

cases. In this instance the hypertrophy and catarrh have both disappeared, and the patient can breathe through one nostril as well as the other.

Sept. 3rd, Case 4. Miss W. D., age 21; family history good. Has had nasal and naso-pharyngeal catarrh for more than a year, confined chiefly to the right anterior turbinate.

At first, I confined the treatment to the free use of sprays, hoping that their alterative and astringent character would have the effect of producing absorption of the hypertrophy. There was considerable amelioration of the catarrhal symptoms; but two weeks later, I found that to produce permanent benefit, the cautery would have to be applied. This was followed by a result similar to that in the cases already mentioned.

Oct. 22nd, Case 5. Mr. T., from Ontario Co., retired farmer, age 55; family history asthmatic. Has had asthma himself for more than a year. About the time of its commencement, he took a cold in the head which has been continually getting worse up to the present time. He spent several months during the early part of the year in the North-west, hoping that the climate might prove beneficial to both the asthma and the head trouble. In this he was disappointed, the latter being aggravated by the time of his return.

In this case the stenosis on the left side was almost complete. By strenuous effort he could inhale through the left nostril; but to exhale through it was impossible. On the right side breathing was slightly freer.

On examination, I found a nasal polypus on right side, and also enlarged middle turbinated bone. On the left, examination revealed complete occlusion—the middle and inferior turbinates being both very much hypertrophied. On posterior examination with the rhinoscope, I found gray hypertrophy on the left side also; the enlargement extending out through the choana, and hanging into the naso-pharynx. Its position accounted for the occasional power of inspiration.

After applying cocaine, owing to the limited space, I removed the polypus with forceps; and then applied the galvano-cautery to the hypertrophy on the same side. I would have preferred deferring operation on the left side; but Mr. T. being anxious to return home as soon as possible, insisted upon immediate treatment. Consequently I applied the cautery without delay to the anterior

hypertrophies of both the middle and inferior turbinates on the left side, having first anæsthetized the parts with an eight per cent. cocaine solution.

Two days later, with the aid of the rhinoscope, I passed the cautery blade freely over the posterior hypertrophy, also touching the thickened septum of the posterior choanæ. Subsequently he came twice a day for local treatment.

When he left for home on the 29th, the raw surfaces had not entirely healed; but the stenosis had completely disappeared. He could, after spraying out the discharges, breathe with perfect freedom through both nostrils; and during the last two or three days the attacks of asthma had not been of the usual severity. Of course I gave him local treatment to carry on at his own home, until his recovery would be complete; and he promised to return, if the result was not as satisfactory as we desired.

*Remarks.*—There are several things in connection with the history of these cases, which are perhaps worthy of note. In eighty per cent. of them, or in four out of the five, the hypertrophy was confined to the right side; and even in the fifth, the right middle turbinated was involved. I might also add, that in two other cases that are at present under treatment for nasal disease, the difficulty in each of them is chiefly on the right side. In looking over the medical literature at my command, I have not noticed the comparative frequency of hypertrophy on the two sides referred to. Consequently, I am unable to say whether my own experience is merely a coincidence or not.

In this connection, I might also refer to an article read by Dr. Major, of Montreal, at the last meeting of the American Laryngological Association, and published in the *New York Medical Record* for August. The title was "The Relation between Facial Erysipelas and Erythema on the one hand, and Intra-nasal Pressure on the other." The author expressed the view, founded on his own personal experience, that these skin diseases were often produced by the internal hypertrophies, and that the removal of the latter would be followed by the spontaneous disappearance of the skin disease. In none of the cases that I have reported, was there any appearance of erythema, either before or at the time of treatment. Further observation may be attended by a different result.