manner, so also is the vaccine vesicle; but will the removal of either result in the prevention of the infection of the system? It has not been so proved. And as diphtheria is thought to resemble them through being caused by a local inoculation, so it must be held that like in these cases where the local manifestations are seen there has also taken place a constitutional infection. It has been thought that if the appearance in the throat is destroyed there will not be a subsequent extension to the nearest glands, and thence to the general sys-But is it not true that when we notice the slightest appearance in the throat, we find also that the glands are already enlarged? And if afterwards the glands become more and more enlarged, may we not with good reason refer it to the continuance of the effects of the original irritation. I do not doubt that the absorption of the results of decomposition in the throat may aggravate the glandular swelling and still increase the blood-poisoning, whatever that And a recognition of this possibility will lead us to adopt those local measures which will tend to prevent such consequences, although not expecting thus to cure the disease. It seems, therefore, altogether opposed to the analogies we have to regard diphtheria as a local disease at that stage when it comes under our observation. Could we at the moment when the germ is implanted recognize the fact, it might be reasonable to place great value on those remedies which act locally, but from the considerations which occur to my mind, it seems that we err if we fail to recognize the disease as one involving a constitutional infection; and that we should treat it upon the same principles as guide us in the treatment of similar diseases, using, it may be, local remedies to prevent putrid collections but not expecting through their action to remove, antagonize, or dissolve away the disease.

The death of Staff-Surgeon W. St. George Davis, R.N., is announced, at the great age of 96. He entered the Royal Navy in 1806, and was present at many of the great naval battles of the early part of the century.

SOME MISTAKES TO BE AVOIDED IN DEALING WITH DISEASES OF THE NOSE AND THROAT.

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That noses differ in external characteristics widely enough has been a matter of such observation as has been turned to the widest account by literary writers; but that noses assert their individual idiosyncracies strongly, as they come under the notice of the physician, has not been very clearly pointed out, and yet, I venture to think, that there is no organ in the body of which this holds true to a greater extent than of the nose. One is constantly learning that applications that are too strong for certain cases are scarcely felt by others, belonging, apparently, to the same pathological class. This may be owing to imperfect diagnosis; yet such can scarcely be the whole explanation. The treatment of catarrh has been, upon the whole, so unsatisfactory, that many physicians have reluctantly adopted the incurability of nasal catarrh as an unwelcome article of their medical creed; and this is the first serious mistake the practitioner is liable It paralyses the physician and to commit. discourages the patient. Catarrh is a most intractable disease, but it should not be pronounced incurable, unless we also class under that division a large number of diseases, for which we profess to be able to do much. I am not sure that the term catarrh, or nasal catarrh, applied as it is to so many various forms of disease of the nasal cavities, and with much less accuracy than the term Bright's disease is to a certain class of disorders of the kidneys, is not responsible for some of the unsatisfactoriness in connection with the class of diseases in The term is very vague; it may question. cover much ignorance; it allows of a very ready, but a very imperfect, diagnosis-in fact, such a term is in every way bad, and should be only applied in a transitional state of knowledge. To ask is catarrh curable, seems to me about as vague a question as to ask is Bright's disease