

Now what is Listerine? you will naturally ask. It is a preparation lately put upon the market, which makes a very pleasant menstrum for this mixture. It contains boracic acid, and has an odor of wintergreen, which is very pleasant and agreeable. It is antiseptic and disinfectant. It is entirely unirritating to the mucous membrane, and containing boracic acid, it is healing in its properties.

The application of a powder sometimes will answer a very good purpose, if the secretions are soft and fluid, so that the powder will be absorbed by them. In cases where crusts form on the nasal mucous membrane, and the parts are dry, you should never use a powder; but where the parts are soft, moist, and there is plenty of secretion to take up the powder, it probably remains longer in contact with the mucous membrane than a solution used as a spray. You can use alum, or tannic acid, and apply as you like. Here is a powder blower for the purpose, which can be used from the anterior or posterior nares.

Such, gentlemen, is the treatment according to the indications in ordinary chronic rhinitis and certain grades of hypertrophic nasal catarrh. I have told you that hypertrophic nasal catarrh exists when hypertrophy has taken place in the mucous membrane, and all the glands at the vault of the nasal pharynx are involved concomitantly. This hypertrophy blocks up more or less completely the inferior portion of the nasal passages, the hypertrophy taking place over the inferior turbinated bones; very rarely over the superior. Since there is also hypertrophy over the vault of the pharynx it is better to make the application through the posterior nares rather than through the anterior nares alone.

But after a time there is no use of treating a case in this way. A patient comes to you and tells you that one or other of his nostrils is continually blocked up, you look into the nasal passages, and instead of finding it roomy on both sides, you find a large, irregular, thick mass. You find, perhaps, if you make an examination posteriorly, that there is a condition of the posterior part of the turbinated bone which almost completely blocks up the nasal passage. If in such cases you follow the above simple plan of treatment you will throw so much time away. There is only one thing in such a case that you can do, and that is to treat the case surgically, and by so treating it you will gain an immense amount of credit: you will get the credit of curing an extreme case of nasal catarrh. In such a case, I say, you will see on looking into the nasal passage, a round, thickened piece of mucous membrane rolling out into a great round fold, as it were, and you infer at once that it is hypertrophy of the mucous membrane; and by the side of it you see a very narrow, sometimes a completely closed, channel; and above, perhaps, you see the middle turbinated bone swollen out in a similar manner. Now, if you take a probe and press upon this mucous membrane, instead of finding it in a normal condition, you will find that

it recedes deeply, and shows no signs of elasticity. In such a case you want to relieve the obstruction to the passage of the air to and through the patient's nose, for this is the symptom of which he complains.

Now, here is an operation which you can all do. It is to illuminate the nasal passage, and take a tuck as it were, in the mucous membrane; and when a scar forms it will draw down the membrane, and hold it there. When operated upon in that way, the patient is rarely if ever again troubled in the same way. Take a small bit of cotton, and roll it about a cotton holder in this way, so that a small wad is made; dip this into fuming nitric acid, press out the excess of acid so that there shall be no danger of its dripping on the patient's lip or the passages; then dilate the nose widely, throw a strong pencil of light from the forehead mirror into the nasal cavity; now burn an ulcer on the swollen mucous membrane, so that it shall contract and draw the parts back into place, then make an application of an alkali, so as to neutralize the acid, and the operation is done. There has never, in my experience, been any return of the disease after a single application of the acid. Now, I know, gentlemen, of no single operation in the whole range of nasal surgery which will do as much good as this one. The operation is painful only for a moment. Some prefer glacial acetic acid to nitric acid. The hypertrophied membrane over the inferior turbinated bone may be removed by passing what is called jarvis snare through the nasal passage into the pharyngeal space, bringing it down over the hypertrophied mucous membrane, encircling it and bringing it home. It is intended to cut the hypertrophied tissue very slowly, so as to avoid hæmorrhage.

Atrophic nasal catarrh I believe to be incurable. All that you can do is, by thorough cleansing of the nasal passages by the solution in spray, to keep the parts clean, prevent the secretion from decomposing and causing fœtor. Do not tell such patients that you can cure them, but that you can relieve them by keeping the parts clean.—*Nashville Journal of Medicine*.

ABSTRACTS FROM A PRACTICAL TREATISE ON DISEASES OF WOMEN.

[Translated from the French of Dr. G. Eustache by THOMAS C. MINOR, M.D., Cincinnati, O.]

PART FIRST—MEANS OF DIAGNOSIS.

The study and the diagnosis of the *diseases of women* requires a special series of manipulations and explorations with which the practitioner must become familiarized. These methods of investigation, or rather of diagnosis, so far as regards absolutely special methods applied to gynecological inquiry, are few in number, *i.e.*, four—1st, digital examination; 2nd, the speculum; 3d, uterine catheterism; 4th dilatation.