

through the country with cauterizing batteries; and it would seem from the number sold, that the panacea for all nasal troubles is cauterization of almost any swelling seen in the nostril. This sort of practice brings Rhinology into disrepute, to say nothing of the later results in the patient's nose, as septal ulceration, synechia, pharyngitis sicca, etc. Cases of hypertrophic rhinitis are not cured by a few sittings, though, they are much better, after the cauterizing has been used. It is necessary, as Wishart says, that these patients be seen, at least once a year, so that any return of their trouble may be promptly met. Those cases, however, in which we remove a portion, by snare, or cutting forceps, seldom require anything more. Cases of obstruction, of temporary nocturnal occurrence, are sometimes relieved by supra-renal glands, grs. V, at bedtime, and general constitutional treatment. They may be associated with a tendency to asthma and emphysema, or be reflex, as from the pelvis in females.

One, not infrequently, hears of children having their nose burned for hypertrophy of the inferior turbinal. I cannot see how this is ever justifiable, as we cannot have hypertrophy before development, and the turbinated bodies are not developed until puberty. (Wingrave.) These cases can, in the majority of instances, be entirely relieved by the removal of an apparently insignificant mass of adenoids, situated mostly at the base of the septum, followed by a simple cleansing spray. I have never seen a case of nasal obstruction in a child, where the cauterizing was indicated. I can imagine nothing more pernicious than stunting the mucous membrane and glands of the turbinated body in a child, by the cauterizing, or chromic acid. If one must have more space, after trying milder methods, Kyle's plan of making a small incision with a sharp knife would, in my mind, find its most useful application. During the greater part of last year, I had an excellent opportunity of carefully observing the question of nasal obstruction in a large number of children, and I did not see one instance in which a cauterizing agent was used. This occurring, in one of the foremost special hospitals in Europe, is significant.

There are two classes of cases that require a somewhat radical operation on the inferior turbinated body.

(2) *Cases of obstruction due to contracted osseous walls.*

Here our object is to secure space, and we may attack either the septum, or the turbinal. It is in such cases, as well as in cases of marked septal deviation, in which one does not, or is unable to get good results from a septal operation, that complete removal of the inferior turbinated body, by Carmalt Jones' spokeshave, has its place.

(To be continued.)