

the naso-pharynx; the former least so. (5) The long continued and frequent use of a douche produces nasal thickening. The same remarks apply to the insufflation of liquids, the danger, perhaps, being greater, as by the effort to draw up the fluid the muscles of the pharynx are called into action, and the Eustachian tube may be opened and the fluid sucked up into the middle ear. The posterior nasal douche is less dangerous, but is difficult and unpleasant to use, and in some cases induces neuralgia, &c. As a general rule douches may, I think, be considered unnecessary in the treatment of catarrh; if a cleansing apparatus requires to be used at all, an atomizer, throwing a continuous spray, applied either anteriorly or posteriorly, according to circumstances, is, perhaps, the best. When the secretions are fetid, or hardened into crusts, or acrid and corroding, they must, of course, be removed by some such means, but an abundance of secretion does not necessarily imply the use of any form of detergent apparatus. The limits of this paper will not admit of my dwelling on the reasons for these conclusions, but they are shared, I find, by more than one recent writer of extensive experience in this class of diseases. But the actual harm produced by the long-continued use of the means referred to, in producing infiltration and consequent thickening of the mucous and sub-mucous tissue of the nose, is a most serious matter, and does certainly occur. If the nasal douche and kindred agencies are employed, the patient should be most carefully instructed in all details as to its use. The temperature and specific gravity of the fluid to be used are matters of great moment; moreover, as indicated before, individuals so differ, that no absolute rule can be laid down for every one. I am now satisfied that a large number of cases of nasal catarrh would be benefited by constitutional, in addition to local, treatment; and, in some cases, it is doubtful whether a cure can be effected without the use of internal remedies. It would be a mistake to treat a case of catarrh without having ascertained, with ordinary minuteness, the habits of the individual affected, for these may be such as to constantly undo what the treatment effects. Inquiries in regard to the air habitually breathed, and as to

whether there be exposure to draughts or other causes of chill, are especially important. Coldness of the lower extremities is, in some persons, a very powerful agency in inducing and perpetuating catarrh. However, the causation of this malady is a subject requiring much more investigation, and is one of those questions on which a society like this, with representatives from so many different localities, might, I would suggest, throw some light.

II.—DISEASES OF THE THROAT.

Allusion will be made to but one form of acute disease of the pharynx, because mistakes are not so commonly made in the treatment of acute diseases of the throat as of the chronic forms. Cases in which the tonsils are somewhat, perhaps, only slightly enlarged, but are several times a year the subject of inflammation, generally accompanied by acute pharyngitis, and occasionally by acute laryngitis, are not very rare. Individuals are met who have been thus troubled for, perhaps, fifteen or twenty years. A close inspection of the tonsils, even when the patient is free from an attack, reveals a pitted condition of these organs—the little follicles being filled with inspissated whitish secretion. Now, instead of touching such tonsils, which are always the starting-point of the mischief, with nitrate of silver or other caustic, why not remove by operation the diseased, and, therefore, worse than useless parts, and thus prevent repeated attacks of the disease extending, it may be, through the third of a lifetime? I cannot help thinking it is a radical mistake to leave such tonsils without operative treatment. But, although the throat specialists of largest experience are unanimous on the question of excision of tonsils, the general profession is, perhaps, rather conservative in this particular still. There is a good deal of prejudice with the public in regard to operative measures applied to these comparatively unimportant structures; part of this may be due to clumsy, slow, and otherwise defective modes of procedure. Had there been any serious objection to abscision of the tonsils, when mischief plainly arises from their presence, it would be natural to suppose that those, whose experience extends over