BRIEF NOTES ON THE TREATMENT OF ACUTE CORYZA.

By SOLOMON SOLIS-COHEN, A.M., M D.

Chief Clinical Assistant, Out-patient Laryngological Department, Jefferson Medical College Hospital. Read before the Philadelphia Laryngological Society.

It is related of a celebrated French physician that, when asked how he treated a cold in the head, he replied, "With contempt." That some colds may be safely treated in this manner, universal experience will testify. That many attacks of acute coryza cause pain and distress sufficient to demand the best efforts of the physician for their relief must be not alone within the observation, but among the personal experiences of all. The writer has had occasion to test the methods here related upon his own person, and can, therefore, speak with a realizing sense of the relief afforded from annoying symptoms. The property possessed by belladonna, of checking secretion from mucous surfaces, long ago suggested the employment of this drug in acute coryza. I have however, been unable to find any reference to it in the treatises of Mackenzie or Bosworth, the most recent works published in the vernacular upon the special subject of diseases of the upper air passages.

Dr. Beverley Robinson,* of New York, speaks highly of the local use of a powder of belladonna leaves, morphine sulphate, and acacia, but does not mention the internal administration of the drug. J. Solis-Cohen † alludes favorably to the use of the tincture of belladonna in doses of twenty minims. M. Gentilhomme ‡ reports that he has succeeded in arresting the disease in several bad cases, attended with abundant secretion, fever, and embarrassment of respiration, by the use of atropine sulphate in doses of one-half milligrame given at the commencement of the inflammatory period. My own experience with atropine has been equally fortunate. It must be given early in the attack, and when so given is veritably abortive in nine cases out of ten. I have tried several methods of administration, employing granules and triturates of $\frac{1}{1000}$ gr. and $\frac{1}{120}$ gr., and a solution of one grain of the salt to the ounce of water, of which the usual dose is four minims (gr. $\frac{1}{120}$). The latter method is preferable with patients upon whose discretion we can fully rely, and to whom we feel no hesitation in entrusting a prescription for a poisonous drug. With other individuals it is safer practice to hand the patient three or four triturates or granules of the dose desired, writing explicit directions as to their use upon the envelope containing them. The manner of using the remedy which has proved most efficacious is to administer $\frac{1}{120}$ grain at the first interview (if this be on the first or second day of the attack), and to repeat the dose in four hours, provided there be no dryness of the throat. The rule for the third dose is the same; dryness of the throat or dilatation of the pupils being the indication to stop the remedy.

When a case is seen during the first twenty-four hours, two doses will often bring the affection under such complete control that the patient does not resort to any further medication. Secretion of thick, yellowish mucus, requiring the occasional use of handkerchief, will, however, usually persist for about a week, but there is, ordinarily, no embarrassment to breathing. Sometimes it is necessary to repeat the dosage in the same manner on the following day, the indication being renewal of watery discharge, suffusion of the eyes, and more or less "stuffiness" of the nose. In order to secure the full therapeutic benefit of the atropine in severe cases, it must be pushed until the physiological effect is produced; that is, dryness of the throat and dilatation of the pupil. One patient complained of the former symptom, that it was worse than the disease. In one case, $\frac{1}{16}$ gr. of pilocarpine hydrochlorate was administered by the mouth, with the effect of relieving the unpleasant sensations. Ordinarily, however, the dryness is readily overcome by allowing a few pellets of ice to melt in the mouth, or by rinsing the mouth from time to time with cold water.

More recently the effect of cocaine in emptying the engorged venous sinuses of the nasal mucous membrane, first prominently called to professional attention by Dr. Bosworth, * has led to its employment in the treatment of acute coryza. While the relief is almost immediate, even in cases where there has been great obstruction to breathing, the effect passes away in from two to three hours, and the drug is too expensive to * use as often as may be necessary. I have found the fluid extract of erythroxylon to be equally efficacious, if instilled into the nose in sufficient quantity. The alcohol of the fluid extract is, however, objectionable, producing considerable smarting. An effusion can be made of equal strength † by the addition of a small quantity of glycerine, and by this means we get rid of all unpleasent effects not inseparable from the drug. The employment of a preparation of coca will give excellent results in connection with the atropine treatment. The patient is given a glass "dropper" slightly curved at the end, such as is used by oculists, and instructed to flood the nose with the infusion of coca whenever it becomes "stopped up." He is directed to draw the medicine back into the throat, in order to make sure of reaching the posterior ends of the turbinated bodies.

---

* A Practical Treatise on Nasal Catarrh, New York, 1880, p. 600.

† Diseases of the Throat and Nasal Passages. Second Edition. New York, 1879, page 336.

‡ *Union Medicale*, September 4, 1883; *Medical and Surgical Report*, December 15, 1883, p. 66.

* *Medical Record* (New York) November 15th, 1884.

* This objection, in the interval between the reading and the publication of this paper, has been obviated.

† Mr. Stedem, of Philadelphia, makes an infusion of coca, two grains to the minim. I am indebted to Dr. Jurist for a specimen of this preparation.