DOMESTIC CORRESPONDENCE

CATHETERIZATION OF THE EUSTACHIAN TUBE.

Dear Sir:—In THE JOURNAL of October 15 there was published a letter from Dr. Enfield concerning the faucial method of introducing the Eustachian catheter. The doctor cauterized the Eustachian tube per fauces because the nasal septum was so deflected as to render the introduction of the catheter through the inferior meatus impracticable. It did not seem to occur to him, and I have observed that it does not to many others, to catheterize through the opposite nostril, to the advantage of which the deflection has taken place. This can be accomplished in the majority of cases, and obviates the necessity of introducing the catheter through the mouth and fauces. Deflected septa and hypertrophied turbinated bodies are very common in adults, and often constrict the inferior meatus to such a degree as to make it very difficult to insert the catheter of ordinary calibre. In such cases the smallest silver catheter, with the beak but slightly curved, may often be passed by engaging the point under the end of the inferior turbinated body, rotating the catheter upon its axis, elevating its proximal end and, at the same time, carrying the instrument backward toward the orifice of the Eustachian tube. After placing the catheter in the initial position, if one allows it to direct its own course, as it were, when it meets with obstruction, it will generally find its way through, even if the spiral line pursued by the beak quite describes a circle. There are cases in which the unyielding silver catheter cannot be introduced, where we may succeed with the small hard rubber catheter, the flexibility of which permits of its easy adaptation to considerable inequalities and curves in the inferior meatus.

These facts are mentioned for the benefit of any cases that cannot be catheterized through the nostril opposite to the tube we wish to reach. However, those cases must be rare in which it is impossible to pass a catheter through one or the other nostril; for, as common as deflection of the septum and hypertrophied turbinated bodies are, I do not recall a case in which it was not possible to catheterize through one meatus. It should not be forgotten that a curve of the septum toward one nostril increases the capacity of the other; and with the amount of thickening of the septum which usually accompanies this deflection there is left ample room for the entrance of a small catheter. Another important point must be observed: In order to reach the Eustachian aperture through the nostril of the opposite side, the beaks of our catheters should be given a curve describing an arc of a greater circle than we find in them as they come from the instrument makers. This curve should be sufficient only to reach the orifice of the opposite Eustachian tube, otherwise it will impede the passage of the catheter through the nostril.

I have practiced this method for several years, and have found it appreciated by patients, inasmuch as

it removes one-half the discomfort of treatment and saves time. The success attending this method may be easily demonstrated by means of the auscultating tube.

That catheterization per nasum is more simple and more certain of success than per fauces, except in case of cleft palate, needs no elucidation. Very truly yours,

S. S. BISHOP, M.D.

719 W. Adams St., Chicago.

SUDDEN DEATH FROM HEART DISEASE.

Dear Sir:—On September 27 Dr. J. E. Chandler, æt. 27, of Rowley, Iowa, while in his office and in the act of placing upon the table a pair of tooth forceps with which the moment previous he had extracted a patient's tooth, fell instantly dead without uttering a word or sound. Dr. Chandler was a recent and specially competent young graduate in medicine, and a former student in the office of Dr. G. G. Wilson, of this city.

Some years ago the deceased suffered a severe rheumatic attack, although not arthritic in type. For two or three years he has developed heart symptoms, including a mitral systolic murmur. This condition was not of sufficient gravity to interfere with his business and was, in fact, unknown by most of his intimate friends. Some four weeks previous to his death he was examined by the writer for a suspected organic liver trouble, the functions of the liver being impaired, with loss of appetite and nausea. The liver was found normal, and with the use of usual treatment the symptoms rapidly abated and, aside from some remaining debility, the doctor had recovered his former and usual condition. At the examination referred to he made no allusion to his heart, and nothing in his appearance, or symptoms with which he complained, then directed attention to it. There was no autopsy.

Will some one explain how a lesion of the heart so slight in its previous effects can produce instant death?

H. C. MARKHAM, M.D.

Independence, Iowa.

PLEASE WRITE PLAINLY.

Dear Sir:—Through the recent offer made in your advertising pages to send our complimentary sample of Platt's Chlorides to any physician still unacquainted with it, we have received many hundreds of requests, which we have complied with, with pleasure. But there will be a few who will be disappointed by reason of their own carelessness or thoughtlessness in writing, it having been either impossible to decipher the name or the P. O. address, or the latter has not been fully given. For instance, one physician gives his P. O. address as simply Harper's Ferry, not naming the State. There being a Harper's Ferry in Iowa, one in Kentucky and another in West Virginia, it was impossible to tell where to send our sample, as, in this instance, the physician's name was not in any of our directories, and the post-mark was entirely obliterated. We will continue our offer to send samples (expressage prepaid by ourselves) for a