

crusts. The post pharynx was dry and covered in its upper portion with similar incrustations. The palate was soft, flabby and disorganized, and the patient suffered from an irritable laryngeal cough. She remained under treatment at that time for a month; and on returning home faithfully followed out the directions. Since then she has come to the city for treatment at my office for a few days once or twice a year; and each time I have noted material improvement. Crusts now never form. Dryness and odor rarely occur. The turbinated cushions are gradually filling up and the discharges are more serous in their character. The cleansing sprays are still used, but far less frequently than formerly; and the disease is so completely under control that the closest observer, without direct inspection, would fail to detect its presence. To crown all, she has been so well both in health and spirits for the last year, that she capped the climax by marrying a prominent Bachelor of Arts only a few months ago.

CASE 3.—June, 1890, Miss L. C. æt. 14 yrs, was sent to me for treatment. She had a definite history of purulent rhinitis extending back to infancy. There was no septal perforation; but the disease was of a severe character and the odor exceedingly offensive. She remained under treatment for a number of weeks and on returning home to a distant village, carried with her explicit instructions for home treatment. These she faithfully followed out.

Last fall she came to the city to attend college. On examination I found very great improvement, and I believe there is very fair prospect of ultimate recovery. One nasal passage has already resumed an apparently normal condition; and in the other, the turbinateds have lost much of their shrunken character. The chief difficulty was that she had not been able to thoroughly clear the pharyngeal vault. Since then I have had her use the post-nasal syringe. She can manage it very well, and will continue to use it as long as required.

CASE 4.—June, 1890, P. McD., æt 20 yrs, was referred by his physician. History of purulent rhinitis from childhood. Toward adult age it had assumed the atrophic form, with foul breath, excessive crust formation and hoarseness. On examination, I found the characteristic nasal signs,

but the usual atrophy of the faucial tonsils was not present. They were instead enlarged and spongy while the uvula was thick and long. The young man was strongly built and athletic, and in great measure followed an out door life.

Together with the regular nasal treatment, I removed a portion of the uvula and reduced the tonsils by several cautery operations. For a while he followed out the home treatment prescribed, but he desisted as symptoms abated, contenting himself with occasional visits to my office at long intervals. Latterly there has been no nasal crustation, the deposit being limited to the pharyngeal vault. This he says is expectorated about once a week and is gradually getting less. On last examination about a month ago, the crust was smaller than ever, and I have good reason to believe, that in another year or two, the post-nasal pharynx, like the nasal cavities, will be entirely free from mucus accumulations and the patient will be cured.

The few brief histories I have given are extracted from a record of seventeen cases in private practice, and are among the most successful that I have treated. I have purposely taken them from my earlier years of special work, as those of more recent date being only in their infancy of treatment, would be unreliable so far as prognosis is concerned. My main object in dwelling upon them is to prove that great benefit can be obtained by persevering painstaking treatment, carried out by the patient under the careful supervision of his physician. Atrophic rhinitis is one of the most loathesome and hopeless of diseases when allowed to take care of itself, and it is astonishingly prevalent; but thanks to the methods of treatment that medical science has placed at our disposal, it is in all instances capable of a definite measure of control. In a few cases, I believe, we are justified in expecting a permanent cure; and although in the majority, the outlook is less hopeful, yet there is no reason why sufferers should continue to be either a discomfort to themselves or a nuisance to others.

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A YOUNG man has recently died at Shoreham from the effects of a mouthful of carbolic acid with which he rinsed his mouth in mistake for vinegar.