

venient, especially in conjunction with simple adjustable tubes, which afford a lateral or vertical discharge at pleasure. A convenient though expensive apparatus is the compressed-air mechanism of Codman & Shurtleff, by means of which a steady flow may be maintained for any desired length of time. In common with those applied by the douche, all atomized solutions should be at blood heat and of sufficient density. Caustic and sponge-holders, brushes of various sizes, an insufflator, a tenaculum for the uvula, a tongue depressor, an anterior-nares speculum, and a rhinoscopic mirror are requisite, with a strong light, natural or artificial, in the management of which nine-tenths of the imposing array of mechanism usually encountered may be dispensed with. Each patient should have his own douche, and all instruments employed in office practice must be kept thoroughly clean. Scrupulous care is to be observed in syphilitic cases that the ordinary catarrh of one patient is not complicated by specific inoculation from another.

In the department of *materia medica* the list of necessary agents will vary with the taste of the physician, some drugs developing powers in the disease under consideration, as in others, according to the ability shown in their use or the idiosyncrasy of each particular case. In my practice the list is not extensive. The first point in treatment is the thorough cleansing of the parts at least twice daily, the ordinary solution of sodium chloride being a satisfactory one. Occasional alternations with a solution of potassium bichlorate, which I prefer to the sodium bichlorate, in similar proportion, will prove effectual where the secretion is free and the posterior-nares blocked. The addition of from three to five grains of potassium permanganate in solution, when the wash is from one-half to three-quarters expended, will modify the fetor and render the subsequent steps much more comfortable to the medical attendant. The liquor sodæ chlorinatæ replaces the permanganate satisfactorily, especially in delicate blondes. Potassic chlorate may also be added, but is serviceable only from its local effect, no constitutional impression being apparent through it in my hands. The use of from one half to one ounce of the distilled extract of witch hazel, as prepared by Mr. McKelway, of this city, is frequently efficacious, but the ordinary fluid extract made by displacement is not reliable. The simple or compound tincture of benzoin is an admirable remedy, both locally and internally. The quantity of water necessary is determined by the amount of offensive secretion, and varies from one pint to many, the prime object being the removal of all crusts, pus, mucus, or blood, without which subsequent medication must fail from the remedy not reaching the congested or abraded tissue. In mild or recent cases the careful cleansing, as described, of the parts will sometimes, if prolonged, effect a cure; but such success is uncommon in this intractable disease.

In long-standing and stubborn cases, after preparing the parts as suggested, a number of astringent or alterative remedies can be selected. That chosen may be employed either in solution, or, as is sometimes more efficacious, in dry powder projected on the parts of the insufflator. Snuffing the powder from the hand does not act so accurately, in consequence of much of the medicament being either detained anteriorly by the turbinated bones, or, having passed them, being drawn into the lower pharynx. Alum, bismuth, cubebs, tannic or gallic acid, with, if thought proper, ferric, cupric, or zinc sulphate, will act admirably in many cases. Granulations or adenoid tissue, if excessive, may be removed, when accessible, by the curette or galvano-cautery. I have not observed distinct patches of ulceration as often as the literature of the subject would imply their existence, except in caries or necrosis of the bones of the nasal passages (or flues, as a locomotive-building patient of mine aptly interprets them), any apparent abrasion being generally diffused; but should examination detect areas thus affected they should be stimulated or cauterized, as required, by strong solutions of the solid silver nitrate. Glacial acetic acid is a favorite with me in such instances, and tincture of iodine frequently acts admirably. Loose portions of bone or easily-detached pieces should be carefully removed, and a very small spicula will, if overlooked, be often productive of continuous discharge. I have not performed Rougé's operation in any case of catarrh, but some time ago in assisting a friend in an operation on the upper maxillary the feasibility of reaching the nares by that method was very apparent, and in a second operation on the same patient by himself I removed another part of the superior maxillary and a portion of the vomer, without dividing the upper lip or cheek, as had been done in the previous operation. The rapidity of union without any suppuration was remarkable, and the freedom from scar or deformity by this method is invaluable.

Attention to the general health is of moment. The secretions of the alimentary canal, the kidneys, and the skin should be inquired into, and placed in proper condition if defective. I have found the Turkish bath a most efficient auxiliary in all stubborn cases. The constitutional remedies employed will vary as indicated by apparent dyscrasia. Mercuric bichloride is notably a tonic and alterative in many cases, even where syphilitic complication is not evident. I usually combine the alterative selected with compound fluid extract of *stillingia*, in drachm doses, three or four times daily. When well borne, *copaiba*, long continued, is of great service. Ferric iodide, with or without potassium iodide, and sometimes calcium chloride, are excellent in chronic scrofulous cases. Iodoform has not been of much use in my hands, either locally or constitutionally, nor has carbolic acid. As to salicylic acid or its salts I cannot yet form an opinion of their merit, although, as a detergent, the sodium salicylate is apparently good.