

The strength of the current from 4 to 7 milliamperes, and the time from 6 to 15 minutes. The seance should at first be daily; subsequently on alternate days.

Other methods of treatment are the use of stimulating sprays after cleansing, such as those of thymol, creosote, sol. arg. nit., etc., of varying strength and frequency, according to the indications attending each distinctive case.

I cannot close this branch of the subject without briefly referring to a new method of treatment, inaugurated during the last two or three years by the Italian school of rhinologists. It consists, after thorough cleansing of the nasal passages, in vibratory massage of the mucous membrane. Braun, of Trieste, was the originator of the plan, and he claims to have met with very marked success in the treatment of a large number of cases. It was discussed quite exhaustively at the Laryngological Section of the International Medical Congress at Rome a few weeks ago, and was endorsed by a number of enthusiastic supporters. Still it has its opponents, among whom was Prof. Chiari, of Vienna, who said he "had never seen any better results from this treatment than from ordinary painting of the throat." So far, this method of treatment does not seem to have obtained any foothold either in England or America, although if successful on the Continent it will soon, no doubt, be used by the English speaking peoples.

The massage is produced by an olive pointed probe, wrapped in cotton wool, and passed into the nostril to the various points requiring treatment. The instrument is held between the thumb and fingers like a pen, and the vibrations are produced by the tetanic contractions of the muscles of the arm and forearm of the operator, as he presses the point of the probe against the mucous membrane he is operating upon. By practice, these contractions are said to number about 400 per minute.

The mucous membrane of the nose covers about 40 square centimetres, and the space operated upon will be about one square centimetre at a time. Braun says he makes the time for each vibratory application anywhere from a quarter of a second to a minute, and the whole period of treatment about five minutes to each nostril. Of

course, the earlier treatments are preceded by the application of a sol. of cocaine.

As might be expected, the treatment, however beneficial to the patient, is both difficult and fatiguing to the operator—the latter particularly, as in each case it has to be practised regularly a large number of times. To overcome this difficulty, and at the same time to make the system of vibration more regular and rapid, various electromotive instruments have been made, from which their originators claim to have produced even better results than by manual vibration.

As this method of treatment appears to be plausible, I have commenced to try it on two cases, but they are both too recent to bear reporting upon.

On looking over the history of my own cases, I find that my treatment has gradually undergone a change as the result of personal experience, becoming more thorough in its manipulation, and, at the same time, more mild in character, than it was during the earlier years of practice.

With the post nasal syringe, the anterior nasal spray the cotton holder soaked in albolene, and the post nasal curved cotton probe saturated with the like fluid, I usually succeed, at the first sitting, in thoroughly cleansing the nasal cavities and the post pharyngeal vault. This use of the cotton holders requires, of course, the use of the anterior and posterior rhinoscopes. Although this preliminary treatment necessitates both care and patience, yet it is comparatively painless and is almost always bloodless. Even when the green offensive incrustation is thick and putrid, we rarely meet with any ulceration; and often, while the contracted mucus membrane clings closely to the irregularities of the shrunken turbinates, its surface with all the irritation of cleansing, remains still unbroken.

Sometimes after removing the incrustations as thoroughly as possible, I would find a thick layer of tenacious epithelium, projecting from the lower border of the middle or inferior turbinated bones, which would defy all efforts of ordinary cleansing. If this persisted through several treatments, severer measures would be required. Occasionally a solution of arg. nit. 10% would be sufficient; but I have usually found the best results from singeing the proliferations with the galvanocautery. This cauterization was never carried to