by the most lofty and honorable impulses, casting their various and opposite opinions and prejudices together on the common altar of science, and uniting an independent, cosmopolitan band from Prince Edward Island to British Columbia—from the Atlantic Ocean to the Pacific, must and will be felt and heard. United, concorded action—no law can resist;—no law-maker can repudiate.

Finally, Gentlemen, when I retire from this chair I shall remember that "the private station is the post of honor," and I beg to assure you that I shall always (whether present or absent) try to uphold the honor and dignity of our noble Profession, and especially of this Association.

Progress of Medical Science.

NASAL CATARRH.

This young woman has been annoyed for many years with a constant discharge from her nostrils. In quantity it is so profuse that the frequent use of a handkerchief is required to prevent it from interfering with respiration, but, whenever it is increased, as it frequently is under the effect of a cold or damp atmosphere, even this expedient will not suffice to keep the nares clear, and she is obliged to breathe partially through her mouth. In color the discharge is yellow; it is expelled in tough masses, more rarely in large dried flakes, which are sometimes so adherent to the mucous membrane as to be detached only with difficulty, and separation is occasionally followed by a flow of blood. During sleep this muco-purulent material gravitates into the pharynx, when, upon rising, it drops down, and has to be expelled either by coughing or a sudden expiratory effort. Its taste is nauseating and saltish, and although it was devoid of odor in the early stages of the disease, yet it is now becoming somewhat offensive.

She has, evidently, *nasal catarrh*, a disease which is becoming more and more frequent each year, and in some of the New England States it might be called almost a universal complaint, few escaping the malady either in its milder or severer forms. This great prevalence in the above mentioned region would indicate an atmospheric influence, and there are those who, having been previously affected with the disease, cannot even enter such atmosphere without a renewal of their symptoms in a few hours.

To those unaccustomed to this complaint it might seem a trivial affair, but I can assure you that it becomes a source of the greatest annoyance and inconvenience to its sufferers. In severe cases the obstruction to respiration is constant, and is accompanied by a peculiar unpleasant dryness of the mucous membrane. If the case is an old one the inflammation of the Schneiderian membrane extends from the nares to the lining investment of the frontal sinuses, and a constant dull pain or weight is experienced above and between the eyes, a sensation which has been described as though one were carrying a heavy stone in the skull. Occasionally the inflammation travels along the ductus ad nasum, the conjunctiva becomes reddened, and vision is frequently dimmed. Again, it may pass along the pharynx and traverse the Eustachian tube, thus setting up a catarrh of the middle ear, or it may extend into the maxillary sinus, or even downward, by continuity of structure, into the larynx, trachea, and bronchi. After several years the discharge assumes a purulent character, and occasionally renders the breath so offensive as to become of most serious importance to the sufferer, by its interference with certain occupations, as dentistry, etc. This odor never becomes as bad as in ozœna, but it is sometimes exceedingly disagreeable.

When a catarrh case consults you it has usually passed into a chronic condition, as in its first stages the patient considers that he has only a cold in the head and that it will soon disappear spontaneously. If now you will examine the nares you will find the mucous membrane red and inflamed, with small crusts adhering to its surface at various points. A rhinoscope will give you an excellent view of the posterior chambers, and will, in old cases, reveal the fact that the disease also implicates the pharynx, and that small ulcers are present.

In regard to its course, I would say that it does not tend to recovery, but rather continues on year after year, ameliorating at times, but relapsing at every fresh exposure to cold.

A change of climate is often of the utmost advantage, and will do more, in certain cases, than all the remedies which have been tried; in fact, it sometimes effects an almost immediate cure.

Medicines in great variety have been tried, and I assure you that you will find the malady one of the most intractable and disheartening which it will be your ill fortune to treat. When the patient is in good health local applications may be relied upon, and can be best applied to all the sinuosities of the cavity by means of the nasal douche (Thudichum's or other), an apparatus which, as you have perhaps seen, consists of a large jar or bottle, with a tube running from its base, to which is attached a nozzle intended to be introduced into the nostril of one side. The jar is filled with medicated liquid, placed above the patient's head, and the stop-cock turned, when the force of gravity causes a gentle current to flow into one nostril, which, if the head is held far forward, will penetrate all the cavities, pass behind the septum, and appear at the opposite opening. The liquid will not run down the throat, for as soon as it touches the back part of the soft palate a resistive spasm occurs, and the postrior nares are instantaneously closed. The operation is not unattended by danger, however, for the liquid may pass off into the frontal or maxillary sinuses, and by causing puffiness of the lining membrane, become confined, and cause great suffering. The greatest danger, however, is from its entering the Eustachian tubes, and making its way to the middle ear, where a strong solution may set up most violent inflammation.

An improvised douche may be made with a basin and a piece of elastic tubing. The basin containing