

treatment is no argument for its general acceptance. Practitioners from the regular school have deserted to homœopathy, yet the vast majority of us believe that homœopathy is a delusion. So with electricity; Keith may advocate it, yet this does not prove Keith's surgery a failure, nor the abandonment of his art a logical proceeding. His success in the surgery of fibroid tumors was marvellous, considering the kind of cases he dealt with. Electricity has no conquests to boast with such cases as these. The error is in supposing that hysterectomy for minor tumors is as fatal as in Keith's terrible cases, and that because electricity is capable of producing electrolytic effects outside of the body on small growths, it is capable of acting within the body, where the strength of the current is necessarily limited and the resistance great.

In the light of all this we must demand positive proof, all the more because those who apply the treatment are not in harmony as to the reason for the results claimed. Some affirm it is the electrolytic effects, while others hold to the mechanical result of puncture to originate a change that then goes on of itself. Again, some maintain that the action of the current is simply peripheral, while others insist upon a through-and-through action by reason of a "transport of elements." Such a divergence in essentials must be reconciled in any theory before it can be recognized as scientific. All I need say of this plan of destroying and curing a variety of diseases is that it has many drawbacks, and is so inferior to other and established methods that it should never be adopted; the results are strictly unsatisfactory.

Leaving this matter, I must refer briefly to the surgery of ectopic gestation. In no other fatal accident has the treatment undergone such a change as in this. After rupture there is no question as to treatment. Tait's wonderful success has established the rule: *Open the abdomen, tie the broad ligament, clean out the peritoneum, and drain.* There is no uncertainty as to the treatment of this murderous accident. All other methods are unscientific and crude in comparison with this, the safest and most perfect of our surgical triumphs. Before rupture we are again confronted by the electrical theorists, who here, as before, claim more than they prove. It is worthy of comment that, with few exceptions, the men who work entirely outside of the abdomen are most skilful in diagnosing internal troubles. I believe I am safe in saying that not one-fourth of the cases diagnosed as ectopic gestation, cured by electricity, have ever been verified; while it is a well-known fact that most of all the cases primarily judged ectopic either turn out normal, or else are not pregnancies at all. While this is so, neither the value of electricity as a feticide, nor the after-results of its application, can be intelligently discussed.

One other operation requires notice. I refer to the so-called improved Cæsarean section. The success of this operation as now practiced is largely due to the same factors of improvement as make other abdominal operations less fatal when compared with earlier attempts. Sænger's introduction of the peritoneum into the line of suture need not be considered as really indispensable, as he himself admits its omission when there is no marked contraction of the peritoneum, nor bulging of the uterine tissue. It is questionable whether any Cæsarean section should be done without entire removal of the uterus, thereby saving the mother the danger of a second operation. The removal of the pregnant uterus, besides being a speedier operation, is a safer one. It is right, I think, to give the mother the benefit of every chance.

Briefly considered, the future of abdominal surgery must, so far as improvement is concerned, rely on such steps as will simplify technique and render operation still speedier. That a better anæsthetic than ether may be discovered, or a means by which chloroform may be safely used, is an end earnestly to be desired.

In intestinal operations the general ability to apply sutures and resect rapidly must be the requirements of success. Too many failures in intestinal suturing is the greatest cause of mortality in these cases.

EPILEPSY CAUSED BY INTRA-NASAL DISEASE.

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

BY FRED. S. CROSSFIELD, M.D.,
OF HARTFORD, CONN.

Within a few years certain nervous phenomena, the causes of which have not been positively ascertained, or have been attributed to other organs, have finally been traced to some existing disease within the nasal passages or pharynx.

Hay fever, or hyperæsthetic rhinitis, manifests itself in a hyperæsthesia of the mucous membrane of the nose, or in an irritable condition of the nerve filaments distributed to this membrane. The existence in the nose of well-defined sensitive areas has been demonstrated. The application of the galvano-cautery to these spots is often successful in permanently curing this distressing disease.

Since the report of a case of asthma from intra-nasal disease by Voltolini in 1871, numerous other cases of a like nature have been reported from time to time by various observers. I have no doubt, as time goes on and nasal surgery becomes more thoroughly and generally understood, we shall be able to trace other nervous phenomena heretofore mysterious to pathological malformations of the nose or naso-pharynx.

In February, 1886, a young man consulted me

with the following history: Nationality, American; age, 20; occupation, an accountant; habits faultless. He was considerably emaciated, complexion sallow, had a hacking cough, which at night became paroxysmal and so severe as to greatly interfere with sleep. Headache almost constantly, night sweats occasionally, appetite varying, but most of the time poor. For six years had an epileptic seizure about twice a month, sometimes oftener. The family history was exceptionally good. He was very ambitious, but had no confidence in himself whatever. He shunned society, did not dare to go into any public gathering; seemed to be in constant apprehension.

During these six years he took bromides in some form most of the time, with cod liver oil, hypophosphites, and various cough mixtures, without any apparent benefit. Having exhausted about every known means for relief, he was sent to me, with the above history. He thought he had consumption, and his general appearance indicated it. His chest expansion at this time was but $1\frac{1}{2}$ inch. By the most careful and painstaking examination of the lungs, I found nothing to warrant the suspicion of consumption.

Large and small mucous râles were heard indistinctly on both sides of the chest; they were inconstant and changeable as to situation. Heart normal. The epileptic attacks being the most distressing trouble, and increasing in frequency, I very naturally directed my attention to this condition. But notwithstanding the administration of bromides in various doses, with good tonics and nutritious diet, the attacks occurred with about the same regularity, and became rather more severe in character.

In one of his visits to my office the young man seemed to be breathing with some difficulty. Upon close questioning, I ascertained that for years he had breathed almost entirely through the mouth. Becoming habituated to the habit it gave him no great discomfort. He remarked that he never should have thought of consulting me for that, as he could not remember ever breathing any other way.

Examination of the anterior nares showed: right side, marked hypertrophy of the inferior turbinated body, with almost complete stenosis. Left side, marked deviation of the septum, with some exostosis in the form of a sharp angle, which pressed against the inferior turbinated body, which was also considerably hypertrophied. The mucous membrane throughout a deep reddish hue, and bathed with a muco-purulent secretion which was abundant, especially in the left nostril. The exostosis and deviation of the septum to the left, leaving a space beneath, permitted more air to pass through the left nares. The hearing being nearly normal showed that the orifices of the Eustachian tubes were not encroached upon to any great extent. Examination of the posterior

nares showed a mass of hypertrophied adenoid tissue of the naso-pharynx. I have never seen a more marked case of enlargement of the pharyngeal tonsil. The membrane of the pharynx presented a granular appearance, venous engorgement giving the parts a deep reddish color. There was some thickening and elongation of the uvula and also slight enlargement of the tonsils. All of these changes more marked upon the right side. Hoarseness was rarely present in this case. The pathological changes in the larynx were found to be slight. There was some venous congestion with very slight enlargement of the epiglottis. I have given the pathological changes somewhat at length to show how little discomfort is caused in some instances by conditions which in their ultimate effects are often serious.

I removed the hypertrophied membrane of the inferior turbinated bodies on both sides with the galvano-caustic snare, and afterwards a portion of the right inferior turbinated bone with the Bucklin saw. The exostosis of the septum on the left side was also removed with the nasal saw. Finding the left nasal space still too contracted I straightened the deviation of the septum by means of Steels, punch and forceps. The adenoid growth in the naso-pharynx was removed entirely in three operations with the pharyngeal cutting forceps. As a result of this treatment the general health began to improve rapidly. The cough ceased, the appetite returned. In six months the patient gained 20 lbs. in weight. Has had but one epileptic seizure, and that occurred during the first treatments. It is now three years since the last treatment and he is perfectly well, and has had no more epilepsy whatever. His chest expansion is 4 inches and his nasal breathing is perfect.

The second case came to my notice in December, 1888. The patient, a young man 17 years old, was well nourished, full blooded and rather large for his age. Had epilepsy since the age of 9 or 10. His general health had not suffered materially. This patient, like the first, had been under treatment for his epilepsy constantly, with no apparent benefit. Without going into the particulars of this case I will simply say, that there was absolute nasal stenosis with the consequent oral breathing. The nasal septum was quite straight. The right and left inferior turbinated bodies were hypertrophied, filling the cavities. There was some enlargement of the pharyngeal tonsil, but not enough to require surgical interference. The pharynx as a whole was very little implicated, and the larynx not at all. The epileptic seizures were frequent, occurring two or three times a week, and occasionally one or more a day. The hypertrophied membrane of the turbinated bodies was thoroughly removed with the cautery loop and knife. After the first operation the fits were less frequent. Am sorry to say this case passed out of my hands. His

family moved away, and I have not since seen him. But at last accounts he had had no fits for eight weeks. He had never gone that length of time before without several attacks.

In the past few years much of the misery of this world has been laid to the organ of smell, and justly too, no doubt, in many cases. That epilepsy has other causes goes without saying, but the favorable result of the treatment in the first case, with the entire disappearance of the conditions named, and the unmistakable improvement in the second, is proof without any reasonable doubt that, in these cases at least, the condition found in the nares and naso-pharynx was accountable for it all. If in these two cases why not in others?

Since the completion of this paper I have ascertained through the brother of the patient referred to in case No. 2 that the young man had a very slight convulsion immediately after removing from town, about a week after the last operation, since which time there has been no recurrence. It is now about five months since the last convulsion.

EPIDEMIC INFLUENZA.

Read before the St. Louis Academy of Medicine.

BY WILLIAM PORTER, M.D.,

PROF. LARYNGOLOGY AND DISEASES OF THE CHEST IN THE COLLEGE OF PHYSICIANS AND SURGEONS, ST. LOUIS.

Mr. President and Fellows of the Academy: In compliance with your request to open the discussion upon this subject, I find myself somewhat at a disadvantage. The absence of reliable statistics regarding the prevalence and progress of this now wide-spread disease makes its exact study somewhat difficult. Doubtless many cases have been reported as of epidemic origin which were but ordinary catarrhal conditions, and certainly the number of cases in many localities has been greatly exaggerated.

After making due allowance for error there is little doubt but that a very large proportion of the population of cities visited by the epidemic become its victims. This fact alone justifies a close examination of the clinical history of this disease, but there is an additional incentive to such investigation from the knowledge we have that while epidemic influenza is not in itself a grave disease, yet its complications and the sequences are sometimes most important.

It is interesting to note that several forms of epidemic disease are now existing in the old world. Cholera is now reported to be ravaging Persia at Hamadan, advancing towards Teheran and Kurdistan, thus threatening Eastern Europe. Dengue, (father of the knees, as the Arabs say), well known in its epidemic form in this country, has been epidemic along the eastern coast of the Mediterranean since August. Dr. Glover, the

attending physician to St. John's hospital in Beyrout, Syria, writes that at the latter place 75,000 of the 100,000 population have suffered from dengue during the last five months. Many of the symptoms which he finds in the epidemic are similar to those seen in the earlier stages of influenza. There is a chill, followed by fever, and severe pains in the knees and back, and headache and sometimes swelling about the throat. Catarrhal opthalmia is a frequent complication, though the marked catarrhal conditions of epidemic influenza are absent.

Is there more than a coincidence in the fact that influenza is epidemic in Russia and has rapidly advanced westward through Europe to America, while cholera is, as the *Lancet* states, threatening Europe through the familiar Caspian channels and epidemic dengue has extended from Alexandria to Constantinople?

There is something suggestive in the date of the outbreak of these three epidemics. As nearly as I can learn, the cholera in Persia only attained much headway late in the past summer, the epidemic of dengue in September, and the first cases of influenza were noted in St. Petersburg in October. While these diseases are clinically distinct, yet as far as we know have we not in the date of origin, the general prevalence and westward advance of each a reasonable premises for the hypothesis that there is a common climatic or atmospheric factor which influences their progress and direction?

The history of epidemic influenza has been repeatedly given during the last few months in the columns of both the medical and daily press, so that I need not detain you long in here reviewing it. Nearly all the accounts seem to be founded upon a book published in 1848 by Dr. T. B. Peacock, of the Royal Free Hospital, London, entitled "The Epidemic Catarrhal Fever of 1847 and 1848," or taken from a later article by the same author in Quain's Dictionary of Medicine.

Through the courtesy of Dr. A. S. Barnes I am able to present to you a book which antedates that of Dr. Peacock by more than half a century, in which our subject is treated with an exactness that would do credit to any observer of the present day.

"The First Lines of the Practice of Physic," by William Cullen, M.D., of Edinburg, was published 1792. I quote from his second volume, section 1061-1063:

"There are two species of catarrh. One of these, as I suppose, is produced by cold alone, as has been explained above; and the other seems manifestly to be produced by specific contagion. Of such contagious catarrhs, (these epidemical catarrhs have been lately termed influenzas), I have pointed out many instances occurring from the 14th century down to the present day. In