkalinity of the urine, this is entirely practicable, and when it is accomplished the rapidity with which the morbid action subsides is sometimes truly astonishing. In calculus and phosphatic urine, nothing more is usually necessary, although it does occasionally happen, especially in old people, that the anatomical changes resulting from the long persistence of the inflammation continue to vex the patient long after the original source of trouble has been corrected. Where this is the case the special line of treatment which I am about to describe will frequently prove successful.

Resolution of the inflammation does not so often follow the dilatation of old strictures, notwithstanding the fact that the bladder is thus enabled to empty itself completely. This is due principally to the hypertrophy of the muscular coat which has occurred in consequence of the accompanying tenesmus. Where such alteration has taken place, only palliation should be expected, and the patient may be obliged to wear a rubber urinal all the rest of his days. But as it is not always pos-

sible to determine in advance the existence of such a degree of hypertrophy, I make it a rule to subject all such patients to the curative treatment, trusting that some of these may thereby be materially benefitted.

If the disease is dependent upon enlargement of the prostate gland as we so often see in old men, the state of affairs is in some respects like that met with in stricture of the urethra, with the difference that in the latter we have some expectation of getting rid of the producing cause, while in the former we have no such hope. Nevertheless by the daily introduction of a large-sized catheter, washing out the organ occasionally with some stimulating astringent, such as nitric, or better, hydrochloric acid, two drops to the ounce of water, and the internal administration of balsam copaliba, the inflammation may be often subdued. If these remedies should fail, the heroic treatment presently to be described should be resorted to.

And now I take pleasure in exhibiting to you again, the patient from ward 8, for the purpose of illustrating my further remarks.

This man, as you are aware, has been the subject of severe stricture of the urethra for several years, and presented, until very recently, all the symptoms of confirmed chronic cystitis. When I took charge of the ward, a few weeks ago, the stricture had been pretty well dilated by my predecessor, so that a No. 9 bougie could be slowly introduced by the patient himself, any undue haste inducing severe tenesmus. The symptoms of cystitis however, had not much abated. His desire to urinate was incessant, and it was only by great effort accompanied by much suffering that he could restrain the evacuation for an hour at a time. While he was in bed he was compelled to keep a urinal between his thighs continually, otherwise he was not able to sleep for frequent necessity of rising. The urine, upon standing, as you have just now seen, separated into two parts, the upper tolerably clear, the lower opaque, thick, tenacious, yellowish in colour, and loaded with phosphates. Upon decanting the former, the latter, you noticed, clung in stringy masses to the bottom of the glass, and upon close inspection was found to consist of mucus and pus. Vesical tenesmus was not very frequent, although at times severe. Introduction of the finger into the rectum was productive of so much pain that the attempt to ascertain thus the thickness of the walls of the bladder was not satisfactory.

He was first put upon the use of copaliba and cubebs, which of all the internal remedies employed by surgeons in such cases, hold deservedly, in my estimation, the highest place. In private practice I am in the habit of using an unofficial preparation known as the compound extract of cubebs and copaliba, which is nothing more than solidified balsam combined with powdered cubebs