

## TREATMENT OF NASO-PHARYNGEAL CATARRH.

J. Solis Cohen, M.D., in *Medical News and Library* :

The most important element in the treatment is thorough removal of the accumulated mucus. This should be done daily, and is often alone sufficient for the cure of simple inflammatory cases. The retained secretion and the decomposed gases irritate the diseased membrane still further, thus keeping up and intensifying the morbid condition; moreover, breathing the foul air impairs the general health, and even sometimes leads to slow septic poisoning.

For the removal of the discharge, a solution of salt in tepid water (3j to Oij) is usually employed. In mild cases this may be snuffed into the pharynx through the nasal cavities very effectively; otherwise it may be applied by means of the syringe, spray-apparatus, or Thudicum's nasal douche. In using the douche, the mouth should be open, and the patient cautioned not to swallow, lest the fluid be forced through the eustachian tubes and produce otitis media if the fluid be warm; however, there will be but little danger, even should such an event occur. About one quart of the solution should be used once or twice a day. The fluid may also be injected from behind by means of a curved syringe.

Frequent applications have to be made to the posterior portion of the nasal passages; this may be done by means of a rectangular probe, firmly attached to the end of which is a small piece of sponge saturated with the medicament gas, for instance, equal parts of glycerite of tannin and compound solution of iodine). For this operation the mouth should be well illuminated, and tongue depressed with a spatula. The sponge should be forced into first one posterior nasal outlet and then, after waiting a few minutes, into the other. This application is to be repeated three times a week. Another method of local treatment, in which a medicated solution is retained in contact with the parts for from twenty to thirty minutes, is by flexible bougies made of gelatine impregnated with the remedy (as gr. ij sulphate of zinc and gr. ss carbolic acid). The bougie gradually dissolves in the nasal cavity. To prevent its dropping into the throat, a string is passed through it, which is attached to the patient's ear.

Ulcers are rare in simple inflammatory catarrhs, but frequent and often extensive and deep in tuberculous, scrofulous, and syphilitic subjects.

After cleansing the nasal passages, their interior may be examined before a good light, by drawing the wing of the nostril aside, with a hair-pin bent into the form of a hook, which is as efficient as any nasal speculum.

In constitutional diathesis, appropriate constitutional treatment is necessary, and the removal of foreign bodies is a *sine qua non* of cure.

## INFLAMMATION OF THE BLADDER.

The best remedies to administer internally when vesical irritation and inflammation exist are gelseminum, belladonna, sulphate of magnesia, and pinus canadensis. If the pain be great, choose gelseminum; if the irritation will not admit the presence of a teaspoonful of urine in the bladder, give small doses of sulphate of magnesia; if too much urine be secreted (diabetes), administer pinus canadensis; if the kidneys secrete irregularly, belladonna is indicated. It is not to be supposed that no other agents are "specific" in cystitis, for every experienced practitioner knows of others. However, enough have been mentioned to begin with.

Such agents as are known to be diuretic in their action should not be administered in cystitis; better give those agents that tend to restrain urinary secretion. Spices are especially to be avoided. A man or woman having cystitis is made worse by taking stimulants and aromatics. Gin is occasionally prescribed in urinary troubles, but oftener with bad results than with good.

But the most valuable part of the treatment of cystitis is the use of laudanum and starch in the rectum. Let from twenty to sixty drops of tincture of opium be mixed with two ounces of starch mucilage, and thrown into the rectum with a syringe. This enema may be repeated two or three times a day. Those unacquainted with the quieting effects of this agency in irritation of the bladder and cystitis, will be happily surprised when they carry the plan into operation. No internal medication through the stomach can equal in curative effects these sedative and emollient enemas. In addition a bag of hot sand may be placed between the thighs, near the perineum, and a hot dinner-plate may be frequently placed upon the hypogastrium. By medicating the pelvic viscera and surroundings the stomach may be kept for food and drink. Sedative medicines injure the appetite and digestion. Run as few remedies through the stomach as possible, unless they be peptics.—*Southern Medical Record*; *N. O. Med. Jour.*

## WHEN TO RUPTURE THE MEMBRANES.

When the woman in labor is a multipara, you may generally rupture the membranes with impunity, after a fair dilatation of the os. But in the case of a primipara you must not rupture them until after full dilatation has taken place.—*Dr. Goodell*,—*Western Lancet*.