

Letter to the Editors

acute acid intoxication, such as diabetic coma or delayed chloroform poisoning, but an eosinophilia is not common in these conditions.

In the second half of the book the relations of heredity, hay fever, and anaphylaxis, and the etiology of asthma are discussed. Dr Adam marshals his arguments in favour of the view that asthma is primarily a toxæmia, and that heredity and idiosyncrasy, including anaphylaxis, play only a minor part; but he leaves us feeling that the last word on this subject still remains to be said.

An excellent chapter is that on treatment. Full details are given of the methods used by the author both for detoxicating the patient and for treating local conditions in the nose and throat. These should prove most useful to all those engaged in treating that most elusive pathological entity known as asthma.

There is an appendix in which are found not only lists of dishes suitable for asthmatics but also recipes for preparing them.

MARGARET TOD.

LETTER TO THE EDITORS

THE SCHWARTZE OPERATION.

THE EDITORS,

Journal of Laryngology and Otology.

DEAR SIRS,—It is evident, from what I see and hear, that some surgeons are treating the cavity left after the Schwartze operation for acute mastoid suppuration by draining it into the meatus, after removing a large part of the posterior bony meatal wall and suturing the skin wound.

The objections to this method are:—

1. The drainage may be imperfect.
2. A large permanent opening into an extensive cavity lined with epithelium may result, necessitating periodical clearing of cerumen and desquamated epithelium for the rest of the patient's life.
3. The danger when bathing, if the permanent opening is present.

Treatment through the wound gives a perfect result without any unnecessary and hampering mutilation.—Yours obediently,

ARTHUR H. CHEATLE.

LONDON, *January* 1927.