but sufficient. The cost, exclusive of the lamp, is little enough, being less than \$4.00. Cotton, absorbent or borated, should be on hand, as well as plenty of the old-time Dobell's solution, or the following modification, which I like better:

To the list I should perhaps add some sort of atomizer or post-nasal syringe, costing in either case not more than \$1.25. However, one could get along without either of these. The nose should first be sprayed out with the solution whose formula I have just given (better warmed) or by means of the post-nasal syringe the cavities can be washed out from behind. Understand, however, even this does not constitute the cleansing of the nose, for after this has been done, the work really begins. The light being reflected into the nose, held open by means of a speculum (Knight's modification of Duplay's preferred) the probe, to which a pledget of cotton is attached, is made to dislodge and to remove each scab or portion of discharge which is presented to the view. Anyone can do this, for anyone can see the scabs and can with ease remove what he sees. This accomplished, the nose is clean, and the first essential part of treatment has been applied.

For the stimulative plan of treatment, various drugs have been recommended, out of which I select menthol, thymol and eucalyptol as having been most efficacious in my hands. I have used menthol more frequently than any of these agents, and have been so well pleased with its action that I should be unwilling to exchange it for any other remedy. The following is the customary formula:

B. Menthol gr x.
Liquid Albolene . . 3j
M. Sig.—Spray for the nose.

The amount of menthol may be increased to gr. xx or even 5j to the ounce. This, or thymol, gr. x to 3j liquid albolene, or eucalyptol gtt. x to 3j liquid albolene, should be well sprayed into the nose, first directing the patient to breathe through his open mouth, thereby shutting off the oropharynx and causing the spray to pass out of the other nostril. The first sensation is that of warmth, and no little itching is frequently occasioned; but this is soon succeeded by a feeling of coolness and comfort in the nose, which is gratifying to the patient. While the menthol, thymol and eucalyptol have a stimulative effect, the liquid albolene is not void of benefit. It takes the place of vaseline of quondam fame, but possessing nothing of the almost nasty character of the latter. By means of the spray the oily albolene is thrown over a large portion of the mucous membrane, and

by bathing it with an oily film, aids not a little in its improvement. This cleansing out and treatment of the nose should be done every day, if possible, for some little time; later, the intervals may be lengthened. It is useless to attempt any permanent or even transitory improvement, for that matter, by treating the nose twice a week, or less; three times a week is seldom sufficient at the outset.

Nor is this all there is in the treatment. The patient should be directed to clean his nose three or four times daily, by snuffing up Dobell's solution, or the modification which I have given, and thereafter to use a spray of menthol, thymol or eucalyptol and albolene. A special sort of atomizer must be used from the fact that all atomizers do not act with oily solutions. Each patient must provide himself with one and use it three or four times daily. The Codman & Shurtleff, No. 356, or the Brooklyn Throat Hospital atomizer will answer. The latter is better for the doctor, in that having three nozzles it may be used for the nose, pharynx or larynx.

Of late I have been using a new atomizer lately designed and manufactured by the A. M. Leslie Surgical Instrument Company of St. Louis, the Acme Vaseline Atomizer; in fact, I now prefer it to any other kind. It has the advantage of simplicity and cleanliness. Though intended as a vaseline atomizer, it can be used to the greatest satisfaction for the spraying of liquid albolene.



I would again urge that, whatever the form of the atomizer, it should be used systematically, thoroughly and regularly. It is surprising how much better the patient will become under this sort of treatment; the excessive scabby discharge ceases, the odor disappears, the hawking diminishes and the patient's mind turns to other thoughts than an untimely death from the fancied change of catarrh into consumption. Not only this: the relief is so decided and rapid in its occurrence, that the patient becomes a friend and patron whose good word will reflect credit and money to the doctor who is so fortunate as to have applied this plan of treatment.

It is well to state one danger which may occur not only from this form of treatment, but in any case where douching is used: I refer, of course, to the otitis media, catarrhal or suppurative. Where there is the slightest tendency to this disease, one must be guarded and must avoid the douche, and sometimes the spray. In such cases the only