

of medical progress. The student should be taught that this is a morbid symptom due to some pathological condition as it is most undoubtedly ; which should be overcome at once ! the sooner the attempt is made the more likely it is to prove successful. Why must the patient first be weakened by lack of food and long suffering, and even in danger of life before we interfere ? If it is right to interfere then, it is right to interfere when the trouble is first inaugurated, and it is then most easily overcome. Mild remedies, careful diet and proper regime will easily check the nausea and vomiting when it first appears, and naturally so, as the patient is in a much better condition to respond to treatment than when weakened by months of suffering. Should, perchance, all treatment fail the uterus must be at once emptied, and we should, under no circumstances fail to bring about a miscarriage. If not delayed too, long relief is instantaneous. But unfortunately this operation is looked upon as a desperate *dernier resort* put off from day to day, until the sufferer has lost her vitality and succumbs, when at last it is determined upon. If performed in time the operation is accompanied by very little risk and is sure to afford relief.

If I have succeeded in impressing upon your readers that it is the duty of the physician to treat this disorder, and to treat it when it first appears ; if I have succeeded in showing the failure of the old teaching, and the old women's belief that we must not interfere, unless it becomes dangerous, then I have rendered you a far greater service than by recording any one method of treatment.

### NASAL CATARRH.

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I present to you to-day a short paper on Nasal Catarrh, or a more appropriate term Rhinitis.

This term applies to the abnormal condition we so often find affecting the membrane which lines the nasal cavities, and may be in the acute, sub-acute, or chronic stage. As to form we may find either the simple, the hypertrophied, or atrophic.

The latter being known as *œzena*, and should be treated as a separate disease. Rhinitis in the acute stage is generally known as *coryza*, and mucous membranes continuous with the Schneiderian, lining other cavities, is generally affected at the same time. The condition we know as a bad cold, hay-fever, and the *coryza* present during exanthematous fevers are forms of acute rhinitis.

It is from the frequent recurrence of this acute trouble that the subacute and chronic forms appear ; it is this condition that is most often seen by the physician, and it is the disease in this stage with which this paper will deal.

To correctly understand rhinitis we must look at the anatomical structure with which we come in

contact, and we find a membrane lining the nasal cavities extending to other cavities, composed of a basement membrane of areolar tissue that contains numerous mucous secreting glands, covered externally by epithelium of the ciliated variety, through which the ducts of the mucous glands open and pour forth their excretions. This membrane is abundantly supplied with blood vessels, both arterial and venous, and its nerve supply is very liberal, coming from the four systems of nerves, viz. : the special sense, the sympathetic, the motor, and the common sensor. That part of the membrane above the middle turbinated bones is known as the olfactory membrane, and receives the olfactory nerve filaments ; therefore is the membrane of smell.

The cilia on this membrane are longer, and the venous supply is less ; therefore, we have a darker colored surface here than in other parts of the nasal cavity. The membrane below the middle turbinated bones is known as the pituitary membrane. Nothing in particular is necessary to say about this, except the support which it gives to the blood vessels is very poor ; congestion takes place easy and soon becomes passive. These membranes or membrane, as we choose to consider it, covers the bony and cartilaginous walls of the nasal cavities ; also covers the turbinated bones found in the cavities. The structure of these bones is peculiar, they being almost semi-cartilaginous of many surfaces and very liberally supplied with vessels ; they are thinly covered with tissue, and when their covering is irritated becomes greatly enlarged by the engorgement of blood, especially when the irritation is lasting or often repeated. This imperfect anatomical sketch will be sufficient for our use in this paper, and we will look at the physiology for a moment.

The most important function is for the preparation of the air, which passes over its surface during respiration. The inspired air is warmed, and probably a certain amount of moisture added to it in passing over the Schneiderian membrane. This fact is proven in two ways : first, if we have complete stenosis of nasal cavities, and the person so affected becomes a mouth-breather, we are sure to have acute inflammation of the lower part of the respiratory tract ; indeed, so true is this, that I am quite sure it could be proven that all persons suffering from asthma are mouth-breathers. Two cases which I have treated for asthma quite recently, and which are well-known to all of the physicians in the city, are both suffering from nasal stenosis, and both inspire air through their mouth.

The cause of this inflammation is no doubt an improper condition of the inspired air when it reaches the bronchi and air cells, being too cold and dry, and not as nature had intended it to be.

Another proof is, that the great danger in tracheotomy is the congestion and extension downward of the inflammation, and consequent closure of the air cells produced by cold inspired air ; in fact, so great is this danger that intubation of the larynx is now coming into use, and is more successfully used.