

NASO-PHARYNGEAL CATARRH—VARIETIES, TREATMENT.*

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At this season of the year, catarrh being very prevalent, it has occurred to me that a few words to the profession about its treatment would not be amiss. It has been a matter of regret to all thoughtful medical men that the treatment of this common disease should be left almost entirely to quacks and irregular practitioners. Looking upon it from this stand-point, I desire to give my experience, in treating over a thousand cases of catarrh, to the profession, and to proclaim my conviction that it is in a very large majority of cases a curable disease. This belief arises from a very careful observation of these cases, continued until a cure was established. There is little that is new or mysterious in the treatment, which consists for the most part in the proper and thorough application of old and trusted remedies. The necessity for greater care in the examination and diagnosis is earnestly urged, and a failure to cure the patient may frequently be attributed to improper diagnosis of the form of the disease. The success of the treatment, in my hands, is due to the attention given to cleansing the mucous membrane before making any applications of medicine. It is the essential consideration in treating the mucous membrane of any part of the body, and, in the nasal cavities, which are small and easily blocked up with the excessive secretion of catarrh, its importance cannot be over-estimated. Inasmuch as the different varieties of catarrh require a distinct and separate line of treatment, I have thought it advisable, even at the risk of presenting to my readers a good deal of matter with which they are already familiar, to describe in a brief form the clinical history of the disease and the diagnostic points of each form.

A description of a chronic catarrh of any mucous membrane will answer for that of nasal catarrh, which is a chronic inflammation marked by an afflux of blood to the parts, producing swelling, hypertrophy, or atrophy, and an alteration in the quantity or quality of the secreted mucus. It may follow immediately an acute attack, or, what is seen more frequently, will set in after repeated attacks of acute catarrh, the result of constantly catching cold. Continued exposure to irritating gases, or an atmosphere charged with dust, will produce it. Hence the followers of certain trades are often its victims, as stonecutters, flower-makers, the employees in tobacco-factories, and so on. The use of tobacco undoubtedly occasionally produces post-nasal catarrh. Measles, scarlet-fever, diphtheria and small-pox, leave the patient with chronic coryza, syphilis, scrofula, tuberculosis, malaria, and, in

fact, any depressing disease places the system in a condition to get up a catarrh. Valvular disease of the heart and emphysema, from their interference with the circulation, may produce it. Also foreign bodies, such as cherry-pits, buttons, and even teeth, which have been introduced into the nostrils of children, unknown to the parents, and left there. Again, there are many persons, outside of any diathesis, who, seeming to enjoy perfect health in all other respects, have catarrh in the worst form. More catarrh probably occurs inland than on the sea-coast. Chronic catarrh may be divided, from location, into nasal and post-nasal. There may be a nasal catarrh limited to the nares proper, stopping at the posterior ends of the turbinate bones and septum; a post-nasal catarrh, confined to the vault of the pharynx; and finally, a catarrh of the whole tract, including the posterior wall of the lower pharynx, called naso-pharyngeal catarrh. Pathologically speaking, there are three varieties, with possibly a fourth: the simple, the hypertrophic, and the atrophic. The fourth division, simple ozæna, will be treated as a complication.

Simple Catarrh.—In a simple catarrh there is an inflammation of the mucous membrane, manifested by an alteration in the quantity of the secretion, which is more or less profuse, according to the severity of the disease. It is changed in quality, becoming thicker and yellow if the grade of inflammation be high. The afflux of blood to the parts deepens the color of the mucous membrane to a fiery red, and increases the nutrition of the glands so that they manufacture and pour out an abundance of mucus. The discharge is filled with mucus, muco-pus, mucous and pus corpuscles, half-formed cells, and broken, detached epithelium. The rhinoscope shows little swelling, but simply an intense redness, and the whole surface covered over with patches of stringy, whitish secretion. There is little or no pain, but an uneasy sensation and a tendency to frequently blow the nose and hawk to get rid of the excessive discharge. The most prominent and annoying symptom is the constant running from the nose. This disease may terminate spontaneously or be cured after the lapse of some weeks. If, however, it be allowed to continue for months it may run into the second or hypertrophic form, which is really another and advanced stage of the disease.

Hypertrophic Catarrh.—In this form the inflammatory action has produced such a hyper-nutrition that the cells form new hypertrophic tissue, which lies in great ridges in the vault, on the posterior ends of the turbinate bones and septum, almost blocking up the nares on the Eustachian tubes, and in the fossæ of Rosenmüller. The pharyngeal tonsil, a collection of follicular glands in the vault, similar in appearance and analogous in function to the tonsils of the fauces, is very much swollen. It is frequently the starting-point of a catarrh from which

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