

THE TREATMENT OF CATARRHS, ESPECIALLY POST-NASAL CATARRH.

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OUR damp and variable climate, subject to sudden and great extremes in temperature, with frequent alterations in winter between freezing and thawing, doubtless serves to produce and perpetuate the condition so well known as catarrh. These climatic variations have a special influence upon the vascular system, causing dilatation of the capillaries of the surfaces of the body, followed by an equally marked contraction. The acute attack usually results from sudden changes of temperature, exposure to draughts of air, to cold and dampness, to sudden cooling of the surface of the body after being heated, to getting the feet wet, or to protracted exposure to low temperature. The consequence is that when driven from the surface, the blood tends to accumulate in the interior of the body, or, as generally occurs, in the mucous membranes (the inside skin of the body), producing an acute dilatation of their capillaries, or, in other words, an acute congestion, followed by inflammatory changes, an acute catarrh, or "a cold."

Catarrhal affections are usually sporadic, but may also occur as an epidemic. The epidemic form seems to have its origin in certain peculiar conditions of the atmosphere, which at the present time are not well understood.

Catarrhal inflammation is confined primarily to the mucous membranes, and may attack one or more of them, no matter in what part of the body they may be. The symptoms, course, and consequences will depend in considerable measure upon the location of the disease, and present a very broad subject for the consideration of the physician. The duration of a simple catarrh or coryza is variously estimated by different authorities at from two or three days to nine or ten days, but all seem to agree that the patient is left with an increased susceptibility to a fresh attack. My explanation, however, of this so-called predisposition to another attack is that it is really the remains of the previous one, which, when removed, leaves the person with no greater susceptibility than at first.

The condition is of essentially the same character, whether it be found in the mucous membrane of the nose, throat, bronchi, or the digestive tract. Every congestion of a mucous membrane is accompanied by increased activity of its glandular secretion.