A tendency to nasal catarrh and to other catarrhal states is excited and maintained by residence in low-lying, damp, cold situations; and it is hopeless to endeavor to relieve, permanently, such conditions while the subjects of them continue to dwell in these localities. It foilows that one of the best prophylactic measures against attacks of nasal catarrh is residence in a dry, bracing locality. No measure is perhaps so efficacious as a preventative to such attacks as a few weeks' residence in a high, open mountain valley like that of the Upper Inn in Switzerland. I have myself experienced this in a remarkable degree. The dry, cold, bracing air of this region seems to be of especial value in lessening the morbid sensitiveness of the surface, so far as it tends to the production of catarrh of the respiratory tracts. believe it acts partly by causing contraction of the superficial vessels and increasing their tone. It is quite otherwise with respect to the tendency to suffer from rheumatic pains when exposed to atmospheric vicissitudes. In such cases the climate of the Engadine generally aggravates the rheumatic tendency; and this it probably does by checking cutaneous transpiration. (I have entered fully into this subject in some of the chapters in my work on "Health Resorts and their Uses.")

Next in value to mountain air, as a prophylactic, is well-directed sea bathing, during the summer months, associated with abundant exposure to the open air of the seaside. Such patients should not be allowed to remain long in the sea at one time; it is better they should make repeated plunges, for it is the bracing shock to the surface that is required, not the continued contact of the cold seawater. At Biarritz they have a plan of standing just ankle-deep, or but little more, in the sea, and allowing the Atlantic surf as it comes in to dash over them—one of the best natural douches that can be imagined. Persons who suffer from summer catarrh or "hay fever," are often immediately relieved on removal to the sea coast. This treatment of combined sea-bathing and sea-air is of the greatest value to scrofulous children who frequently show a tendency to attacks of nasal catarrh, which sometimes become chronic, and give rise to much trouble; for chronic nasal catarrh in scrofulous subjects is a most obstinate malady, and one difficult to treat with success.

(2). Next with regard to General Remedies.—Of all the general remedies advocated for the cure of attacks of coryza, opium or morphine is by far the best. I have again and again tested its value, and often in my own person; and if it fails to cure or cut short a cold in the head it at any rate takes from it all its terrors! Opium undoubtedly exercises a remarkable effect over the capillary circulation, especially in the respiratory mucous membrane, and I have often known a single dose of opium completely arrest a catarrhal fluxion from the nose, which, from its abundance, entirely prevented sleep, and this in fifteen or twenty minutes.

But it is by no means a matter of indifference

what method you adopt in administering the opium. When you are able to treat the cold quite in its initial stage, when the nasal mucous membrane is only a little swollen and dry, and there is an uneasy feeling over the frontal sinuses, and before the occurrence of any great amount of fluxion, the following I believe to be the best method:—Supposing the patient to have had a good meal in the middle of the day, no more solid food should be taken that day, but about three or four hours before bedtime an eighth of a grain of acetate or sulphate of morphine (I use McKesson and Robbins' pilules of this strength) should be taken with a small cup of weak tea; and at bedtime another eighth of a grain with a wine-glassful of whiskey and water.

This measure alone will constantly arrest a cold in the head if adopted in the initial stage; and even when this stage is passed it will relieve all the uncomfortable distressing feelings which attend these attacks. Yet you will often find it fail; but it fails because both patients and doctors will not attend to small details. If you do not caution your patient to the contrary, he will probably eat a heavy evening meal, following the old-fashioned maxim of "feeding a cold," and take his dose of morphine on a full stomach. Now it makes all the difference in the world whether this small dose of morphine be absorbed into the blood in a few minutes, or whether it be mixed with a mass of food and absorbed slowly with it after some hours. The result in the two cases is wholly different. In the first case you have a definite quantity of your remedy immediately absorbed into the blood and circulating with it; in the second, your remedy is slowly absorbed in indefinite quantity, and there is no reason that I know of why some of it should not pass out of the body in the residue of the food with which you have allowed it to be mixed!

When the initial stage is passed, and the nasal fluxion is thoroughly established with a distressing feeling of oppression and stuffiness about the nasal passages and frontal sinuses, I have found the following diaphoretic draught, containing opium, to be of the greatest use. I have taken it myself and given it to others for many years:—B Liquor. opii sedat. Mxv; vini ipecac. Mv; sp. ætheris nitrosi 3j; liq. ammoniæ acet. 3iij; aquæ ad camphoræ ad $\frac{\pi}{3}$ iss. To be taken at bedtime.

If the patient is able to keep to the house, and, better still, to one moderately warm room for a day or two, a single dose of this kind will not infrequently remove all the catarrhal symptoms permanently as well as immediately. But although it will surely give immediate relief, yet, if the patient exposes himself to changes of temperature the next morning the catarrhal condition will frequently return. Opium given in this form is not attended by the unpleasant effects generally found to follow its administration in the crude, solid form, such as headche, nausea, loss of appetite, &c.

Some feverishness and slight rise of temperature frequently accompany these attacks, and in these,