Cleanliness by means of Seiler's solution is always requisite. The solution may be used with the douche or post nasal syringe and the patient must learn to keep himself clean with one of these. Peroxide of hydrogen is very useful here and has the advantage of being a powerful deodorizer. Permanganate of potash solution, 1 to 2,000, used with a douche is alse very valuable, being a good antiseptic and deodorizer. Sequestra of dead bone should be gently removed with forceps and necrotic tissue gently scraped away. Iodoform in powder is most useful when the patient's circumstances permit its use; and when they do not, use aristol or europhen mixed with boric acid freely dusted within the chambers. Sluggish ulcers may be touched with silver nitrate, twenty-five per cent. solution, and dressed with the powder.

Stop alcohol and tobacco, insist upon plain good food, out-door work and early retiring hours, and be faithful and persistent in your treatment. In no disease will the patient efforts of the medical man bring more physical relief or mental comfort than in this, and to this end one must make each case a special study and labor honestly for the answer.

If this series of brief papers has arrested the attention of some who used to say, "It is catarrh and can't be cured," if they have instructed some concerning the simple methods of diagnosis and treatment of diseases of the nose, then the writer has pleasure in it; but if they have convinced even one that catarrh has a cause in each case and that by investigation the cause may be definitely located and removed, that disease of the nose and throat are worthy of the same study as pathological conditions elsewhere, then the labor of preparing them is amply repaid.—The Alkaloidal Clinic.

Mother — "Dear me! The baby has swallowed that piece of worsted!"

Father—"That's nothing to the yarns she'll have to swallow when she grows up."

CANCER OF THE BREAST TREATED BY INJECTION OF ALCOHOL.

Dr. William Yeats reports in the British Medical Journal the case of a lady, aged 58, widow, the mother of three children, middle sized, fairly nourished, rather sallow, and looking older than she was, presented herself in my room on February 17th, the doctor said, complaining of a growth in her left breast. In the family history there was nothing particular to note either in regard to the direct or collateral members of her family, except that one sister, whom also I attended, died of cancer originatng in the anterior mediastinum, developing outwards and involving the sternum and the anterior extremities of the second, third and fourth ribs. As to the personal history of the patient; she had very little to complain about; her health had always been considred satisfactory, her position very comfortable indeed for her, and her habits had been good.

The history of the growth in the left breast was as follows: She stated that in June, 1896, she accidentally noticed, in the course of her toilet, a hard lump; that this steadily enlarged, but it was only in January of this year when the skin gave way, an offensive discharge was set up, and the pain became considerable, that she resolved to seek advice. She knew no cause. On examination, the leit breast was fully twice as large as the right, and very much heavier, the nipple was much retracted, the skin was ulcerated under and to the left of the nipple for about an inch, considerably indurated around, and adherent to the underlying parts. On palpitation there was found at once a large tumor, hard and knobby. There were several smaller masses along the lower edge of the pectoralis major, and the glands in the axilla were a good deal enlarged. She complained, too, of the characteristic pains, which were aggravated by handling. There was no doubt about the diagnosis. The right breast was very well developed and healthy. On being informed of the nature of the disease—which she had surmised—and