other; because the increased length of time required to complete the latter operation would very much augment the shock produced, and consequently be much more likely to lead to a fatal result. On a future occasion, if the patient recovers, that object can be attempted under a much more favorable condition of things. When practicable, cases of *stricture*, whether due to simple constriction or caused by cancerous or other growths, are to be dealt with by resection of the bowel and removal of the diseased mass, the ends of divided gut being attached as above mentioned to the external wound. When excision is inadvisable or impossible, an artifical anus must be made. When the seat of disease is known to be in the sigmoid flexure or rectum, left lumbar or inguinal colotomy may be at once resorted to if thought best, without a previous central abdominal opening being made. Cases of *simple* stricture may generally be temporized with for some time before it will be necessary to operate for their relief. Much may be accomplished in this way by careful dieting and the use of nutrient enemata. When, however, we have good reason to suspect malignant disease, it is a question whether it will not be better to excise the part early, so as to afford the patient some chance for a permanent cure.

An *intussusception* is of course always to be reduced if possible. When too firm adhesions have already formed to permit of this being safely done, it is probably better to at once cut away the invaginated portion, and secure the ends of gut to the laparotomy wound. Every precaution must of course be taken in all resections of the intestine to prevent the escape of its contents into the peritoneal cavity. If a *calculus* or *foreign body* prove to be the cause of trouble, the bowel may be laid open and the offending substance removed, unless indeed it can be readily moved along towards the anus. In case the gut has to be cut into, the wound must be carefully approximated by fine silk sutures in such a way as to bring the peritoneal surfaces closely together. In cases of obstruction from *fæcal accumulations*, we can afford to delay operative measures so long as there is any prospect of getting rid of the mass either by enemata, metallic mercury, cathartics, or manipulative procedures, and it must be seldom indeed that these will not suffice to afford relief.

RHINITIS ATROPHICA—WITH REMARKS ON CATARRH IN GENERAL.

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To the practitioner in general, the nature, pathology and treatment of catarrh are as an unopened volume, and the word is only too often associated in his mind with incurability. To the public, the word is almost synonymous with offensive breath, and it is popularly believed that is the forerunner and friend of consumption. These ideas have been assiduously fostered by designing persons, and the country has been overrun with catarrh doctors and nostrum vendors of all sorts. It is with a desire to put the facts in a clearer light that I am induced to pen these lines.

In the first place the question will naturally arise what is catarrh, ? It has been shown by Bosworth, Cohen, and others, that it is an inflammation of the lining-membrane of the nose—a rhinitis—and like inflammations in other parts ends in resolution, in hypertrophy, in ulceration, or in atrophy. It is liable to extend to the pharynx trachea and bronchia. I do not know that it has ever been proved to cause tuberculosis. Bronchitis and asthma are often caused by it. Contrary to the generally received opinion fetor is the exception rather than the rule, not more than five per cent. of the cases being attended by this symptom. It is probable, though not yet certain that all the varieties of catarrh are but different stages of the same complaint. Thus we see rhinitis simplex in the father followed by rhinitis atrophica in the child. It is remarkably hereditary, and occurs in many members of the same family.

Now as to the varieties of catarrh. The first and commonest is *rhintis simplex*, characterized by an excessive flow of mucus, worse in damp weather, and when the patient's general health is not good. There are no organic changes visible on examination of the part; no fetor.

Post Nasal Catarrh is a very common variety of simple rhinitis, affecting the pharyngeal vault and upper pharynx. The nasal mucus membrane may also be affected. The glandular structures are often hypertrophied. The symptoms are dropping in the throat, discharge generally worse in the morning, causing hawking and peculiarly disagree-