

into the stomach, through which the index finger of the right hand is introduced, and with which the orifice is forcibly dilated. The cardiac orifice cannot be reached with the finger, so that a metallic dilator is used instead. In a letter from Dr. Pedrazzoli, we are told that up to July 15, 1883, Dr. Loreta has in this way forcibly dilated the pylorus four times, and the cardiac orifice once. All of these operations were successful, although one patient is said to have died 36 hours after the operation "from causes entirely independent of the operation," and the evidence is in favor of the permanency of the cures. We may, therefore, look forward with confidence to the results of subsequent attempts in the same direction.

In cases of malignant obstruction at the cardiac orifice, we may sometimes prolong life by the formation of a fistula, or by introducing food with the aid of a narrow gum elastic tube.—*Glasgow Medical Journal, March.*

#### ON THE TREATMENT OF CATARRH OF THE RESPIRATORY PASSAGES—ACUTE NASAL CATARRH.

By I. BURNEY YEO, M.D., F.R.C.P., Physician to King's College Hospital.

Now-a-days a "catarrh" means an abnormal increase in the secretion of any mucous membrane, due to hyperæmia, or inflammation of the same.

This inflammation may be *acute* or *chronic*, slight or severe, a mere passing irritation, or a more or less permanent malady. So that we now not only speak of *nasal, pharyngeal, laryngeal, and bronchial* catarrhs, but also of gastric, duodenal and intestinal catarrhs, catarrh of the bile ducts, but also of vaginal, urethral, vesical, and uterine catarrhs; meaning in all these cases an inflammation (or hyperæmia) of a mucous membrane, attended with an increase of or a modification in, its natural secretion. For the present we are only concerned with catarrhs of the respiratory mucous membrane, and first of all, we shall consider the occurrence and management of that very common and often distressing form of catarrh which is variously termed "coryza," "rhinitis," "nasal catarrh," or, more commonly, "cold in the head."

I need scarcely tell you that the lives of certain persons are troubled by a tendency to constantly "catch cold," as it is termed. I regret to say I am myself not free from this predisposition. But it is a curious fact that while some persons have a proneness to become afflicted with nasal catarrh, others will exhibit a tendency to pharyngeal catarrh, others to laryngeal, and others to bronchial catarrh. There are persons who are frequently the subjects of nasal catarrh and even of laryngeal catarrh, but who never suffer from bronchial catarrh; and, conversely, there are many who although frequently the victims of bronchial catarrh, never suffer from nasal or laryngeal catarrh. In my own personal experience, I find a nasal

catarrh will, if neglected at its onset, occasionally extend into the larynx; but it stops there, and has never yet extended lower along the respiratory passages. To antagonise this predisposition to catarrhs of the air passages is an important consideration in their management. So also is the possibility of their spread by contagion. It is a popular belief that "colds in the head" are catching; and it is certainly remarkable the way in which they run through families and households.

Some account for this by assuming the existence of an "epidemic" influence associated with meteorological conditions, and no doubt these affections are at times epidemic, but they frequently occur and spread through families when their origin and extension cannot be so accounted for. Fraenkel remarks that he has often observed bridegrooms who have never before suffered from coryza, become attacked by this malady on marrying brides who have been prone to such attacks!

The chief cause of nasal as well as of other catarrhs of the air passages is no doubt the existence of an undue impressionability of certain portions of the surface of the body to even slight changes of temperature. Also the extreme excitability of the nasal mucous membrane in some persons to the contact of certain substances is a well-known cause of catarrh. The pollen of grasses and other plants produce in some persons distressing attacks, of so-called "summer catarrh" or "hay fever." The perfume of a rose has been known to have the same effect, and I have seen the most distressing attack brought on by turning over the leaves of a book that had long been undisturbed on the library shelves.

The treatment of acute nasal catarrh may be conveniently considered under three heads: 1. Prophylactic treatment. 2. General remedies. 3. Local remedies.

(1) *Prophylactic Treatment.*—The predisposition to suffer repeatedly from attacks from coryza may be greatly diminished by suitable prophylactic measures. The most important of these is the adoption of some hardening process which shall have for its object the removal or diminution of a certain hyper-sensitiveness of the skin and mucous membrane which characterises such patients.

Avoidance of sedentary habits and free exercise in the open air are of great value. Cold affusion over the head and neck, begun in warm weather and steadily maintained throughout the whole year, is of undoubted efficacy. The use of the *shower-bath* for this purpose has been strongly advocated, but there are not many persons who can tolerate a cold shower-bath all the year round, but most persons can bear two or three large spongebaths of cold water wrung out over the head and neck on first rising in the morning. This process imparts contractile vigor and tone to the superficial vessels, and counteracts the tendency to vascular dilation, and hyperæmia, upon which catarrhal conditions mainly depend.