layer was made up of endothelium abounding in connective tissue cells, and dilated blood-vessels with recent extravasations of yellow granular matter; the middle layer was formed of fibrous tissue, some cells and vessels, and was traversed by numberless islets of lymphoid tissue and typical lymphoid follicles; the outer layer contained for the most part only fibroid tissue.

These cysts may originate from five different sources; first, from the thoracic duct, second, from the receptaculum chyli, third from the lacunæ mesenterica, fourth, from the mesenteric glands, fifth, from a rupture of the chyle duct, within the mesenteric folds. Küster (in *Chirurg. Triennium*, 1876-78) thinks that there is no doubt whatever that we have to consider these cysts as congenital, and that they are caused by foetal enclosure of parts of external blastoderm. He comes to this conclusion on account of the medium position of these tumors.

Werth (*Archiv. für Gynecol.*, 1882, Vol. xlx) says in those cases where no epithelial cells are to be found, either in the walls of the sac or in its contents, we can conclude the tumor to have had its origin in no vessel into whose composition epithelial takes part.

Such tumors, I can readily imagine, may follow the rupture of one or more of the chyle ducts, due to infarction. Here the irritation set up by the extravasated fluid would cause a blending of the tissues around and an infiltration of fibrine, and as a result, we would have a thick-walled cyst, which would gradually increase in size, as long as the fluid was emptied into it. In those cases having their origin in the mesenteric glands, a gradual distension takes place, followed by a degeneration of the gland tissue and a consequent thickening of the cyst walls due here also to the pressure of the accumulating fluids.

The operation for the relief of these cases consists in laparotomy, with extirpation of the cyst, or in laparotomy with incision of the cyst and drainage. Of the seven cases operated upon in only one death resulted, and that was due to a wounding of the bowel, during an attempted extirpation. Bramann (*Berlin Klin. Wochenschrift*, 1887, xxiv, p. 409) favors an operation by incision and drainage and opposes extirpation on account of the danger of gangrene of the intestine. Küster (in *Chirurg. Triennium*, 1876-78), whose case resulted fatally, regrets having wounded the bowel during the operation, and favors incision instead of extirpation. In conclusion, I would advise the removal of the cyst, as soon as it begins to inconvenience the patient or interfere with his nutrition or health, by incision and drainage, instead of extirpation, as I believe the latter operation to be not only difficult, but to endanger unnecessarily the life of the individual.

In most cases a rapid, safe and complete cure can be accomplished by drainage and incision.

A TYPICAL CASE OF OCULAR IRRITATION, CAUSED BY CHRONIC RHINITIS, RELIEVED BY TREATMENT OF THE NASAL TROUBLE.

Read in the Section of Ophthalmology at the Fortieth Annual Meeting of the American Medical Association, June, 1889.

BY ADOLPH BLITZ, M.D.,
OF INDIANAPOLIS, IND.

Within the last four or five years neurologists have given the study of nerve reflexes more extensive consideration, and justly so, since we have learned that nerve irritation in one part of the body will produce a train of symptoms in either a contiguous or even remote part, readily traceable to the nerve reflex—as the exciting cause, and all treatment directed to other than the seat of the nerve irritation has proved a failure.

Hack first called attention to certain abnormal conditions of the Schneiderian mucous membrane as aggravating causes of affections, the symptoms of which apparently located the trouble in neighboring parts. It was therefore only natural that, on account of the close anatomical relation of the two organs, the eye and the nose, ophthalmologists examined the latter for abnormal conditions which could locate there the probable cause of some, at least, of those affections of the former which, from their persistency and stubborn resistance to apparently proper medication, pointed clearly to nerve reflex as the exciting cause.

Many observations have demonstrated that these reflexes were produced by pressure of the sensitive erectile tissues of the turbinated bodies against the nasal septum. The results showed that where formerly we had many failures to report from the treatment of the eye troubles alone, cures are now possible from thorough application of the proper remedies to those and other abnormalities within the nasal cavity, without applying any local treatment to the affected eyes, thus showing conclusively the reflex origin of the eye trouble, and the nasal cavity as the real seat of the disease.

These nerve reflexes, especially as existing in their relation between the nasal cavity and its ocular neighbors, necessitate the thorough examination of the nasal cavity in all cases of eye troubles presented to the ophthalmic surgeon for treatment; and especially in cases where the causes are at all obscure we may suspect, and, I have no doubt, will often find, a reflex origin.

Since I have become acquainted with the conditions above described I have made it a rule to examine the nasal cavity in almost every case of eye disease presented to me for treatment; and, strange as it may seem, in all the nasal organs I have examined I have so far failed to find one with either a perfectly healthy mucous membrane or free from other abnormal conditions; whether this is because of the climatic changes in our

western country, or otherwise, I am unable to state.

I will here relate the following case, which proved very interesting to me :

Mrs. P. was sent to me by her family physician on October 15, 1888. The patient is about 50 years of age, of slight build, medium height, dark complexion, very nervous, quick of action, and badly nourished. She had been sick with typhoid fever some time before, which left her weak, debilitated and with considerable stomach trouble, which caused loss of appetite, and which partly accounts for her badly nourished appearance, although her husband stated that she never at any time was a good eater, her principal diet consisting mainly of tea, toast and other light foods, seldom eating meat and disliking the taste of milk. She is an untiring worker, always ambitious and self-reliant; she would only desist and remain quiet when compelled to do so by intense pain or other causes which were rather stronger than her will-power. When in any way even partially able to be about, nothing would keep her from work or attending to some outside duties, whether the weather was clear or rainy. She complained of a terribly painful itching in and about the eyes, which had greatly annoyed her since July, with variable intensity.

Examination showed both upper and lower eyelids slightly oedematous; the lower lids especially sagged down and looked baggy, discolored, of a dark purplish hue; here and there a little vesicle appeared, containing a little serum. These vesicles, which were but few in number, made their appearance occasionally, and only when the itching was most severe, and then would disappear; nor were they a constant symptom. The ocular and palpebral conjunctivæ were congested. This congestion at times was very pronounced, and the eyes felt as if they were full of sand. There was considerable photophobia and lachrymation, especially so when exposed to bright light. The ophthalmoscope showed no lesion in either eye, but the glare of the light increased the irritation, produced a fit of sneezing and a copious discharge of tears. It was impossible to test vision on account of the extreme sensitiveness.

Examination of the nasal cavity revealed the entire Schneiderian membrane in a state of intense congestion, the inferior and middle turbinated bodies on both sides being very much swollen and pressing closely against the septum. The nasal cavity was almost entirely impervious, breathing being carried on through the mouth. The parts were very sensitive; touching them at any point with a probe produced great pain, lachrymation and a fit of sneezing. The most annoying symptoms were the intense pain and the intolerable itching in and around the eyes and eyelids, which would come on spasmodically,

remain a few minutes, disappear and then return, the intermission varying from a minute to half an hour. Any bright light would intensify these symptoms. The sufferings of the lady were very intense. During a paroxysm she would rub her eyes, then cover them with her hands, while all the time moaning and fretting, and often she would say she felt like tearing her eyes out.

The first part of my treatment of the case proved a failure, although I recognized at once the reflex origin of the trouble and rightly directed the treatment to the nasal cavity; but my mistake consisted in assuming that because of the extreme sensitiveness of the parts and the nervous excitement of the patient, it would be best to commence with a conservative treatment until I succeeded in partially allaying the severer symptoms. I therefore applied a warm vaseline spray to the nasal cavity, with applications of a solution of cocaine, using the latter also to the eyes and eyelids. The patient was also directed to apply a 4 per cent. solution of cocaine externally to the eyelids and surrounding parts, as far as the itching extended. Internally I prescribed a tonic and ordered a generous and nourishing diet. The patient was told to report the following day; but, as she did not come, I thought she probably was so much better that she did not think it necessary to report. Such, however, did not prove to be the case; for, on October 20 she returned, suffering as much as ever. I thought that the failure to get relief was probably due to her neglect in attending to the case, so I requested her to report for treatment every pleasant day; which she did, but in spite of all the soothing applications I could think of, the case made no progress; for while the soothing applications to the nose, eyes and eyelids allayed the pain and itching for a short time; these disagreeable symptoms would soon return, and with renewed vigor.

I then saw my mistake in using only soothing applications, and determined to immediately institute a prompt and vigorous treatment. I made a galvano-cautery application to the swollen turbinated bodies in as thorough a manner as I thought the patient could bear, using a large flat burner for the purpose. The result was magical, for, although the application was quite painful, in spite of the liberal cocaine application of an 8 per cent. solution to the Schneiderian membrane before the burning—the pain and itching of the eyes and eyelids ceased at once; and although the itching and pain returned the next day, they never afterwards were so intense.

I ordered all medication of the eyes and eyelids discontinued, only allowing her to apply the 4 per cent. solution of cocaine in case the pain and itching should return in a more troublesome manner. The cautery applications were made as often as her physical condition and the local disturbances after each burning would allow, which

was about every five or six days; the annoying eye symptoms gradually disappearing as the treatment of the nasal affection progressed, although the cocaine applications to the eyes and lids had been discontinued. The only trouble the patient experienced was when, on account of her entire disregard of the weather, the exposure to dampness or even a hard rain would produce a slight return of the itching. I treated the case until January following, when the patient went to Florida, to remain during the rest of the winter. I met the husband about a month ago, and he stated that Mrs. P. got along very well, had no itching of the eyes, except twice, for a short time, the result of cold, but was now in good condition and able to do her work.

The above is one of the many cases I could cite, but as it is so strongly marked in its reflex phenomena, it will be sufficient to fully illustrate the relations existing between ocular and nasal affections, and the necessity of a thorough inspection, and often a proper and vigorous treatment, of the latter, if we expect to benefit the former.

CLINICAL STATISTICS.—A WORD IN FAVOR OF FREE DISPENSARY AND HOSPITAL WORK.

Read in the Section of Obstetrics and the Diseases of Women at the Fortieth Annual Meeting of the American Medical Association, June, 1889.

BY ELIZA J. C. MINARD, M.D.,
OF BROOKLYN, N. Y.

In presenting these statistics I am confined to the diseases of women, though the plea includes all other departments of the practice of medicine.

The injustice done to young practitioners and druggists through the loose way of dispensing medical advice and medicines, has been ably discussed of late, and the feeling is growing fast in favor of the belief that all dispensaries and hospitals which receive State aid, should be conducted for the benefit of the patient, the improvement of the post-graduate physician, and the advancement of medical science.

In the treatment of a class, who, by force of circumstances and misfortune are compelled to seek aid from these charities, no branch of the profession calls for more sympathy than that of the diseases of women. In every misfortune of life the burdens rest heavily upon woman. Selfishness and injustice; ruin and hunger; dirt and contagion; sickness and suffering; crime and agony; hopelessness and suicide, follow closely upon poverty and adversity. The working-man has a heavy tax laid upon him when the wife and mother sickens. Any help extended to him is a benevolence untold and an aid to the State by preventing pauperism and crime.

I have collected the result of three years'

earnest, painstaking study; endeavoring always to keep in view in my investigations and treatment, the idea of mitigating human suffering. From 2,700 women treated in the department for diseases of women in the Brooklyn Eastern District Dispensary and Hospital, of which I have the honor of being the physician, I have selected 1,000, mostly of American birth, because of the reasonably satisfactory history to be obtained.

From these I present in a tabulated form statistics on menstruation:

1. Number of patients.
2. Age of patient, and
3. Pain at beginning of monthly period till marriage or childbirth.

Age of Patients,	No. of Patients.	No. Having Pain.
9 years	2	2
10 "	12	11
11 "	28	8
12 "	95	40
13 "	193	104
14 "	191	111
15 "	140	83
16 "	161	80
17 "	52	29
18 "	45	30
19 "	18	9
20 "	7	3
21 "	3	0
22 "	1	0

Uncertain 938
62
—1,000

In looking at the sum total of this table one finds that nearly one-half of our girls enter womanhood in a crippled condition—so to speak,—which renders marriage in its highest sense a problem of the gravest possibilities. Again, it shows that at the age of 13, 14, 15 and 16 years the majority of girls menstruate, at the time when school-life demands the closest mental labor, or they begin to labor for their own support and that of others, or, worse, are put into the hands of dress-makers and are corsetted to form a figure for a future social positions. They are never to frolic or use the hands or feet in any employment which may cause them to grow unshapely.

Cases of dysmenorrhœa are seldom systematically treated in young girls. They are taught to bear the pain, sometimes as agonizing as childbirth as their mothers have done before them, trusting, *sub rosa*, to marriage for relief, when matrimony should by the last act thought of till a cure has been performed through the best of medical advice. But the family is formed in the face of these grave possibilities. The foundation of domestic life with all the happiness due such a state, is laid with high hopes on a frail basis of ill health. The first birth may relieve the dysmenorrhœa, but in many cases the wife becomes an invalid, unable to cope with the duties of marriage, a trial to her husband and no comfort