

curable? Is lung disease curable? Holding, then, that the nasal cavities may be the seat of a great number of diseases more or less allied, or if you will, of many stages of one disease, so different in character, however, as to require the widest diversity of treatment, it must be evident that to manage them successfully, the diagnosis must be accurate; the more so because the nose is the most exposed organ in the whole body, in fact, the only one that is so constantly exposed to every injurious influence that may float along on the ever-present atmosphere. Its mazy recesses are peculiarly ill-adapted for perfect scrutiny, and every help of artificial light and mechanical contrivance is needed to overcome the natural difficulties.

The limits of this short general paper will not permit of a discussion of instruments. What is required, is, of course, such arrangements of light, and such appliances as will give the observer a perfect view of the whole of the nasal cavities and the whole of the nasopharynx. Now, no *single* form of speculum, or other similar instrument, answers this purpose in every case; what is most suitable for one case, or under certain circumstances, may be quite inadequate in another. But, after all, is not the best instrument any physician can carry about with him, or keep in office, a strict medical conscience. If he has that, he is pretty sure to get the other necessary ones, and, what is of more importance, to use them. In no case should any individual be subjected to treatment for what he may call catarrh till he has been submitted to as careful a physical examination as the practitioner can make; for, with an organ so extremely sensitive as the nose, a very little treatment, if wrong, may do very much harm, possibly of a permanent kind. Nor should this examination be confined to the field within view from the front, but the rhinoscope should picture the condition of the nasopharynx, for the major part of the trouble may be in this region. As this application of the laryngeal mirror is not in all cases easy, even in practised hands, it is well in cases of doubt to pass the finger up gently, but decidedly, behind the soft palate, and explore by touch. If this be done, growths (and adenoid vegetations are not uncommon) can scarcely escape detec-

tion. Some people have a pleasing belief that they are accompanied by an invisible good spirit that ever manifests a benevolent interest in their welfare; whether they believe equally or at all in the presence of a corresponding evil agency, I know not; but if there be such a spirit that dogs the footsteps of the medical man, especially when he has arrived at that stage of development designated by the prosperity suggesting term, "busy practitioner"—I say, if there be such a spirit, it is the demon of routine in practice; and 'tis so seductive a devil, one may be led half-way to medical perdition without knowing anything of his scientific longitude. Now, if any one organ has suffered from routine treatment it is the nose; of course, I speak of the dark ages that preceded our time. It would be interesting to know how many cases of catarrh so-called have been treated without the nasal douche or some of its modifications. So common has this treatment been, that the laity have caught the belief of its necessity and acted upon it. Lately I had a case of this kind who had carried out this treatment with a vengeance. He did not use the favourite "teaspoonful of salt in a cupful of lukewarm water," but he used, as he said, "plenty of salt and cold water," by insufflation, on the advice of a lay friend. The result corresponded with the treatment. In a week he had painful disease of both ears—*otitis media*—I take it, and now, some months after, he has thickening and opacity of both drum-heads, and can hear the watch only at three inches. After careful observation on others, and some experiments on myself, as to the effects of the introduction of such fluids as are commonly used for cleansing and medication, by the anterior nasal douche on the syphon principle, and by insufflation or sniffing of fluid I conclude that: (1) In a large number of cases no douche or other form of cleansing apparatus of such kind is at all required. (2) That as a means of medication the anterior nasal douche is a failure. (3) It is not free from danger, especially in the hands of the ignorant and obtuse patient, and the danger is greatly increased if there is any sort of obstruction in the nasal passages. (4) Neither the nasal douche nor insufflation perfectly cleanses.