

Hypertrophic rhinitis.

Polypi.

Adenoids.

Spur or deflected septum.

Sinus disease.

Synechia.

Foreign body.

Not every small spur of the septum causes the disease. But if the spur is large and presses on the outer wall of the nose, it may be causing just sufficient irritation to bring on the attack. Small nasal polypi are more likely to cause the disease than large ones, because it is easier for small ones to change their position in the nose, and in so doing irritate the mucous membrane.

Treatment:

Remove the cause and you cure the disease. Hay fever is never present on the ocean. The disease is usually absent in mountainous districts. Frequently patients who have hay fever in America find it absent in England and vice versa.

Constitutional treatment is very necessary. Good tonics, such as iron, strychnia, arsenic and quinine are useful. Where there is a strong element of neurosis valerianate of zinc is good. In rheumatic patients, aspirin, grains ten three times daily should be ordered.

For the true variety: The proper use of the galvano-cautery is nearly a specific. The more neurotic the individual the more successful will be this treatment. It is not the idea to destroy mucous membrane but just to touch sensitive spots. The treatment may be regarded as empirical. Francis explains it by saying balance is restored to the nerve centres.

How to use the cautery: The nose must first be thoroughly cocaine-ized with 10 per cent cocaine. Apply this on an absorbent cotton pledget, press it nearly dry after removing it from the solution of cocaine. Ten minutes should be allowed for the cocaine to act. Remove the pledget of cocaine, and then dry the nose with dry absorbent cotton. This prevents smoking during the act of cauterization.

If using the cautery on the turbinates the point should be of a cherry red colour: if touching sensitive spots on the septum a white heat is best: be sure and never allow the cautery to burn contiguous surfaces, for synechia will surely form. Do not cauterize both sides of the nose at one sitting. Never cauterize the posterior part of the septum or the posterior end of the inferior turbinate. Make it a rule never to cauterize an area that you cannot see while the cautery is acting. The middle turbinate should not be cauterized. The mucous membrane and the peri-