

of iron, is inserted where the tissue has been removed, and a cotton tampon placed in the nostril anterior to the first; this latter cotton to be changed as often as it becomes moist; the former may remain twenty four hours or longer, as alum is one of our best antiseptics. This operation is the one most frequently required, but any persistent contact of surfaces in the nose that ought not to touch will certainly cause trouble and must be relieved. Herein lies the key to successful treatment of catarrhal affections—*remove the cause.*

In reviewing older methods the contrast is very marked. Eighteen years ago I was taught by one of the best specialists in this country to swab out the throat with a solution of silver nitrate, and make similar applications to the lower turbinated bodies if they were thickened. I regret to say that that man—conscientious and honest—met with such poor results, as he told me, that he determined to give up this special work and devote himself to general medicine, and he is to-day in general practice one of the best.

The evolution of modern methods has been slow and labored, but persistent and successful. In no department of surgery have there been greater improvements than in the treatment of nose and throat diseases. I well remember attending a clinic in Charity Hospital, New York, in 1876, at which Professor Lister did an operation demonstrating his then new theory of antiseptics and disinfection. What marvellous changes have grown from that theory!

We might inquire how a mere contact of surfaces (that ought not to touch) in the nose can cause so much trouble. I answer:

1. The immediate local effect upon two surfaces so sensitive must be irritating, evinced by a tendency to sneeze, by local pain, etc.

2. The nose, being an important organ directly communicating with the brain and all other organs in the head, must be carefully guarded; hence there are numerous reflex irritations resulting from this primary cause.

3. Secretions, which are normally profuse in the nose, amounting to five or six drachms an hour, are retained by this artificial dam, become acrid, overflow their bounds, irritate adjacent parts, and produce congestions and inflammations—*e. g.*, rhinitis, pharyngitis, faucitis, amygdalitis, and laryngitis.

4. By extension of these induced troubles to other organs—the lacrymal ducts, the Eustachian tubes and middle ears, the accessory sinuses, pharynx, fauces, lungs, and stomach. Ninety-two per cent. of cases of otitis media are induced by extension of nasal inflammation. The effort to breathe through an obstructed nostril produces a

partial vacuum, acting as a cupping glass, and causing congestion alternating with undue pressure in the tubes and middle ears. Acrid or purulent secretions are forced into the orifices of the tubes by this pressure, and deafness results in many cases.

I have by no means exhausted the list of evils resulting from obstructions in the nose, but I have mentioned enough to call your attention to the importance of the subject and convince you that the ounce of prevention—removing the cause—is worth many times the pound of cure.

Adenoids at the vault of the pharynx (a secondary disease of childhood) must be removed with forceps or curette, and should be done while the patient is under the influence of an anæsthetic.

It is not so important to excise enlarged faucial tonsils as to cure the cause. I rarely find it necessary to cut them, preferring to take away the irritant. The disease is not often inherent in the tonsil. We should punish the culprit and not the victim.

Wrongs are not righted by deploring them, neither are they corrected by counteracting their evil effects. So diseases are not cured by treating their symptoms, or suppressed by doctoring their results. The terms of success are not subject to revision. Modern methods are founded upon a knowledge of cause and effect. Like labor in childbirth, effort may be spasmodic, but the more constant it is the better. Cures are always difficult and never acquired unless we pay the price. We have to deal with organs that are constantly in use, never at rest.

Organs of so much importance as the nose are always protected by Nature in a special manner; but when we consider the excessive exposure to infections—malarial and bacteriological—to dust and noisome gases, to traumatism and distortions, we wonder only that we are yet alive.—*N. Y. Med. Jour.*

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