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ATROPHIC RHINITIS.*

J. PRICE-BROWN, M.D., Toronto.

THE synonyms of this disease are almost as numerous as the treatises that have been written upon the subject. Among these may be mentioned the following:

Atrophic catarrh, chronic atrophic rhinitis, chronic fetid rhinitis, cirrhotic rhinitis, dry catarrh, dysodea, fetid atrophic rhinitis, fetid catarrh, fetid rhinitis, idiopathic ozena, ozena simplex, rhinitis atrophica, rhinitis fetida atrophica, rhinitis sicca, sclerotic rhinitis, atrophic endorhinitis, etc., etc., and ozena.

The last mentioned is the most ancient, the most widely understood; and although it is simply a symptom of a local malady possessing a baneful constitutional influence, it may perhaps claim to have as good a title in the nomenclature of this disease as any that have been named.

The fact that the odor of ozena is limited entirely to a peculiarly diseased condition of the upper nasal passages is worthy of a moment of consideration. No other part of the body can produce a similar odor, and the question arises, is not the odor identical, although differing in degree of intensity, with that accompanying all chronic inflammations of the nasal passages—the intensity and foulness of the odor being dependent upon the severity of the disease, and the length of time in which putrefaction has been allowed to progress? The question may even be asked, is it not a normal odor a thousand times intensified and defiled by absolute neglect of putrefactive changes?

In introducing a subject of such wide importance as atrophic rhinitis, it may be interesting to browse for a little while among the records that have come down to us through the ages. Possibly it may impress our minds with the fact, that even in rhinology all the knowledge which we now possess is not of to-day.

Susruta, a learned Hindu, who lived centuries before the Christian era, speaks of a catarrhal disease of the nose which he healed by the use of various sternutatories and ointments. Some of his directions were very explicit. For instance, the patient was ordered to lie on his back and hold the tip of his nose with his finger, while his physician dropped warm oleaginous liquids into his nostrils. During this period the patient

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