

lessness or inexperience, for I well know that bad results after any operation, from various causes, may possibly happen to any one, even though the utmost caution is observed.

Looking over the records of my private patents, I find that hypertrophic rhinitis, intumescent rhinitis, and simple chronic rhinitis, cauterizations have been done about one and one-fifth times on the average in each patient. I find 1,450 patients with hypertrophic rhinitis who have been cauterized 1,950 times; 450 patients with rhinitis intumescens, cauterized 900 times; and 700 patients with simple chronic rhinitis, cauterized 150 times; making 2,600 patients cauterized 3,000 times. These figures are not strictly accurate, but are as near as can be computed without actually counting the cauterizations done in each and every case.

Excluding the cases of simple chronic rhinitis (which have not been frequently cauterized), I find 1,900 cases suffering from hypertrophic or intumescent rhinitis, that have been cauterized 2,850 times, making an average of about one and one-third for each patient. An examination of these records, which have been carefully kept, reveals no serious accident in any case. With comparative frequency, probably in about twenty per cent. of the cases, especially when the cauterization is done in cold weather, patients suffer considerable inconvenience for four or five days afterward from the reaction, and in a limited number of cases, perhaps five per cent., they feel for ten or twelve days afterward as though they had taken an intense cold in the head. In warm weather these very uncomfortable symptoms are not often experienced.

Frequently I have observed patients in whom a linear cauterization across the whole length of the inferior turbinated body would cause excessive swelling, obstruction of the nares, headache, and considerable fever which might last four or five days. In most, if not all, of the cases, if cauterization of half this extent were made, the uncomfortable symptoms would not follow.

The inconvenience which patients suffer after cauterization, as a rule, depends largely upon the extent of the burn, the frequency of its repetition, and the care exercised to avoid taking cold.

I have frequently observed slight adhesions following cauterizations, especially where it has been done opposite a large spur from the septum, and

where the patient has not been able to call upon me within the next four or five days after the operation. In none of these, however, has there been any difficulty in cutting the adhesion, or very great trouble in restoring the patulence of the nares.

In one case only do I find serious hæmorrhage to have followed cauterization, and when the patient returned to my office this was checked without great difficulty. In a case of superficial cauterization for hyperæsthetic rhinitis, not included in this series of cases, serious hæmorrhage followed; but I did not see the patient for several weeks after the operation, and think it could have been easily checked if he had been under my care. In no other cases do I find that excessive bleeding occurred.

It is not improbable that in this number of cases there are those who have had slight inflammation of the Eustachian tube extending toward the middle ear, but I am sure that in none of them has there occurred inflammation of any importance, and I am unable at present to find records even of slight inflammation of these parts after cauterization.

The cases of inflammation of the Eustachian tube or middle ear that have been reported as having followed cauterization of the nares, I believe have in most instances resulted either from carrying the electrode so far back that the Eustachian orifice has been burned, from making an extensive wound and thus causing undue inflammatory reaction, or from neglecting antiseptic precautions, though such a result might follow from exposure or from peculiar predisposition of the mucous membrane to take on inflammatory action.

Inflammation of the tonsils is said sometimes to follow within a few days after cauterization of the nares, possibly having some connection with the operation, but I have seen no cases of the kind in which any evidence of cause and effect could be obtained.

Erysipelatous inflammation has been the worst sequel of this treatment that I have ever observed among my own patients, but it has occurred in only four persons out of 2,600. In two of these it seemed to have been the direct result of the cauterization, and in both of them it followed cauterization in the nares whenever it was done. In the other two the dermatitis came on at irregular