

## NOSE AND THROAT

IN CHARGE OF

J. MURRAY McFARLANE, M. D.,

Laryngologist to St. Michael's Hospital. 32 Carlton St.

### MODERN METHODS OF TREATING DISEASES OF THE NOSE AND THROAT.

BY O. B. DOUGLAS, M.D., NEW YORK.

More frequent than any other disease, more widely distributed, and more destructive to usefulness and happiness, if not to life, is that we have spoken of as causing catarrh. And what is the disease? has been earnestly asked a thousand times. What causes such wide destruction? Has it a specific micro-organism? I think not. Is it a blood disease? No. Can it be cured? Yes. Is it difficult to cure? Not specially. How should we go about it? Remove the cause. What is the cause? Now we have arrived at the starting point; our duty, as surgeons, is to find that cause. Where shall we look? First in the mouth and throat. Here we shall probably find the index which points toward the cause. Observe the tongue, the fauces, the tonsils, and the posterior and lateral walls of the pharynx. A typical case of "catarrh" would show a relaxed uvula, enlarged tonsils, follicular pharyngitis, and thickened and inflamed tissue back of one or both posterior pillars of the fauces. There would be some hoarseness, with a tickling and tendency to cough. Examine, if you please, the larynx; you will find the vocal bands slightly reddened, the whole larynx mildly congested. Look into the superior pharynx. Here is more trouble. The adenoid growth is enlarged; the posterior ends of the turbinate bodies are hypertrophied; the septum is thickened, and the whole passage is bathed in a thick, tenacious, muco-purulent fluid. Examine the nose anteriorly. The inferior turbinate body is enlarged, the septum more or less deflected. In one or both sides you may see above the inferior body a mass filling the fossa and pressing upon the septum. It is exceedingly sensitive, and the mucous membrane generally is congested and hyperæsthetic. Cocaine solution (ten per cent.) applied, blanches and contracts the tissues about the lower turbinate body, and reveals more clearly

the middle turbinate, which is still enlarged though under the full contractile influence of cocaine. If we attempt to pass a probe between the body and the septum, we find them in persistent contact—often adherent—and it causes severe pain, often reflected to the supraorbital region, but especially intensifies the habitual pain in the head, wherever it may have been.

The history of this case, as given by the patient previous to examination, is about as follows: frequent and easily acquired cold in the head, pain over the eyes, in the temples, and in the lateral portion of the occiput; eyes watery, sometimes painful, with difficulty in seeing distinctly. The hearing is not so acute as it should be, and there is a buzzing or roaring in the ears. The throat is frequently sore; breathing through the nose is difficult or impossible; and there is mouth breathing, especially at night. The tonsils swell and occasionally suppurate. The stomach is out of order, the bowels are constipated, the liver is torpid, and there is a general tired feeling, with more or less pain of a neuralgic character.

Such cases we see very often. It is difficult to believe the little mass we saw pressing the septum (in spite of the persuasive cocaine) to be the cause of all this suffering. But I am persuaded that the hypertrophied middle turbinate body is capable of more mischief, can cause more suffering, directly and remotely, than any other mass of its size in the human body. It will not contract—cocaine has proved that—it must be removed. We anesthetize it as thoroughly as possible; then, with scissors adapted to the work, shear off such portion as must come away in order to leave the space clear after the parts have healed. Do not cut away any more tissue than is absolutely necessary, but be sure you get just enough. We can not cut at the farther end and must twist off the mass with forceps. This causes some pain, differing greatly with different people, but not so severe as that of the extraction of a tooth. A pledget of cotton wound loosely upon an applicator, moistened in a solution of acetotartrate of aluminum (a drachm to the ounce), and perhaps fortified in its hæmostatic power by a solution of perchloride