

Graefe's knife will have to be employed. Often the iris cannot be grasped by the common iridectomy forceps, and then you must use the iris forceps of Matthieu, and if these fail you may use Tyrrell's hook. Besides these cases, there are some with staphyloma. I recently showed you a case where there was a total staphyloma. Here there can be no recovery of vision; but if only a part of the cornea be invaded by staphyloma, you may quite often restore vision to the eye. Thus, in the case of a boy recovering from gonorrhoeal ophthalmia, where the whole upper third of the cornea was the seat of a dense leucoma, which afterwards became staphylomatous, and where the iris was transparent in the direction of the scar, I restored very good sight to the patient. The first thing I did was to perform K uchler's operation for staphyloma, which consists in dividing the staphyloma throughout its entire length in the vertical meridian. The lens may lie under the staphyloma, and if so you evacuate the lens; if not, you cut from each lip of the horizontal wound you have made a narrow strip of the leucomatous tissue. The eye is now to be kept persistently bandaged for several weeks, when it will be found that there is a flat leucoma instead of a protrusion. After this, you can perform an iridectomy, as I did in the case just alluded to, with the result of securing him very useful vision. As the outcome of long experience, I would say, never make a perfectly hopeless prognosis in ophthalmia neonatorum, except where there has been almost complete sloughing of the cornea.

Laryngology and Rhinology.

NASAL CATARRH.

CLINICAL LECTURE DELIVERED AT THE BELLEVUE HOSPITAL MEDICAL COLLEGE.

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NASAL OBSTRUCTION.

GENTLEMEN,—This young lady came to me complaining of marked obstruction in the right side of the nose. With the Jarvis "nippers" I removed sufficient cartilage to relieve the obstruction partially, but, for some unaccountable reason, the tissue on the right side, instead of being cartilaginous down to the nares, seemed to be bony, and I found it necessary to use the Bosworth saw. The operation was done only a few days ago, so that some of the obstruction still present is due to the granulation-tissue; but more tissue will probably have to be removed.

IMPERFECT SPEECH-DEVELOPMENT.

This young man came to me the other day and said that a horse had kicked him in the temple seven years ago, and that following this there was trouble with both ears, but no loss of consciousness, and no paralysis of the limbs. Examination shows nothing wrong in the throat or nose. He has a marked impediment in his speech, which is probably due to a central lesion in the frontal convolution on the right side, and which is not within the reach of medicinal or operative treatment. It is not an instance of aphasia, for he knows what he wants to say, but his speech is imperfect. I shall refer him to an elocutionist, in the hope that by education his speech may be somewhat improved. I do not recall ever having seen such a case before.

NASAL CATARRH.

Hippocrates thought that nasal catarrh was a disease of the brain; Schneider was of opinion that it was a constitutional disease, or an irritable condition of the blood which manifested itself by these catarrhal symptoms. The French especially have been supposed to look upon the disease as of diathetic origin, while the Germans have been inclined to attribute it to local causes, and hence have devoted their attention chiefly to the local treatment. In spite of the philosophical way of looking at disease, which can be, I think, fairly attributed to the French school, the present trend of opinion is towards local treatment. There are many people who have an underlying constitutional condition which can be described only by saying that there is a predisposition to catarrhal inflammation, without the existence of scrofula, tuberculosis, syphilis, or gout. When I find nothing explanatory in the environment of a patient, I must naturally admit this etiological catarrhal state. Accompanying this, in very many cases, there is more or less obstruction in the nose, possibly from accidental causes, or from some defect of development. Thus, some individuals have a deviated septum, or some enlargement of the internal nasal structures, etc., producing a certain amount of obstruction on either side, and requiring local interference of an operative kind. If, in an endeavor to relieve an obstruction on one side, a perforation be made in the septum, it will be impossible to heal it up, and it will prove very much more annoying than the original disease.

We know that there are certain drugs which are eliminated through the mucous membrane of the nasal passages, which are more or less useful: one is sulphur, another cubeb, a third ammoniacum, and a fourth ammonium. I prescribed sulphur internally for a long time, and thought it was moderately useful, but the sulphur waters obtainable in this country usually cause dyspepsia when given internally, and they are eliminated from the mucous membrane only to a limited degree. The reason that the sulphur waters of Ritchfield, Sharon, etc., disturb the digestion, is that they contain a large quantity of sulphate of calcium, whereas those of Europe contain a large proportion of sulphate of sodium, which is not injurious. Cubeb is an excellent drug, and has done much good in catarrhal affections *per se*, and in certain forms of diphtheria which I regard as a croupous inflammation of the mucous membrane. We know that one kind of diphtheria is characterized by the presence of the Loeffler bacillus and the other is not, and that the one is genuine and the other is not. I saw a case

to-day which, although having the true clinical symptoms of diphtheria, did not show, on microscopical examination, the presence of the Loeffler bacillus in the secretions of the throat. Cubeb in large doses produces a rash, and sometimes causes gastric disturbance; nevertheless it is one of the best remedies for catarrhal inflammations of the throat. Fraser, of this city, prepares tablets containing about one-fourth of a grain each of chloride of ammonium and of powdered cubeb, with some liquorice. I usually prescribe one of these to be taken at short intervals,—every fifteen or thirty minutes, or every hour, depending upon the case. If there is much cough in connection with the catarrh, I sometimes add some codeia. The liquorice is a demulcent which is not unpleasant to the taste, and is a valuable adjunct. I commonly prescribe ammoniac in the form of the *mistura ammoniaci*. Carbonate of ammonium in acute catarrhal conditions I still believe is one of the most valuable of all remedies, to be given in large doses frequently repeated. I do not believe there is a drug in the Pharmacopœia which has more control over acute catarrh and cold in the head, and sometimes even when the larynx is involved. I prescribe it with syrup of acacia in doses of two grains, every half-hour or hour; or it may be given in the proportion of one grain of the carbonate of ammonium to each teaspoonful of the *mistura amygdalæ*, which makes a very palatable mixture. For adults, the dose of this mixture is a dessertspoonful every two or three hours. I am confident it is eliminated through the mucous membrane, and also that there is nothing quite so valuable as this drug. If the catarrhal condition be due to gout, give guaiacum and colchicum; if it be due to syphilis, give mercury and iodide of potassium; if it be due to scrofula or a "strumous" condition, give cod-liver oil, the hypophosphites, or iodide of arsenic, and advise a change of air. But suppose the patient's occupation causes a constant irritation of the nose and throat,—*e.g.*, in a tobacco-factory: you cannot conscientiously treat such a case, because you cannot do away with the cause of the trouble, and hence cannot hope to cure the disease. Again, if a patient is living in a locality in which there are bad sewage and drainage, and he has what are called malarial manifestations, you must not direct your attention entirely to local treatment, but you must explain to him the cause of the trouble, and give the remedies appropriate for this condition, instead of wasting time and money by using sprays. Sir Morell Mackenzie, my deceased and beloved master, used to say that all the catarrh here was due to the filth and bad drainage of the towns in America, and the absolute lack of attention to those conditions which we know are better looked

after in Europe. It is not surprising that so many in this city have catarrh, when nine-tenths of our houses are overheated by furnaces the air for which is taken from the cellars or from the surface of the soil.

Ten or fifteen years ago, almost every physician was spraying or using powders upon the congested and irritable mucous linings of the nose and throat, and for a time we had a good deal of faith in such medication, but the treatment did not long continue popular. Then the nasal douche was very widely used, until Roosa, Knapp, Pomeroy, and others told us that the douche produces only temporary relief and often sets up a purulent otitis. Some patients use this douche properly and with slight temporary advantage, but few can use it with marked and permanent relief. A few patients after using the douche for a long time have found that they have no smell or taste, and that they do not enjoy their food as they did formerly, and they have attributed all this to the catarrh, but in reality it is most commonly due to the douche itself, for its action, when long continued, tends to blunt the sensitiveness of the mucous membrane. The spray is less injurious than the douche, but neither sprays, douches, nor powders can, from the very construction of the nasal cavity, reach all the diseased parts, as the cavities are often small and the passages communicating with them blocked up with secretion. Sprays should not be used either very cold or very hot, and if the strength of the solutions employed is not properly proportioned, endosmosis will take place between the mucous membrane and the solution, with the result of increasing instead of diminishing the thickening. We must at times look upon these methods of treatment with some reasonable doubt as to their efficacy, and also mistrust the individual who ignores the important constitutional conditions underlying catarrh.

If there be an adenoid growth causing much annoyance, it must be removed, and likewise if there be any form of obstruction in the nose which causes much discomfort; but the point I wish to impress upon you is that very few people have perfectly free nasal passages on both sides. I should like to ask any one in the class to test the nasal passages and tell me the result. By actual count, I find that only two out of twenty-seven are able to breathe equally well through both sides of the nose; yet from the point of view of the average specialist the other twenty-five are fit subjects for an operation. If the obstruction of the nose causes aural trouble, it is rational to conclude that the removal of some of the obstruction by one of these methods will give relief; then by all means do it,—I do it every day,—but do not operate

in this way unless you have some definite object in view, or some positive indication for such interference. There is one specialist in this city who does a great deal of this kind of operative work, yet he has, I believe, very large tonsils in his own throat, and will not have them cut out. Another very eminent surgeon here has a hernia, but he prefers to wear a truss rather than submit to operation.

I venture to say that in nine-tenths of the cases of obstructed noses requiring operation you can do it just as well with Weir's forceps as with all the usual expensive paraphernalia; it is not at all necessary to have drills and trephines. With this little saw, devised by Curtis, you can remove easily many obstructions which are not easily managed with the forceps. After such operations there is much granular tissue formed which it is impossible to heal without strong applications and much patience. Eight-tenths of all cases of catarrh I believe are due to a thickened condition of the nasal mucous membrane, and usually this thickened condition can be sufficiently reduced by the proper use of certain acids, and also, when this is convenient, by the electro-cautery. Chromic acid properly used is probably the most efficient agent of this class, but if it cannot be used with a certain amount of deftness it is better to leave it alone. You cannot do any harm with glacial acetic acid, mono-chloroacetic acid, and equal parts of carbolic acid and glycerin, so far as I know, for the ulcerations produced by these agents I have always seen heal readily and promptly. In the case of an adult, a crystal of chromic acid may be melted on a probe, or cotton may be moistened with a saturated solution of chromic acid and applied to the desired spot.

The instrument which I believe is most useful for the removal of adenoid growths in the naso-pharynx is one known as Gottstein's curette, which can be introduced into the naso-pharynx well against the septum and pulled down over these vegetations. It usually causes pretty sharp bleeding for a moment. The instrument does not seem to be capable of doing any harm, and it obviates the necessity of using an anæsthetic in a child. Professor Lefferts, of this city, now uses this instrument frequently, but before he employed it, he tells me, he used his finger-nail with a gag in the mouth. A series of sixty or seventy cases have recently been reported in which this instrument has been used without any accident. It is, of course, possible for some of this granular material to be drawn into the larynx, and, although I have never heard of such a case, it is a possibility which you should bear in mind. On the same principle, it is well to think what is advisable to do in case there should be any troublesome bleeding. Sponge or gauze

tampons with a string attached are the best for this purpose, the mouth being held open with an O'Dwyer mouth-gag.

The point of view of the general practitioner and that of the specialist will never be the same, and I have endeavored in this lecture to give you a certain broad appreciation of the subject. Remember that you have no right to operate upon any patient without having thoroughly explained the situation to him and the anticipated result from interference, otherwise you are not treating him fairly.

TREATMENT OF CHRONIC RHINITIS.

CLINICAL LECTURE DELIVERED AT THE VANDERBILT CLINIC.

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THE treatment of the various forms of chronic rhinitis is a subject upon which a great deal has been said and written. I am going to try to remember to-day that I am talking to men who will be general practitioners,—not specialists,—and who will not have at their command a multiplicity of apparatus, more or less costly, and that therefore I must be practical and deal with methods and instruments which are within the reach of every one, whether he be practising in the city or in the country.

How are you going to treat your cases of chronic rhinitis? First examine your patient and find out whether he really has nasal catarrhal trouble. Then determine what form of rhinitis it is. This will take you back to what I said last week,—namely, that there is more than one form, that some are curable and some are incurable, and that the day has gone by when you can class all catarrhal troubles of the nasal mucous membrane as "catarrh." You must recognize that there are at least three forms of catarrhal trouble. The third practical point is that in your conversation with your patient you must let him understand that you are dealing with a chronic affection, and that you cannot help him in as many days or hours as he has had the disease years. Tell your patients what their trouble is, what grade it is in, and how much you can do to help them, and, what is equally true and equally right, what you cannot do. If it be an atrophic or a fetid rhinitis, which will baffle your skill, let your patient understand that from the outset. In some cases you are bound to fail, simply because you cannot regenerate a mucous membrane which has become atrophied to such a degree that restoration is a physical impossibility.

The question whether constitutional treatment is indicated must be