

it would be well to test the effect of changing the axis of the cylinder.

I will cite one very typical case in illustration:

Case 9.—In November, 1883, Mrs. G., æt. 37, had been unable for twelve years to read more than half a column of newspaper at a time without producing pain in her eyes. After homatropine, R. V + 60c + 36c 15° = $\frac{2}{3}$. L. V + 60c 36c 165° = $\frac{2}{3}$.

With accommodation, R. V — 48c 120° = $\frac{2}{3}$. L. V — 48c 60° = $\frac{2}{3}$.

The patient can read only five minutes with the latter glasses, and half an hour with the former plus glasses with comfort. The glasses that prove most satisfactory in reading are: R. E. + 36c 180°. L. E. + 36c 150°. Two months later the report is: "The spectacles afford perfect comfort."

In this instance the axis of the reading cylinder varies 15° from the axis of the distance cylinder determined with the right eye under homatropine, and varies 30° from the axis determined with active accommodation. In the left eye the reading glass varies 15° from the distance glass selected with homatropine, and corresponds with the glass selected without a mydriatic. In the above I of course assumed that the plus cylinder for reading would be at right angles to the minus cylinder, *i.e.*, R. E. + 48c 30°, L. E. + 48c 150°.

The change in the reading axis we might assume to be due to the accommodation in which the excessive contraction of the ciliary muscle in the special meridian so alters the figure of the lens as to change the meridian of the real astigmatism of the cornea. In this instance it seems more probable that the eyeball rotates on its visual axis during convergence, possibly on account of excessive tension of the superior oblique. That active accommodation does not account for the result, seems the more probable, since the reading glass for the right eye corresponds more nearly, and for the left eye perfectly, with the distance glass selected during active accommodation.

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THE IMPORTANCE OF HYGIENIC MEASURES IN THE TREATMENT OF NASAL CATARRH.

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Chronic catarrhal inflammation of the mucous membrane of the nasal passages and the cavities connected with them, requires a very different management from that given to other diseases, for the reason that the effects of dress, customs and daily habits of patients have a controlling influence on both the production and prevention of the complaint.

In the early part 1868, I treated a number of patients for catarrhal inflammation of the throat and nasal passages. They were in the habit of frequenting a skating-rink from two to four nights each week. After exercising violently they became exhausted and seated themselves on a bench in the cold air, thus becoming chilled. I was but partially successful in the treatment of their catarrhal complaint,

being unable to do more than alleviate their most prominent symptoms, and these only temporarily. These circumstances led me to consult a record I had kept of the history and treatment of a few observant patients who had, at different times during the five years previous, been under my care for the same complaint. These last named patients had noted many of their symptoms and had taken special pains to maintain their general health. I made a record of these cases at different times, but had not, until on this occasion, read them through in succession. After a careful reading and comparison one with another, I was struck with the marked similarity of their statements regarding the causes they ascribed to the aggravation of their catarrhal complaint. The similarity did not end here, but included the care that experience had taught them to take of themselves; the amount as well as the kind of clothing that proved sufficiently protective, and the best means they found to relieve a fresh attack of cold in the head and throat.

The reading of this record deeply impressed me with the paramount importance of hygienic laws in the management of this disease. The humiliating fact that I had failed, time and again, since 1855 (the date of my first systematic attempts to treat this complaint according to our text books), to do more than give a little relief, proved to me that some very important matter in the management of this disease had been overlooked. Indeed, I had made the records spoken of, because of this impression. Under these circumstances, as I reflected on the effects of colds upon the mucous membrane, repeated year after year, and re-called to mind remarks that a large number of other patients had made on this same subject, I was more thoroughly convinced that I had found what had been overlooked by all who had preceded me, namely: that a strict observance of the laws of health was indispensable to a successful treatment, as well as to the prevention of the renewal of the cause of the inflammation, namely, colds. It was not difficult now to see why I had failed in the "skating-rink cases." Since that time I have made it a point to require my patients to strictly observe the laws of hygiene. If they do not do so, I discontinue the treatment at once.

In 1868, I made a series of observations concerning the causes of sickness and death among men and women between the ages of 20 and 40 years. I soon found that most of the ailments and deaths of men arose from the results of excesses of various kinds, and the chief of these, was the use of tobacco and stimulants. In the case of women, their sickness and death arose from the results of exposure of various kinds, but principally owing to insufficient clothing. While this is far from being complimentary to man's strength of will to control his appetites, it is as far from being flattering to woman's judgment of her own endurance or ability to resist the injurious effects of inclement weather. One is an evidence of a determination not to be deprived of any pleasure at whatever cost, and the other denotes either a great state of ignorance or an indifference to a very common cause of disease and death.

Every physician who expects to treat chronic catarrhal disease of the nasal passages successfully, must keep in mind the proneness of male patients to commit excesses, and the certainty that almost every female patient is insufficiently and imperfectly clad.

Patients suffering from any kind of disease should so assist their physician as to insure as speedy and permanent a recovery as possible; but with those suffering from catarrhal inflammation of the nasal passages, this assistance is absolutely indispensable; a recovery without it is impossible. A majority of these patients appreciate this, when the subject is fully presented, but the most of them are ignorant of many of the details of the laws of health, or they do not consider them of sufficient importance to give them strict attention. For this reason each patient should, on his first visit, receive instructions on such hygienic laws and sanative measures as are suited to his particular case. These instructions should refer to the following points of conduct:

The importance of avoiding any exposure liable to produce a cold; the best method of protecting the head, neck, body and extremities; the danger of exposure to night air; the course to pursue when a cold has been taken; the proper temperature and ventilation of the sleeping room; the kind of food that should be used; physical exercise and the time it may be taken; the injury resulting from not controlling a gloomy mind and an irritable disposition; the danger arising from cold feet and the way to maintain them warm if they are habitually cold; the necessity of maintaining the nasal and aural passages free of catarrhal secretion, and the most effective and non-irritating means to be employed; the kind of bath that may be used and the manner and time in which to use it; the necessity of abstaining from the use of tobacco and stimulants; the importance of having diseased gums and decayed teeth properly treated by a dentist, and any other hygienic and sanative measures that will tend to regain and preserve health. It will seldom happen that any one patient will need to be instructed in all of these matters, but the greater portion of them must be given to every patient.

The successful treatment of chronic catarrhal inflammation of the superior portion of the respiratory tract, may be likened to the successful suspension of a chain. If any one of its links is broken the chain drops. So with the treatment of this disease. It may be said that one link of the chain is called protection of the head, neck, body and extremities; another link, danger of draughts to night air; another, injury resulting from not controlling an irritable disposition and a gloomy mind; another, abstinence from the use of tobacco and stimulants; and so on through the whole list of hygienic and sanative measures. Two other links belong to this chain, namely, therapeutic and operative measures. If any one of these links is broken, it matters not which one it is, the chain is broken and falls, and the attempt to bring about a recovery is unsuccessful, whether it be the patient's or the physician's fault. My experience leads me to affirm positively that unless

patients take such care of themselves, by proper attention to their dress, habits and daily customs as will lessen to a great degree the severity of recurrent colds, the disease cannot be controlled by either local or constitutional treatment, or by both. It is only during the observance of hygienic and sanative measures that therapeutic measures can be successfully employed. It should not be expected that a chronic disease originating solely from repeated violations of the laws of health, can ever be ameliorated while the patient continues to violate these laws.

It is a characteristic of chronic nasal catarrh to establish a susceptibility to renewed attacks of cold in the head. That is, past colds have so weakened the mucous membrane, that it becomes inflamed on the patient being but slightly exposed, while at an earlier stage of the complaint, or when it was still in the acute form, this exposure would not have produced an injurious effect. In the still more chronic stages, the patient will often realize this important but very unpleasant fact. Past experience proves that in the treatment of patients who have been afflicted so long as to acquire this character of susceptibility, the dependence upon medicines alone must result in failure, as it is evident they cannot ward off colds. This is to be done by conforming to rules pertaining to the general health. But it is equally evident, that the observance of these rules cannot give immediate relief to an irritation caused by morbid secretion, or to a pain occasioned by a local congestion; this relief must be the result of remedies locally applied.

Such therapeutic and operative measures must be instituted as will prevent the continuance of the diseased action already set up. If the therapeutic measures are non-irritating and alleviating, and the patient lives in conformity to hygienic principles, the reparative processes of nature will, in a longer or shorter period of time, according to the age and temperament of the patient, restore the inflamed membrane to its normal condition, or to such a condition that the patient will not be conscious of the existence of the disease. Of course it would be preposterous to think that this restoration could be effected in a few weeks or even in a few months, except in young persons. The changes in the mucous membrane, the result of long standing inflammation, are too great for a cure to be effected in so short a time. Time was required for the congestion to produce the disease, and time will be required for the reparative processes of nature to undo or eradicate it, that is, proper care, non-irritative therapeutic measures and time will do it. For this reason, the strictest observance of hygienic measures must not cease with the termination of medical treatment, but must be continued for several years thereafter, or so long as there is susceptibility to take cold. Some patients complain of the severity of this—what they call—rigid mode of life. Can any man or woman give a good reason for not living continually in conformity to well-known and easily obeyed laws of health.

From the foregoing it will be readily perceived,

that, according to the writer's views, the observance of hygienic measures is of far greater importance to the successful issue of a case than are therapeutic measures. From close and careful observation extending back to 1862, I am satisfied that more can be done for these sufferers—including all ages—by the proper observance of hygienic measures alone, than can be cured by therapeutic measures alone, especially if the latter causes the least irritation. I say this to show the high estimation I place on the value of the proper observance of the laws of health.

CONSERVATISM IN GYNÆCOLOGY.

Read before the Gynecological Society of Boston, February, 1887.

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Over two years ago, I wrote a paper for the Boston Gynecological Society on "The Conservation of Energy and Conservative Gynæcology," every point of which I can now emphasize with double force; and some time prior to this, I also made a plea for patience in the treatment of oöphoritis and salpingitis. While my own personal experience in surgical gynecology is exceedingly small, I have seen, perhaps, as many operations as most men of my years, and have assisted at a large number. In the conservative treatment of the diseases of women I have had quite an intelligent experience. What I write is based upon a long series of observations, and upon two years of hard work upon the Continent. I have, too, the courage of my convictions; for what I have seen, that do I believe and know. The surgeon, with his brilliant results, lays up for himself treasures upon earth, and brings about him all the luxuries that wealth, reputation and social prestige can give. The patient plodder in conservatism is often out of pocket; goes to his home with many a misgiving and many a heartache. I hope for his sake, at least, that there may be a real, actual heaven, in which his treasures may be laid up, for scientifically, if he has rescued his patient from suffering, he has done more than the surgeon who, in half an hour, has rid her of pain at the expense of some of her organs, and at the risk of her life.

And first, I wish to say a word in regard to uterine tumors: I hold it as axiomatic that *no tumor calls for surgical interference unless it is immediately endangering life*. This brings in the question of hæmorrhage and early operations. Hæmorrhage does endanger life, it is true, but not in the sense which I mean. I hold a hæmorrhage to be *dangerous*, only when it fails to yield to conservative principles of medicine—ergot, etc. Therefore, a myoma that bleeds presents no indications for removal, unless the bleeding be beyond the control of other well known measures. Primary, simple hæmorrhage, of itself does not endanger life, unless it be beyond the control of the medical man. Tumors only bleed when associated with endometritis fungosa, or with a predominant glandular endometritis, or with a glandular endometritis on one side, conjoined with an interstitial endometritis of the other side. It may not be

impossible to modify these conditions by local treatment, at the same time that we act upon the capillaries by the internal administration of ergot. At all events, only a small percentage of myomata *endanger life from any cause whatever*, and a plea for an early operation cannot possibly find a logical foothold in these cases. In rapidly growing cysts, which endanger life by pressure, and by interfering with those functions which are necessary to life, the question is one of quite another nature. A myoma may endanger life by rapid development (rare), or by blocking up the pelvis and so interfering with the functions of the bladder and rectum, or by undergoing degeneration—but even in these cases, electricity and ergot should be given a fair trial. Every woman who has her abdomen opened subjects herself to a certain fatal risk. The responsibility of a fatal issue no surgeon has any conceivable right to assume, until he has satisfied himself that all other means are useless, and that the woman *must* die unless operated upon. Now a myoma, without alarming hæmorrhage, that grows slowly, and that occasions no discomfort from pressure, surely does not demand a dangerous operation; and yet I have seen many such cases die after a laparotomy, when they probably would have lived many years had they been left alone. Any woman would much rather live on for years as a sufferer, than to have the tumor taken out at the risk of her life. Even in the earliest stages of their development in which a diagnosis is possible, a laparotomy is *always* a dangerous operation, and no surgeon can possibly say beforehand whether such a tumor will assume an alarming form or not. I am convinced that many myomata have been operated upon unnecessarily, and I am equally sure that the careful use of ergot and electricity by intelligent men will render the necessity of laparotomy for uterine myoma an exception. The mania for surgical renown has become such an epidemic that medical men forget that there are tumors and diseases which do better under conservative handling. The mistakes that are made, and the results that are obtained, should be lessons pregnant of thought. But they are not. Death follows death; mistake follows mistake; and still the crowd rush madly on.

I cannot conceive of anything more pernicious than the advice urged by an eminent surgeon: "When in doubt, open the abdomen and find out." It reminds one of Dr. Pangloss: "When in doubt take the trick." In the first place, there are few cases in which the competent gynecologist cannot map out the disease—approximately at least. In the second place, he has no right to relieve his ignorance at the slightest risk of a human life. Fortunately for us all, a beneficent one, has prevented any general acceptance of such a doctrine. I have seen some splendid results following upon the use of ergot, and have read of others equally good in Chicago. Apostoli and others are doing first-rate work with electricity. Certainly, with these facts patent, it is simply uncalled for (I dislike using a stronger word) to open the abdomen, unless this practice has failed, and the *woman's life is in immediate danger*.

These thoughts are impressed upon me by long