

tarrh. It is an incomplete, unsatisfactory diagnosis, and I never want a physician to make a diagnosis and tell me it is nasal catarrh. If he doesn't know what form of nasal catarrh it is, then he is ignorant of the subject in hand. He doesn't know how to treat the case. Call it one of the forms of chronic rhinitis. These forms are three in number.

First, ordinary, simple nasal catarrh—simple chronic rhinitis. These persons are not likely to go to the doctor, for they are not troubled much with the symptoms, and they put it off day after day, week after week, and month after month, until the simple form becomes a chronic nasal catarrh. This process, I say, goes on, and causes pathological changes; the mucous membrane becomes thickened, it becomes hypertrophic, and narrows the nasal passages. This is the form of the disease which you will be called upon to treat. The symptoms become more or less annoying, the patient notices that there is something wrong with his nasal apparatus, and he comes to you for relief. Now, you can do an immense amount of good for that patient. You can cure this form of disease, and add greatly to your reputation.

But, suppose the patient does not heed this form of the disease, and allows it to go on. Then the hypertrophy of the mucous membrane becomes permanent, and begins to contract, as fibrous material will do in any part of the body, especially where it is left after a chronic inflammatory condition. It contracts, and as it contracts it draws the mucous membrane down upon the bony walls. It obstructs the numerous little glands which keep the parts soft and pliable by the secretion of mucus. The parts become dry and harsh, and the scanty mucus, now changed in its character, becoming muco-purulent, constitutes clots in the nasal passages. It scabs over passages, mucus is poured out beneath the scabs and remains in situ, decomposes and stinks, and the patient is in the condition of foetid nasal catarrh. It is one of the results of the disease.

The second result is that it causes atrophy of the turbinated bone; atrophy of the structure upon which this mucous membrane lies. Such a condition in atrophic or the foetid form of nasal catarrh is always accompanied by an extra wide nasal passage. This fact is of assistance in diagnosis. When you see an abnormally wide nasal passage, so that, as in some cases, you can look directly through either nasal passage into the pharynx, and you find an impact dry membrane, and hard, greenish-yellow discolored pus pent up beneath it, you can make the diagnosis at once; it is that of atrophic or foetid catarrh. This form of disease, gentleman, is very rare, and only occurs as a consequence of other forms of the disease where they are allowed to go on for months or years entirely neglected by the physician.

Chronic rhinitis, ordinary, simple, every-day chronic inflammation of the nasal mucous membrane—what we call the simplest, the mildest, the

most unobtrusive, form of nasal catarrh. There is the one symptom, and that is a discharge of mucus. The glands are involved in the chronic process, and their walls throw out a free secretion, which is simply hyper-secretion of mucus, loaded down perhaps with cells. I say that in this form of simple chronic catarrh there is simply a hyper-secretion from a chronic inflammation of the nasal mucous membrane. There is no thickening yet of the mucous membrane; there is no hypertrophy of it; and, consequently, there is no stopping up of the nose which changes the voice more or less, and makes one uncomfortable because of the difficulty of breathing through one or the other nasal passages; and, consequently, no interference with smell or perception of savor. There is simply a recurrence of cold in the head; a susceptibility of the mucous membrane to cold, and the patient must use the handkerchief or draw the secretion down the throat. This is the whole story. Now, when patients come to you to be treated for this affection you must be able to diagnose it, and be able to tell the patient exactly where he stands in the pathological scale, so to speak.

You must remember that this disease may lead to another form, and you must let your patient know that you cannot cure him if he persist in exposing himself to the cause. And, also, let your patient be convinced at once that you cannot cure him in as many days as the disease has existed for months or for years; that time is requisite, and if he will give you an opportunity to make regular systematic applications to his nasal catarrh such, all, nasal catarrhs, can be cured.

Now, what are you going to do for the patient? In the first place, cleanliness is absolutely essential. What earthly use is there to apply medicated solution, or a medicated powder, to the mucous membrane in the hope of medicating it, when it is covered up with a film or layer of mucus? The next moment the patient blows his nose, and out comes the application which you have made. You have done no good.

I say absolute cleanliness in this form of nasal catarrh, and in all forms of nasal catarrh, is absolutely essential. It is the foundation of the whole matter of treatment. It is the corner-stone. On the other hand, the nasal douche, as generally sold at the drug stores, is utterly useless. A few years ago these instruments were used ten times as much as they are at present. In other words, we know that it is not necessary to use these instruments in this class of cases as often as we did five or ten years ago. I hold that the use of a high pressure of water through the nose is unnecessary. The patient may think it necessary, and some may so treat him, but this all wrong. In the chronic or foetid form of catarrh the patient is unable to blow out the plug of dried-up secretion, and it is absolutely necessary to do something which will aid in removing them, but in this simple form of chronic rhinitis I believe more harm is being done than good by the use of these instruments for washing