

ON HEADACHES FROM OVERLOOKED CAUSES, IN THE NASO-PHARYNX AND EAR.

AFTER referring to a form characterized by a diffuse pain through the head, lasting from one to several days, which is sometimes due to circumscribed follicular tonsillitis or follicular angina, the writer proceeds :

(2) "A second more common type of headache is a dull occipital pain, lasting only perhaps some hours or days, but frequently returning. It is occasioned by enlargement of the pharyngeal tonsil in the form of adenoid vegetations. It occurs especially during the congestion started by a fresh "cold," but at other times as well. I have met with it only in children. Any extensive glandular hypertrophy at the roof of the pharynx can scarcely be overlooked by any attentive physician. But a minor degree of enlargement in an otherwise healthy child may give rise to no symptoms but those of impeded nasal respiration at night, and may hence escape detection. The treatment is as simple as it is efficacious, namely, operative removal of the pharyngeal tonsil.

(3) Headaches due to hypertrophy of the nasal mucous membrane have come under my observation a limited number of times, but always in individuals either of a neurotic type or run down in health from overwork or worry. The pain was either frontal or diffuse, not very severe and not constant, but increased by excitement or mental work. The nasal lesion consisted in hypertrophy of the mucous membrane, especially on the middle turbinated bone, from the free edge of which the swollen membrane protruded as if it were too large for the bony frame. In some of the cases distinct polypi were present. Catarrhal symptoms, or at least catarrhal secretions, are not a necessary feature of this condition. Some of the patients, indeed, scarcely paid any attention to their nasal symptoms. I have generally found that where true hypertrophy of the mucous membrane predominates, the vascular irritability and permanent enlargement of the submucous cavernous tissue are not very marked. The nasal lesion can be cured by frequent spraying with nitrate of silver solution, and in proportion as the nose improves, the headaches diminish. Wherever the mucous membrane projects in polypoid form, it is of course the quickest way to remove it with the hot or cold snare.

I will not refer at present to the various forms of headache associated with the condition of irritable nose. For in that form of trouble in which there is more or less enlargement of the cavernous tissue and consequently marked—though it be temporary—obstruction of the nasal passages, the patient will himself call the attention of the physician to the state of his nose.

(4) A fourth type of almost continuous headache I have met with in children, dependent on diminished patency of the Eustachian tubes. When the hearing is not impaired a fairly intelligent child may suffer from a feeling of fullness in the ears without ever complaining of its ears. Occasionally the obstruction of the Eustachian tube, and subsequent reduction of intratympanic pressure, gives rise to persistent headaches, which stop at once on inflating the middle ears. If the Eustachian obstruction be one-sided the child notices a difference between the two ears. But if both Eustachian tubes are involved without marked impairment of hearing, the ear trouble may not be suspected, and it is only after inflation that the child feels that its ears are now "more natural" than they were before. Such slight Eustachian obstruction, and the headaches dependent thereon, can be readily cured in children by a few inflations, either by

Politzer's method or, still better, by means of the Eustachian catheter. The naso-pharynx should, of course, receive due attention, in order to prevent a return of the Eustachian obstruction."—Dr. Gradle in the *Journal of the American Medical Association*.

LAWSON TAIT in communicating a record (*Brit. Med. Jour.*) of a second series of one thousand consecutive cases of abdominal section, reports a death rate of 5.3%, the mortality of his first series having been 9.2%.

This improved record is due chiefly to a diminished mortality in his operations of ovariectomy, removal of uterine appendages for myomatous and inflammatory diseases, hysterectomy, and opening and draining in cases of suppurative peritonitis.

Concerning an operation termed by him "amputation of the pregnant uterus," founded on the principle of Porro's operation, but differing in detail, Lawson Tait speaks as follows:—

"This operation, I venture to predict, will revolutionize the obstetric art, and in two years we shall have no more of craniotomy, (except for hydrocephalus,) and evisceration, for this new method will save more lives than these proceedings do, and it is far easier of performance. It is the easiest operation in abdominal surgery, and every country practitioner ought to be able and always prepared to perform it. No special instruments are required, nothing but a knife, some artery forceps, a piece of rubber drainage tube, two or three knitting needles and a little perchloride of iron.

My method of operating is to make an incision through the middle line, large enough to admit my hand, and then I pass a piece of rubber drainage tube, (without any hole in it,) as a loop over the fundus uteri, and bring it down so as to encircle the cervix, taking care that it does not include a loop of intestine. I then take a single hitch and draw it tight around the cervix, so as to completely stop the circulation. I give the ends of the tube to an assistant, who keeps them well on the strain, so as to prevent the loose knot from slipping, the reason of this being that should there be any bleeding and any necessity for further constriction, I could secure this in a moment, without undoing any knot, and the simplicity of this method greatly commends it. I then make a small opening in the uterus, and enlarge it by tearing with my two forefingers, seize the child by a foot and remove it. I then remove the placenta, and by that time the uterus has completely contracted, and is easily drawn through the abdominal wall. The constricting tube will now probably require to be tightened, and the second hitch of the knot may be put on at the same time, and the work is practically done. Stuff a few sponges into the wound to keep the cavity clear of blood, and pass the knitting needles through the flattened tube and through the cervix, and in this simple way a clamp of the most efficient kind is at once made. The uterus is removed about three-quarters of an inch above the rubber tube. The usual stitches are put in, the wound closed round the stump, which, of course, is brought to the lower part of the opening, and then the stump is dressed with perchloride of iron in the usual way.

The operation takes far less time to perform than it takes to describe, and as there is hardly any possibility of complications, it is one of the simplest operations that can be undertaken, and must always be pretty much the same; for this reason no one need be in any fear about undertaking it, for in the absence of variation in the difficulties to be encountered, it differs entirely from any operation in