ant of the real nature of the cases, which I am now convinced were nothing else than tubercular meningitis.

Another favorite diagnosis in my younger days was "bilious fever." Looking back upon the past I can recall cases of what I now believe were pneumonia, without distinct symptoms and signs, that were called bilious fever.

About six years ago I was called to see a young woman who had the day before been at a neighbor's house helping with pig-killing. She ate heartily of the fresh pork, and was soon after seized with vomiting. She felt so ill that she had to be driven to her own home. When I saw her the following morning she was vomiting occasionally, and complained of pain in the head. Prior to this she had been in the enjoyment of excellent health. I diagnosed her case as a bilious attack brought on by eating too freely of the fresh pork: gave her a purgative and something to settle her stomach. I visited her the next day and found her no better. I continued visiting her daily for the next three or four days without any suspicion that my diagnosis was not correct. The persistent vomiting and pain in the head, even without the presence of the other symptoms, which must have existed had I taken the trouble to look for them, should at least have made me suspicious of my diagnosis. About the fifth day symptoms arose which so obviously pointed to meningitis that I could not longer close my eyes to the true nature of the case. Within twenty-four hours the patient was dead. An earlier diagnosis in this case would not have likely changed the result: it would, however, have saved my reputation with the friends.

The one great lesson that I would desire to impress from this brief review of past experience is greater care in the examination of our cases.

THE PATHOLOGICAL AND CLINICAL FEATURES OF ATROPHIC RHINITIS.*

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INTRODUCTION TO DISCUSSION.

At a recent meeting of this Association it was my privilege to demonstrate some histological investigations concerning the disease commonly known as "atrophic rhinitis." Through the courtesy of your Council I am now enabled to amplify that communication by dealing with its clinical and pathological aspects.

The selection of a disease with whose existence we are only too familiar, perhaps, demands some justification or apology. As I cannot justify its choice by presenting you with any brilliantly novel observations or discoveries, I can simply plead the importance of the subject, and express a hope that by your discussion more light may be thrown upon a disease regarding which at present our literature reveals an apparently hopeless tangle of conflicting views and contradictory interpretations.

It is not my intention to trouble you with an exhaustive chronological or critical review of all that has been written upon the disease, but to give you the results of a personal investigation into upwards of sixty cases, many of which, through the courtesy of my colleagues, I have been able to examine systematically and watch during the last year or two. Although sixty may seem a small number, they represent a careful selection, as I have rigidly excluded all those which appeared of a doubtful nature.

Definition.—Without prejudging the appropriateness of the name, atrophic rhinitis may be defined as a progressive and persistent form of dry rhinitis, characterized by a shrinking of the mucous membrane, which tends to invade contiguous chambers, and is accompanied by the formation of crusts with more or less fœtor of a special character.

Nomenclature.—Ozæna, dry catarrh, fœtid coryza, cirrhotic rhinitis, and punaisie represent only a few of the names which are in use, and more or less indicate the nature of the disease and the ingenuity of the writer. Although they are all more or less defective and misleading, instead of busying ourselves in coining new names, we can, I think, more profitably devote our attention to a consideration of the pathological and clinical details, so that certain features may be selected as characteristics and constants of the disease. Until then, it may, perhaps, be more expedient to provisionally retain the term "atrophic rhinitis."

Histological Features. The difficulty of obtaining material for microscopical examination is obvious, for few cases are found in the *post mortem* rooms of our special department. My histological examinations have, therefore, been confined to portions of tissue removed from living patients, by means

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