CHRONIC NASAL CATARRH—A SIMPLE AND EFFECTIVE TREATMENT.

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We feel inclined to report this case here, not only because of the marked and speedy results obtained from the simple plan of treatment adopted after the usual measures had been tried and proven ineffective, but because of the frequency with which the particular group of symptoms complained of by this patient confronts the general practitioner in his every-day work.

Lena D., a young miss of 18, had been a sufferer from chronic rhinitis or pharyngo-nasal catarrh for more than ten years, being subject to periodical attacks of coryza and tonsillitis, especially during the spring, fall and winter months. The mucous membrane of throat and nose became habitually flabby, congested and swollen.

At the age of 12, the characteristic thick, indistinct speech and stertorous breathing of the catarrhal subject became manifest, while at the same time, the plugging of the pharyngeal opening of the eustachian tube by the thickened mucous secretions gave rise to slight deafness.

The treatment throughout had consisted of insufflations of the usual antiseptic powders, ante and post-nasal douches, with the modern germicidal solutions, while various astringent or disinfectant gargles and sprays were used for the tonsillitis, but these gave only temporary relief. It was apparent that only the membraneous surface was thus freed of its obnoxious discharges and not the deeper sub-mucous tissues and gland sacs which harbored (unwillingly) the germs that gave birth to these discharges, and it became self-evident that some more active method of treatment must be adopted.

In dental surgery it is well known that an antiseptic solution having an alkaline base is the most effective for cleansing the mouth of putrefactive material arising from fermented food (starch particles in the substances adhering to the teeth), as well as that caused by the bacteria of dental caries, leptothrix buccalis, etc. This fact is explained on the chemical ground that the alkaline base readily combines with these various weak acids with which it comes in contact, thus breaking up the solution and liberating the oxygen or oxidising agent upon which its disin-