

instead of the cause of hypertrophy of the pharyngeal tonsil.

There is an undoubted tendency for hypertrophy of the pharyngeal tonsil to disappear by atrophy about the time of puberty; but an analysis of these cases, of which 9 per cent. were over 16 years of age, shows that this fortunate result is not so common as generally supposed. There appears to be a common impression among laryngologists that unless such growths are removed by surgical measures the condition of the patient is almost sure to go from bad to worse, until the twelfth or fourteenth year, when atrophy usually begins. In twenty-seven of these cases, for various reasons no radical operation has been performed. Eleven of these were treated by applications of chromic acid through the nostril, and I find that eight of them were apparently cured by this treatment. In the remaining sixteen cases we have relied entirely upon internal treatment, consisting of the syrup of hydriodic acid or of the iodid of iron, the latter being given when anemia was apparent. I have been unable to obtain the subsequent history in four of these. In 50 per cent. of the twelve whose histories are completed there appears to have been great improvement or complete recovery, apparently as a result of the treatment. Four others were somewhat improved from various causes, and two appeared to have made no gain. This goes to show that although the most brilliant and satisfactory results are obtained by surgical procedures, constitutional remedies are adequate to the removal of the disease in a considerable number of cases, but this should not be made an excuse for allowing the patients with well marked hypertrophy of this gland to go on from year to year in the hope that internal remedies or time may effect the cure; because in the meantime in very many cases, inflammation of the Eustachian tube and middle ear will have caused deafness, or the voice may have become permanently altered, while deprivation of the patient of the amount of oxygen to which he is normally entitled will have stunted his growth, impaired his constitution, and possibly will have left a permanent impress upon his mental faculties from which nothing can ever relieve him.

An analysis of these cases leads to the following conclusions:

Hypertrophy of Luschka's tonsil is comparatively infrequent, occurring in only 2 per cent. of the patients with diseases of the chest, throat and nasal cavities, and probably in not more than one-half of 1 per cent. of all cases.

In this locality the disease is apparently 50 per cent. more frequent in the country than in the city, and it occurs more frequently in girls than in boys.

The disease is observed in 90 per cent. of the cases before the fifteenth year of age and is probably always developed in infancy or early childhood, some cases appearing to be congenital.

Ten per cent. of the cases are apparently hereditary. Sixteen per cent. may be attributed to frequent colds; but in 63 per cent. no etiologic factor can be discovered.

In the great majority of cases the affection is apparently due to the same causes as enlargement of the faucial tonsils, and in 76 per cent. of the cases the faucial tonsils are also hypertrophied.

In a considerable number of cases, amounting to 18 per cent. the general health is materially injured by this affection.

The sense of smell is obtunded or lost in 11 per cent.

Hypertrophy of Luschka's tonsil is a frequent cause of headache, it being present in 27 per cent. of the cases.

It is a frequent cause of deafness, the hearing being affected in one-third of the cases. The deafness so caused may be benefited in a large majority (70 per cent.) of cases by operative procedures, 66 per cent. being greatly ameliorated and about half of these being completely cured.

The disease causes much alteration in the voice in about 70 per cent. of the cases. In nearly eight-tenths of these the voice may be greatly improved as the result of treatment.

In about 40 per cent. of the cases there is decided dyspnea, resulting from partial closure of the nasopharynx.

Forty per cent. of these patients have more or less cough, in about one-third of which it is quite severe.

The pharyngeal follicles are enlarged in about one-fourth of all the cases. The nasal cavities are more or less closed by swelling or hypertrophy in 50 per cent. of the cases, and 56 per cent. complain of catarrhal symptoms, but in about nine-tenths of these the symptoms are removed by extirpation of the glandular tissue.

Although deterioration of the general health is not usually complained of, it is found as the result of operation that in many cases great improvement occurs immediately, the patient often gaining 30 per cent. in weight within six months.

THE THROAT APPEARANCES IN MYXEDEMA.

Read in the Section on Laryngology and Otology, at the Forty-fifth Annual Meeting of the American Medical Association, held at San Francisco, June 5-8, 1894.

BY H. HOLBROOK CURTIS, M.D.

NEW YORK.

One year ago a patient presented herself at my office to have her throat examined, in order to undergo treatment for difficulty in speaking distinctly. Her history from my note book was as follows: Age 48, weight 190 pounds. Had five children. Menstruation stopped two years ago. Suddenly became very stout about ten years ago, after a prolonged and exhaustive experience with nursing a sick relative, at the same time undergoing intense mental agitation from other sources. Has had no perspiration for ten years. Water always very distasteful as a drink. Partakes sparingly of tea and coffee. Six years ago legs became glazed and waxy, the small hairs disappearing from same. Some edema of ankles but no pitting on pressure. Had been twice to Carlsbad for jaundice within seven years. Much brown pigmentation on abdomen. Had to stop playing piano some six years ago, because great weakness developed in her arms. Walking became very distasteful. Commenced at this time to become partially deaf. Could only hear in theater in the front rows. Eyes also commenced to appear small by reason of swelling of the lids. Speech became thick every afternoon at 5 o'clock, but without hoarseness. Often disinclined to talk and became sad and morose. Eighteen months ago throat symptoms became more marked. Often in talking "a spasm would choke her." Patient likened it to a cramp of the throat. Far back on the sides of the

tongue a marked stiffness was complained of, and the point seemed thick and difficult to control. The end of her tongue was always "in the way." During this time patient always slept well. Pulse 72, temperature slightly subnormal. Patient was always cold, and very anemic. Ears presented a waxy appearance. More recently the gums were swollen and deficient in nutrition. The lips had recently become difficult to manage easily; they felt very thick and stiff. Was apt to say bore for more, etc. The last two years mental symptoms had commenced to develop. Patient would frequently use the wrong word but always corrected it herself. It was very often a great effort to think quickly. A sudden surprise would make speech almost impossible. Coming into a room where there were strangers would confuse ideas and speech. Upon examination of the nose, the mucous membrane appeared bluish and pale, the turbinate bodies enlarged and very soft, (inflated) making nasal respiration wellnigh impossible. The uvula was very thick, very pale with a yellowish tinge, and the pillars of the fauces were thickened and of the same general hue. The posterior pharyngeal wall was yellowish, with the blood vessels prominent and very red. There was atrophy of the glandular tissues of pharyngeal vault, and also at the base of the tongue. The arytenoids were enlarged but had a fatty yellowish appearance, instead of the bluish edematous look they present in laryngeal phthisis. The interior of the larynx was full and flabby, the tissues intruding into the caliber, while partaking of the yellowish hue of the rest of the membrane of the throat. The false cords seemed especially thickened. The vocal bands were normal, as was also the epiglottis with the exception of the pallor. In October last, the patient suddenly developed edema about her eyes, and the characteristic appearances of myxœdema. At the same time loss of hair under the arms and on the head was commencing. I had not seen the patient for four months, and the difference in appearance was quite striking. There was no albumen found in the urine. Suspecting that it was an undoubted case of myxœdema, I commenced treatment by giving 5 drops of the extract of thyroid gland in glycerin (Gibier) morning and night after meals, increasing the dose to three times a day at the end of a week. Patient was living on a simple diet but not restricted. At the end of two weeks a marked change appeared to manifest itself in the general comfort of the patient, and the spirits commenced to improve; at the expiration of three weeks the tongue began to become more manageable and breathing was easier upon exertion. In six weeks the patient began to lose flesh rapidly, had to get smaller gloves and shoes and commenced to have clothing taken in. The dose meanwhile had been reduced to 5 drops twice a day, and two weeks afterward to 4, at the same interval. At the end of six months there had been a loss of twenty pounds in flesh. The speech is fluent. No disturbance of ideas. Tongue perfectly free; thickening disappeared from the folds of fauces. Uvula, pharynx and larynx healthy. Color of the mucous membrane changed from the yellow waxy look to normal, and there persists but slight injection of the blood vessels. The measurements of one of the extremities taken by Mr. Riker for an elastic stocking before and after taking the thyroid extract show the following differences, and may be of interest:

Ankle, 9 $\frac{1}{4}$; 8 $\frac{1}{2}$. Calf, 16; 14 $\frac{1}{2}$. Knee, 15 $\frac{1}{4}$; 14 $\frac{1}{4}$. Thigh, 21 $\frac{1}{2}$; 19. In the corset measure the hips appear to have decreased five inches, the waist three, and the bust four inches.

The above case is interesting in that it presented itself to a laryngologist. The difficulty with enunciation antedated the loss of hair and brittle finger nails by a year. Absence of albumen in the urine, no previous loss of hair, and no facial edema accounted for a late diagnosis of the true condition. However, to-day the patient is restored to apparent health, looks younger by ten years, is as bright and cheerful as possible, and thoroughly enjoying life.

NOTE.—Patient is taking 3 drops of thyroid extract twice daily, and is in excellent health, Sept. 22, 1894.

THEORIES AND FACTS CONCERNING DEFLECTION OF THE NASAL SEPTUM.

Read in the Section on Laryngology and Otology, at the Forty-fifth Annual Meeting of the American Medical Association, held at San Francisco, June 5-8, 1894.

BY W. A. MARTIN, M.D.

SAN FRANCISCO, CAL.

That the major portion of nasal troubles is caused by the deviation of the septum, I think will be admitted by those who have devoted much time to the treatment of nasal troubles and have investigated the causes of these troubles. As a nation the Americans may be said to be universally afflicted with deflected septa, and to this cause alone we may safely attribute 75 per cent. of the nasal affections that are so frequent among them. I have been unable to find any extensive statistics concerning this trouble in the United States, but from my own observation I will venture to place the percentage of deviated septa as high as 90 per cent.

The only reliable statistics of any extent furnished on this subject are those of Mackenzie among the English and of Zuckerkandl among the Austrians. The first taken from the skulls in the museum of the College of Physicians and Surgeons in London and the latter principally from the cadaver. Other statistics have been published by Semeleder, Theile, Allen, Potiquet and others, but all in smaller numbers than the first mentioned. In this country, statistics so far as I have been able to find, have been limited to those who have applied for the treatment of some nasal trouble and consequently are of no value in determining the frequency of its occurrence, as there are untold numbers to whom it causes no inconvenience and a large proportion of the population who suffer in silence and never consult the specialist.

The statistics of Mackenzie show that in 2,152 skulls examined, 76.9 per cent. of the septa were more or less deflected. Those of Thiele, Semeleder and others taken in Germany differ only 1 or 2 per cent. from Mackenzie. Statistics of Zuckerkandl show that in 370 skulls examined in Vienna, 53.2 per cent. of the septa were deflected.

The most diverse theories have been evolved to account for this frequent condition of the septum, some of them most amusing when one considers the source from which they emanate. A few of the many I will quote are:

"Blowing the nose habitually with the same hand. Habit of sleeping with the same side of the face to the pillow. Habit of putting finger in one side of the