

removed the last of fourteen myxomatous growths from the size of a pea up. Three months of subsequent treatment of the mucous membrane, and my patient declared himself perfectly well. Sleeps well at night, has no more paroxysms, has gained in flesh and colour, and has entered into business for himself, which was the last thing he could have anticipated, as he felt himself before a confirmed invalid. For brevity I have intentionally omitted many details of the case and treatment. Others can be furnished exhibiting similar conditions and similar results.

In the latter part of 1882, I had unmistakable evidence of the reflex action of nasal irritation when Mrs. E. reported herself suffering with frequent short irritating cough which she had for over a year, and had baffled all treatment. Accompanying this was a feeling as of something lodged in the throat about an inch below the larynx. I examined very carefully but found entire absence of disease or irritation in the lungs, wind-pipe, or pharynx.

The etiology of her cough therefore remained obscure, and as she had been under skilfully administered therapeutic measures, I did not venture to hope to be more successful than her previous advisers, and told her the same. She retired, but in three weeks returned for another examination, and said she neglected to speak of a "ringing in her left ear." I then examined the vault of the pharynx, mouths of eustachian tubes, and post nares, when I discovered what I afterwards found to be a fine fish bone lying in the left superior pharynx, and post nares with its anterior extremity prodding the lower turbinated bone, its posterior resting in the tissue posterior and adjacent to it. I removed this with bent probe covered with absorbent cotton under the light of the rhinoscope, and prescribed for the existing hyperæmia of the part. Four days after she wrote that she was very much better, in fact almost well. Two weeks after she reported perfectly well, and has remained so ever since, the cough having entirely left her.

The point of impact and of irritation here was the inferior turbinated bone, which was much congested, and doubtless the *fons et origo* of the reflex cough.

It is well known that irritation of the external auditory meatus and pharyngotracheal membrane frequently excite reflex cough, and the terms "ear" cough and "laryngeal" cough have passed into general use among medical men.

May not other morbid conditions in various other organs of the body excite this reflex act? The terms "stomach" and "liver" cough would seem to indicate that such a correlation between the abdominal viscera and cough was accepted. However, much doubt may be thrown upon this interdependence, which has never been demonstrated by experiment, nor have clinical data been strong in establishing it, I do see sufficient data to warrant the acceptance of the term "nose" cough.

In fact, all coughs seem to have a centralized or focal point of irritation which is reflected, and therefore our reasoning need not be in this particular at all different from the general.

While in Vienna a few years ago, Prof. Stoerk taught us, and published in a pamphlet about that time, that there are certain "cough-spots," (confining his remarks to the lower air passages,) namely, 1. The interarytenoid fold; 2. Posterior wall of the larynx and trachea; 3. The under surface of the vocal cords; 4. And the bifurcation of the trachea.

He does not consider accumulation of mucous in the smaller bronchi causative of cough until it reaches one of the points above mentioned, so that ordinary bronchial cough has reflex areas, which, when irritated by a little mucous, result in cough.

Now we have a pathological or morbid condition of not infrequent occurrence in the nasal mucous membrane, that is likely to produce this reflex phenomenon. I mean chronic nasal catarrh, especially when it has resulted in hypertrophy, either of the mucous membrane or of the middle or lower turbinated structures themselves.

One case may be adduced as typical and illustrative of this:

Mr. H—, a druggist, aged 40, florid but not fleshy, healthy looking, reported to me, August 1883, as suffering for over a year with a peculiar paroxysmal cough, which troubled him most when in the recumbent position, and