

sists in gymnastically educating the organs of speech, the excellent results being due not so much to actual muscular work as to the precision with which the practice is carried out. The success depends on an effort of the will on the part of the patient to reproduce with the utmost precision a particular movement. The will of the teacher must take the place of the patient's will, as the latter is unable to regulate the movements dictated by it.

M. Chervin justly remarks that stammering is a kind of chorea of the muscles of respiration and phonation. To remedy this he advises slow and measured gymnastic exercises of respiration, this being the first part of the treatment. It is shown above that he combats the unruly movements of the tongue and lips by subjecting these organs to muscular exercise. This method seems thus perfectly rational, and the Government have been advised by the Academy of Medicine to give M. Chervin pecuniary support.—*The Lancet*.

#### NASAL CATARRH.

Numerous cases of this very common and troublesome affection present themselves at this season of the year. They are of all grades of severity, from the recent acute inflammation, characterized by a free copious mucoous or slightly purulent discharge to the old chronic *ozæna*, accompanied by the fetid purulent discharge, and chronic thickening of the nasal mucous membrane. The partial or complete occlusion of one or both nostrils by the accumulation of hardened secretion, and the swelling of parts is of frequent occurrence, also partial deafness from closure of eustachian tubes. In most chronic cases the inflammation spreading down over the fauces involves more or less the larynx and larger bronchial tubes, producing hoarseness and slight cough with expectoration.

As met with in dispensary practice many of these cases present an evident syphilitic element. A broadened, thickened condition of the bridge of the nose from periosteal inflammation is a common evidence of this taint, also the destructive ulcerated patches in the nares, or more frequently on the fauces bear evidence to the same effect.

The treatment that we have been in the habit of pursuing in these cases of nasal catarrh is very simple, but apparently quite as efficient and successful as any that has been devised. The nasal passages are directed to be cleansed once or twice each day, either by the nasal douche or syringe; a solution of salt and water being used for the purpose.

The following solution is directed:

R.—Iodine Cryst., grs. xii.  
Chloroform, ʒi.—M.

To be inhaled two or three full breaths at a time, through either nostril, several times through the day. Slight or recent acute cases yield readily to this treatment alone. In the more chronic cases, and where there is a fetid character to the discharge, ten or twelve grains of carbolic acid cryst. may be added to the above with advantage. General treatment by tonics and mercurial alteratives will also have to be resorted to in the more persistent chronic cases before much impression can be made upon them. The following is the mixture which I usually use in these cases:

R.—Tinct. Cinchona, ʒii.  
Syr. Rhie, ʒi.  
Syr. Glycyrrhiza, ʒi.  
Hydrag. Bi-Chlor, gr. i.

A teaspoonful four times a day to an adult.

Or, in many instances, especially where any laryngeal or bronchial complication is apparent, the following mixture will act more efficiently:

R.—Ammonia Hydrochlor., ʒii.  
Morpe. Sulph., grs. iii.  
Ant. et Potassa Tart, grs. ii.  
Syr. Glycyrrhiza, ʒiv.—M.

A teaspoonful four times a day.

Hydrag. bi-chlor. one grain can be added, if desired, and would be more especially indicated if there was any syphilitic complication apparent or suspected.

The partial deafness resulting from closure of the eustachian tubes will frequently yield to the use of the inhalation already mentioned. In more severe and chronic cases, however, the eustachian tubes may become, more or less, firmly agglutinated together throughout their entire extent. The introduction of the eustachian catheter and the dilation of the tubes by forcing a current of air through them is then necessitated. After dilation in this manner a current of iodized air must be occasionally forced through them by the catheter in order to prevent their becoming again closed.

A very great obstacle and discouragement that is met with in attempting to control these catarrhal affections arises from the fact of their so frequent and persistent recurrence after apparent cure. The membrane lining the nasal passages, remains extremely irritable, and sensitive to atmospheric influences for a long time, especially after being subject to repeated and frequent attacks of catarrh. In a climate like ours, subject at all seasons to the most sudden and extreme variations of temperature and moisture or dryness of the atmosphere, it is almost impossible for those once becoming subject to this affection, to so guard themselves as to prevent the more or less frequent recurrence of fresh attacks. By resorting promptly to treatment each time, however, these attacks can be cut short, and the supervention of any unpleasant sequelæ be prevented.—*Dr. Davis' Medical Examiner*.