

may throw some light on the pathology of the disease. In fifty six cases the tonsils had entirely disappeared.

12. *Thyroid Gland.*—With the exception of two cases, as far as I could judge by palpation, the thyroid showed distinct indications of atrophy. In those two exceptions it was very prominent and soft.

13. *Complexion.*—Statistics with regard to complexion, involving so many sources of error, can have but little value. Numerically the dark skins were in excess of the fair.

14. *Typical Facies.* I observed twenty cases in which that which is usually accepted as the typical cast of features was present, viz., the tiptilted and open nostrils, depressed and widened bridge, with general diminutiveness of the organ.

15. *Relation to Infantile Suppurative Rhinitis.*—Bearing in mind Bosworth's assertion\* that atrophic rhinitis is a sequel to post-nasal troubles in infancy, I carefully cross-examined every case, with the view of establishing the truth or the reverse of this view. I only found four examples in which there was a reliable history of a prolonged nasal discharge in early life. The difficulties in obtaining reliable information of this nature I know are great, consequently the evidence must be accepted with reserve; still, whenever it was practicable, I made direct inquiries of the parents themselves.

With the exception of one case of measles, and one of small-pox, I was much surprised to find no association with the specific fevers, neither could I find any evidence of association with suppurative ethmoid troubles.

*Diagnosis.*—The diagnosis from all other varieties of dry rhinitis will depend upon the presence of the foregoing conditions *collectively*. *Separately* they may be of little value, but it is upon a due consideration of *all* these changes that differentiation is based. Apart from the classical signs, I need only emphasize the *spreading* nature of the disease and the uniform disappearance of the tonsils.

This, gentlemen, is my case for atrophic rhinitis as a specific disease. I have endeavored, by an analysis of sixty cases, to verify or to disprove

many of the facts upon which specialist writers have based their views. With many of the facts I wish for a much closer acquaintance. Of novelty I may have afforded you little, either in substance or interpretation, therefore I trust that by your greater experience you will filter the good from the bad, and that the many deficiencies will be supplied by your discussion, thereby affording a sounder appreciation of not the least important of our nasal diseases.

Dr. WOLKES said he had listened with great interest and instruction to the excellent paper just read. There were some points which were brought out more clearly in it than had been apparent to him previously, possibly because he had not given so much attention to the microscopy of this particular phase of the disease as he had done to the hypertrophic form of it. On the subject of the particular name accorded to this disease by the writer of the paper, he would offer a mild criticism, which, inasmuch as he had been adjudged a sinner in the matter of nomenclature, he might, perhaps, be allowed to do. The term "rhinitis," as applied to any localized affection of the nose, he objected to, as if it meant anything at all it denoted an inflammation of the entire nasal organ, being derived from the Greek *ῥίς* a nose. "Atrophic" rhinitis, therefore, means a wasting inflammation of the nose as a whole, a description which did not apply to the disease under discussion. It was clear, even from the paper just read, that the affection was a form of inflammation of the turbinal bones, more especially those of the ethmoid, the cells of which latter bone were, besides, almost invariably implicated in it. It was, therefore, an "ethmoiditis," and displayed all the changes in the arteries, blood sinuses, and bone seen in other forms of ethmoidal disease, as he had described them: only the nyxomatous developments were lacking, the fibroid elements from which these were derived undergoing atrophy instead. From the point of view, therefore, of securing by means of its nomenclature a definite description of the disease, he thought the term "atrophic ethmoiditis" distinctly preferable. He would abjure the term "rhinitis" altogether, as conveying no idea of the particular locality of the nasal organ affected. While these were his views, he was prepared to admit they were all a good deal mixed on the

\* "Diseases of the Nose and Throat," Vol. I., p. 162.