

winter of residence here, when he moved into a house only recently plastered, the walls of which were not thoroughly dry. He first complained of feeling exhausted upon awakening, with occasional colds in the head, which became more frequent and severe. After a few months he had slight attacks of coughing between the hours of twelve and two in the morning. These attacks increased in severity, with difficulty of breathing, and bronchial spasm appeared. These symptoms continued with lessened severity during the dry summer, but were of nightly occurrence, and increased in severity with the unpleasant winter weather. The sense of smell became almost nil, but patient did not suffer from any form of headache. His voice at times would become very hoarse; taste unaffected. All forms of medication failed him except cocaine, four per cent., which gave instant relief when sprayed into nostrils.

Examination showed heart, lungs, digestive organs and larynx normal, some faucial congestion; right nostril intensely congested, and moderate hypertrophy of middle and posterior part of inferior turbinated, also septal thickening with spongy mass at posterior part. Left nostril showed exostosis of vomer, hard in contact with inferior turbinated. Both nostrils were also excessively sensitive. Under cocaine the exostosis was removed with a saw, posterior hypertrophy removed with a snare. Excessive hæmorrhage stopped proceedings. This treatment gave a measure of relief the following night. Next day a body was discovered occupying the favorite position of these masses—the middle and lower part of upper fossa—almost completely surrounded by granulations. This body was oval, three-quarters of an inch in length and one-third inch thick, of soft consistence resembling cheese. No nucleus could be detected. As patient was accustomed to work in a dusty shop it is probable that this mass was composed of wood dust, mucus and calcareous deposit. The usual post treatment was adopted, and patient progressed satisfactorily. The coryza ceased, and within a few weeks the asthmatic attacks also became a thing to be remembered, and at the present time, two years after treatment, patient enjoys perfect health.

These three cases indicate about the percentage of bronchial spasm, which has its continued cause

within the nasal cavity. While at least ninety per cent. of all cases of asthma, which have come under my observation, present marked pathological changes in these parts, but a small percentage are cured by nasal treatment. A measure of relief from the spasms frequently follows the removal of diseased conditions of the upper air passages, and the younger the patient the better the prognosis, but when the "habit spasm" has become fixed, or better, when the disease has extended downwards to the bronchial membrane, whose anatomical structure closely resembles that of the nasal membrane, we may expect masses of hypertrophy congested, and hyperæsthetic patches with irritating discharges, similar to those presented by the parts above. Is not intermittent nasal obstruction analogous to congestion of the bronchial mucous membrane, and the distressing efforts to effect nasal respiration under acute congestive rhinitis somewhat similar to the painful respiratory efforts of the asthmatic, differing only in the location of the lesion and the greater facility of bronchial stricture from muscular spasm and secondary sclerosis? The action of pot. iodide in the treatment of chronic asthma appears to support this view inasmuch as stimulation of the bronchial absorbents would lessen the obstruction. When we can follow the minute bronchi with astringents and cautery, we may extend hope to a greater percentage of our asthmatic patients.

Another class, whose nares and throat appear normal, suffer from severe bronchial spasm, often called false croup, recurrent or chronic bronchitis. I refer to those whose vaults are filled with adenoid vegetations. No form of obstruction and irritation is more common in children, and none more frequently overlooked. In all cases of chronic deafness, rhinitis, bronchitis and nervous diseases of children, the examination is not complete without the condition of the vault having been ascertained. This is best accomplished by spraying a weak solution of cocaine upon the fauces and gently passing the index finger behind the palate upwards and forwards until the whole of the space is explored. A few examinations will accustom the finger to the anatomy of the parts, and render this the most satisfactory of all methods of examination in children. If adenoids are found to the extent of obstruction, or if only a