

of the supporters of Koch was somewhat after this fashion :

"What is consumption? The bacillus.

What is the bacillus? Consumption.

But what causes consumption? Why, the bacillus.

But what causes the bacillus? Consumption?"

And now I ask, in the words of Professor Loomis, "whether they [these microbes] are the *cause* or the *scavengers* of disease?"

Clinically, of one thing I am quite confident, viz., intra-pulmonary injections of iodine benefit phthisical sufferers. Why not, therefore, give them the opportunity of the treatment, and await patiently the auspicious day when even changing theory may be wholly favorable to their use.

In conclusion, let me urge upon you all to earnestly consider the facts brought to your attention in this lecture. It is a subject pregnant with the most vital interest. Our hospitals and dispensaries show a fearful death-rate from phthisis. Ordinary methods of treatment are confessedly disheartening, by reason of their very slight influence in arresting the march of a dread disease, when, moreover, the odds are, for other and manifest reasons, many against the poor sufferers.

I have studied with you a series of topics which makes me more hopeful of what I may be able to do for the arrest or cure of pulmonary phthisis. In this line of research may all of you find renewed courage and conviction. Perhaps some one among my hearers may yet discover the "arcana" of science in its conflict with this destroyer of our fellows.—*College and Clinical Record*.

ON THE THERAPEUTICS OF NASAL DISEASES.*

BY DR. GEORGE CATTI,

Assistant at the Vienna Laryngoscopic Clinic.

Within the last few years great progress has been made in the therapeutics of the disease of the nasal cavities, and many morbid conditions of these regions, formerly considered as incurable, can now be treated successfully by proper patience and perseverance. The therapeutic procedures to this end, consist in the thorough cleansing and washing out of the nasal passages by suitable measures, and in the direct application of different medicaments.

As regards the first methods referred to; the snuffing of liquids, the drawing in of fluids through the nose (Siegle, Stork, Wendt), the syringing of the nasal passages (Schrotter), and the various forms of nasal douches (O. Weber, Wendt), have all been recommended as eminent suitable methods of procedure, and their employment has been productive of more or less satisfactory results, so that there is no necessity of entering into their further consideration. Medicinal remedies have

been employed in various forms, either after, or without, the previously mentioned measures for cleansing the passages. Remedies can be applied with ease and certainty to the anterior parts of the nasal cavity by means of the camel's-hair paint brush, or also with very excellent results by means of long tampons of charpie, smeared with ointments, or impregnated with suitably medicated liquids, as recommended by Hebra. We also, by the mouth, can treat directly, either with a suitably bent probang, sponge-holder, brush, or portecaustic (Semeleder, Turck, Stork, Schrotter, W. Myer) the diseases of the naso-pharynx, and the various pathological conditions which may occur in the posterior parts of the septum and turbinated bones.

The middle and upper parts of the nasal passages, however, are very difficult of approach for the purposes of direct and thorough local medication, and when we consider the obstinate character of the diseases affecting these last named regions, and the obstacles to be encountered in their treatment, it is not to be wondered that all therapeutic measures yet proposed have met with but scant success. Any progress in this direction is therefore to be hailed with gratification.

The snuffing of liquids and powders, the insufflation of powdered drugs, and the "douching" of medicated fluids through the nasal passages, are open to these serious objections: *first*, but a small portion of the affected surface can be reached; and, *second*, that the diseased mucous membranes come in contact with the remedies for only a short space of time. Indeed, for excessive hypertrophy of the mucous membranes and for ulcerations, Prof. Schrotter uses the porte-caustic entirely, with the most satisfactory results. (*See Laryngologische Mittheilungen. Wien, 1875*).

About fifteen years ago Professors Sigmund and Schuh, who were not entirely satisfied with suppositories of cacao-butter, sought for a more satisfactory vehicle. This was found in *gelatin*, and various bougies and suppositories were made with this material, and were found by experiment to keep extremely well. About two years ago, also, Prof. Braun employed gelatin vaginal suppositories, made in the shape of a ball.

Several months ago I had prepared for me some gelatin bougies suitable for introduction in the nose. These nasal bougies were from 8-12 centimetres long (3-4½ inches), 4-6 millimetres in thickness (¼-½ inch), conical in shape, and very soft and smooth. When employed, the smaller, pointed end of the bougie is placed in the nose and then rotating, pushed gently backwards until it is completely in the nasal passage.

If the bougie is pushed backwards in a horizontal direction, as it should be, so that it enters the inferior nasal meatus, by examination with the rhinoscope we can see clearly the smaller end of the bougie projecting from between the septum and the middle turbinated bone. The length of the nasal passages varies greatly at different ages and in different individuals, so that when the passage