

paretic condition, which is once more deepened by a marked but fleeting paralysis.

Three months after this case came under my care he visited, at my suggestion, a very able physician in Cincinnati, Ohio. The following extracts from his letter indicate his idea of the case, and explain themselves:

Dear Doctor:—Mr. M. has been under my observation since he arrived in this city, until his departure on last evening to pass again under your care. The existence of amnesic-aphasia is plain enough, but only a variety of that disease. It seems to be clear that the Rolandic areas are involved in the left hemisphere, and the posterior aspect of the left third frontal convolution. I am inclined to think that the branches of the left middle cerebral artery have become so affected by the *debris* (?) transported from the ulcerous region of the left tibia as to interfere seriously with the blood-supply to the cerebral regions referred to, and greatly to impair their function, more especially the supply to the third frontal convolution. I think no positive softening has occurred, but rather adventitious deposits in the affected region. Respectfully,

About the same date I sent an exact copy of the notes furnished to this physician to an equally prominent neurologist of Chicago, and received the following reply:

Dear Doctor:—I have read the full and, on the whole, satisfactory history of the case you write about. I have no doubt—reasonable doubt—but that you have to deal in your case with a tumor in the left half of the brain; in all probability with consecutive pachy-meningitis, localized inflammation of the brain, regional congestions tending to capillary stasis, etc. Besides tumor, about the only other thing likely to be present is brain abscess. Most respectfully,

Similar notes were sent to a very learned physician in Philadelphia. The following is an extract from his reply:

I have no doubt that the case you describe so carefully is one of syphiloma of the brain. No other theory will account for the symptoms. It may and will be said that he has not and could not have had the disease, but this form appears after so many years of apparent cure that no mere denial based on the recent experiences of the individual will suffice.

Very truly yours,

TREATMENT OF NEOPLASMS OF THE NASO-PHARYNGEAL CAVITY.¹

BY J. G. CARPENTER, M.D.,
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A consideration of the treatment of neoplasms of the naso-pharyngeal cavity may be appropriately preceded by a report of the following case:

D. S. C., aged 42 years, of good family history, has been afflicted with naso-pharyngeal and aural catarrh since 1879. The subjective symptoms, hawking, tickling in the throat, sensation of a foreign body in the larynx, great inclination to swallow, asthenopia, nasal obstruction, loss of senses of taste, hearing and smell, were well marked. Nausea was present all the time to a slight degree, and culminated in vomiting every morning during the effort to remove the tenaceous muco-pus. There were profound lethargy and dull headache in the frontal region, impairment of the will, intellect and memory, great irritability; involuntarily fell asleep when reading or making a calculation. The expression was dull, in-

different and semi-idiotic. Suspicion was such a prominent symptom that he doubted the sincerity of his best friends.

Objective symptoms were the following: The lining of the naso-pharyngeal cavities was very red, highly congested, infiltrated and tumefied, and had two to five blood-vessels to a circle of a half square inch. The vault and posterior nares were covered with a dirty yellow tenaceous muco-pus; the Eustachian orifices were greatly hyperæmic, infiltrated and constricted. The right half of the vault and posterior naris were occupied by a fibroma, which projected into the right naris, completely obstructing it. The membranæ tympaniorum were semi-opaque, retracted, and the external auditory canals dry and desquamative. Hearing in each ear is $\frac{2}{4}$.

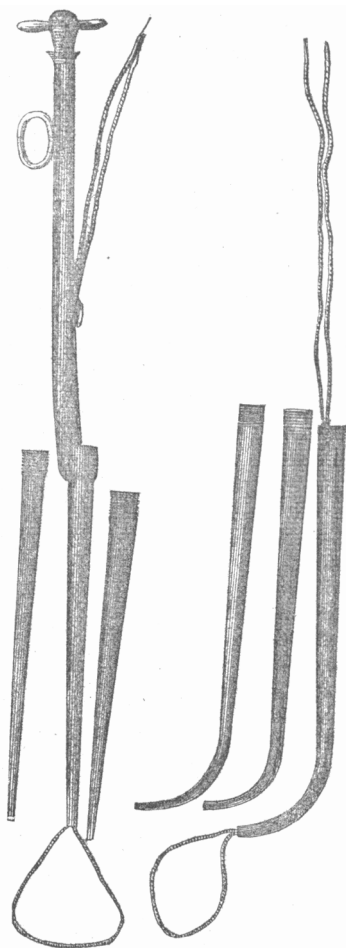
The naso-pharyngeal cavities were cleansed with one teaspoonful each of Listerine, glycerine, and chloride of sodium in a pint of warm water, snuffed from a sponge through the nose, with the head in the three positions advised by Rumbold, and followed every day by local applications of oil of eucalyptus, gtt. vi, vaseline, $\frac{3}{4}$ i, crude carbolic acid, gr. ss, mixed, melted and sprayed with spray producers Nos. 1-5, inclusive, for ten days.

The catarrhal affection having very materially subsided, an effort was made to remove the fibroid *per orem* with Jarvis's curved snare from the posterior naris. The wire was adjusted with some difficulty on account of the growth projecting into the right posterior naris. A tape was passed through the right nostril into the mouth, passed around the wire and back into the nostril and out at the anterior naris. The wire was thus easily applied by pulling it into the posterior naris with the tape, and pushing it up and back with snare. The reflex spasm of the palate was so great that it had to be tied. Every time the tumor was constricted by the wire and considerable traction produced by the screw-power the wire would break. The snare was discarded and an effort made to remove the fibroid with post-nasal forceps, but the attachment was so powerful that it was impossible to do so. Further operative procedures were abandoned, and the naso-pharyngeal cavities sprayed with oil of eucalyptus and vaseline mixture every day for a week, every other day for two weeks, twice a week for three weeks, and once a week for four weeks, the patient using the Listerine mixture every time before receiving the local treatment, to thoroughly cleanse the parts. The fibroid having lost its vitality from the great strangulation of the snare wire and compression of forceps, disintegrated and sloughed without further operative treatment. In addition to the local treatment tonics and restoratives were prescribed freely.

The use of forceps for the removal of growths of the upper air passages is a procedure in which the mucous membrane, the periosteum, and even the bone are often torn away; the pain and hæmorrhage are often quite severe, and the operator, groping his way and feeling for the tumor, often seizes one of the turbinated bones for the polyp. The snare is the most rational, the easiest, most pleasant and least painful of all means for detaching these growths. By

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applying cocaine before using the wire loop, the operation can be performed without pain and irritation to the Schneiderian membrane, and without reflex spasm of the soft palate, or muscles of deglutition; hæmorrhage and destruction of sound tissue are avoided. It takes one or more hours to remove a neoplasm, especially if it be a fibroid, with the snare.



The repeated failure of Jarvis's snare in the writer's hands has caused him to improvise an instrument which has a wide range of application, is much more powerful, and has a different screw-power that works easily with the thumb and index finger. The screw-power is at the distal end of the snare. The instrument is composed of a body and screw, and place for fastening the ends of wire, the wire loop, three straight and three curved tubes of different sizes. The calibres of the tubes are traversed by wires of corresponding sizes; if the smallest wire should break a larger tube and wire may be used. The straight tubes are used for removing tumors through the anterior nares, or even the uterus, vagina or rectum; the curved ones are for application to, and removal of, tumors from the naso-pharyngeal cavity. The writer is convinced that two or more strands of copper wire, twisted, are more powerful and remove the

tumor more rapidly than the single steel piano wire of Jarvis's snare. The wire should always be annealed before using it.

Injections of carbolic acid solution, gr. x-xxx to $\frac{3}{4}$ of water into an anterior nasal polypus or hypertrophied turbinated bones has often produced a complete removal of the former and subsidence of the latter; it takes from five to twenty-five injections once or twice a week to accomplish the desired result, and they are quite painful when made to the turbinated bones. Mucous polypi and sessile growths of the anterior or posterior end of the inferior turbinated bones have yielded to mild astringent applications with the spray, *pari passu* as the catarrhal inflammation subsided.

Polypi have been successfully removed by inserting one index finger into the anterior naris, the other behind the palate into the posterior naris, and thus pinching the pedicle off between the fingers. Dr. M. Rue successfully removed the polypi by passing a cat-gut ligature through the affected nostril into the mouth, then tying a soft dry sponge, the bulk of which, when compressed, would just pass through the narrowest part of the nostril, and then making forcible traction, thus removing any growth in front of the sponge.

On account of the great elasticity of the soft palate, an antero-posterior incision made in the median line, and traction through the opening, has its advocates, for the removal of large neoplasms. After the growth is removed, staphylorrhaphy is performed. Hæmorrhage is the great disadvantage of this operation. The galvano-cautery has proved a very successful means of removing tumors in the upper air passages, as well as in other regions. The pain and hæmorrhage are slight, the wire is carried around the growth and tightened, the connection is made with the battery, and the neoplasm burned off and removed. The disadvantages of the galvano-cautery are troublesome and expensive apparatus, growth often removed by piece-meal, and the process tedious and dreadful to the patient. Dr. Thudicum removed one tumor in fifty-three pieces, and in another case thirty-three introductions were necessary.

Langenbeck's operation is performed by making an incision from the inner angle of eye to the angle of mouth, dissecting the flap, and turning the nose to opposite side, thus increasing the space very materially. Rouges' operation consists in making an incision from angle of the mouth and jaw upwards, and turning the cheek, nose and lip upon the forehead, and is a more extensive operation than Langenbeck's.

Dr. Lincoln, of New York, has had great success in using electrolysis by inserting the electrolytic needle into the neoplasm and producing a great reduction in size before the final operation for removal is done.

Sessile growths of the inferior tubinated bones may be removed by passing the wire loop around the posterior end by introducing the index finger into the posterior nares, and holding the wire on the growth while traction is made; and from the anterior nares by passing the wire over the growth, then transfixing it with a needle, and completing the operation.

Wookes recommends the forceps and plow in addition to the wire loop and needle and galvano-caustic procedures.

Of all the operations for removing foreign growths from the upper air-passages, the ligature and double canula, and tightening the ligature from day to day, has the fewest advocates. It has the disadvantages of too much time consumed, discomfort to patient and horrible stench, and possible erysipelas and septicæmia.

Hæmorrhage is the great complication to be anticipated in removing fibromata. Cartilaginous and osseous growths may be removed by combining one or more of the above methods with such cutting appliances as saws, especially the revolving saw, and dental engine and drill. Resection of the upper jaw and replacing the part excised after the neoplasm is extracted, has its advocates as a *dernier ressort* to give more space for manipulation of tumor.

If a catarrhal inflammation attends the neoplasm, it should be properly treated, and the lining membrane placed in as healthy a state as possible before the operation; after the operation the naso-pharyngeal cavities should be thoroughly cleansed with Listerine, glycerine, and common salt mixture, and sprayed with mild, soothing astringent applications.

A CASE OF PHTHISIS WITH NUMEROUS BACILLI; COMPLETE ARREST OF THE DISEASE.¹

BY VINCENT Y. BOWDITCH, M.D.,

OF BOSTON, MASS.

Owing to the universal discussions which have been carried on in the medical world during the past year or two over the bacillus tuberculosis, the following case will, I think, be of interest, and if I present it to you rather in detail, I trust I may be pardoned, as it is for the purpose of seeing, if possible, what deductions can be drawn from it as to the significance of bacilli in the sputa of phthisical patients.

On June 20, 1883, I was called to see Miss H., a young lady aged 23, who gave the following history: Always remarkably strong and well, with the exception of a severe "congestion of the lungs of short duration when a baby." All of the bodily functions had been perfectly regular. The father, mother and the whole family were healthy people, without history of lung trouble in any branch. During the previous winter, the patient had interested herself greatly in photography, and had had one or two severe headaches, which increased in number and severity during the few weeks previous to my visit, and four or five weeks before, a slight hacking cough had begun, with greenish sputa. A rapid and marked loss of appetite, flesh and strength, together with feverishness, occasional night sweats, and increasing languor, after a visit to the seashore, so alarmed her mother that she felt a physician must be summoned immediately.

The patient was tall, of fine physique, the face somewhat pale, with a languid expression, the whole appearance being that of one accustomed to robust

health, but temporarily indisposed. The voice was slightly hoarse. Upon physical examination, I found very marked dullness at the right apex above and below the clavicle, extending down to about the second intercostal space, and auscultation revealed very numerous loud, moist mucous râles, with prolonged expiratory murmur and decided "nearness of voice" in the region of dullness. Once or twice there was a suspicion of a "squeak" in the left apex. Elsewhere in the chest the physical signs were normal. The temperature was 100.2°, and the pulse 94.

Nourishment was ordered in the form of milk, to be given every two hours with Murdock's Food, and the patient was told to take Fellows' Syrup of the Hypophosphites, to paint over the region of dullness with tincture of iodine for several weeks, and to inhale once or twice a day a mixture of equal parts of tincture of opium, tincture of hyoscyamus and tincture of conium, the inhaler to be placed in a bowl of hot water.

On June 26, a consultation was held with Dr. H. I. Bowditch, and, upon examination, dullness, moist râles and bronchial breathing were noticed above and below the right clavicle, the râles being not quite so numerous as before. Temperature and pulse were normal. The patient was able to eat more, felt stronger and coughed less. The sputa were numulated, greenish, and once or twice during the week had had a reddish tinge.

June 27. Sputa examined by Dr. W. W. Gannett, who reported that *the specimen contained numerous bacilli*.

June 30. Examination showed that the signs were certainly less marked but still distinct in the right apex, and the patient reported "no headache for two weeks." I prescribed, as a residence for the summer, Bethlehem, N. H., having refused to allow the family to go to the seashore, as proposed, and ordered the same medicines to be continued, with instructions that the patient should be in the open air every moment possible during the day, to be back by sunset at the hotel and never to remain outside the house after eight P. M.; to take no long fatiguing excursions, and to eat all the nourishing food possible.

One month later, the mother of the patient wrote that her daughter's health had steadily improved from the first day of their arrival, and that she was beginning to take active exercise without the slightest fatigue. The patient, however, complained of a slight pain in the right side near the axilla. The cough had nearly disappeared; the menses had appeared within a day or two of the normal time, and improvement was so marked that all medication except painting the chest with iodine had been discontinued. I recommended a simple liniment to be rubbed on the chest over the seat of pain, and ordered the hypophosphites to be continued.

Three months later the mother again wrote enthusiastically of her daughter's gain. The patient had gained seven pounds in six weeks, played lawn tennis and took long walks without the slightest fatigue, slept all night like a child, and only had a slight "hemming" through the day. The record of the morning and evening temperature for five days at

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