

WHITE (Jos. A.)

Mistaken Impressions

ABOUT

Nasal Catarrh and its Treatment.

BY

JOSEPH A. WHITE, A. M., M. D.,

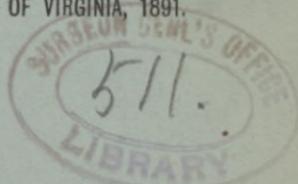
RICHMOND, VA..

Professor of Eye Diseases, and Associate Professor Ear, Throat and Nose Diseases
in the College of Physicians and Surgeons, Richmond, Va.; Senior Surgeon
to the Richmond Eye, Ear, Throat and Nose Infirmary.

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and "SUCCESS NASAL SYRINGE."

(See Page 5)



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MISTAKEN IMPRESSIONS
ABOUT
NASAL CATARRH AND ITS TREATMENT.

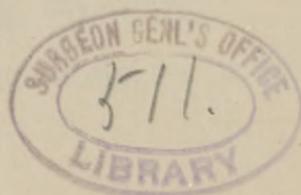
By JOSEPH A. WHITE, A. M., M. D., of Richmond, Va.,

Professor of Ear Diseases, and Associate Professor Ear, Throat and Nose Diseases in the
College of Physicians and Surgeons; Senior Surgeon to the Richmond Eye, Ear,
Throat, and Nose Infirmary.

What mistaken ideas are prevalent about nasal catarrh! What a horrible thing it is considered by the general public! What a nuisance it is thought to be by the profession! Most persons look upon it as something to be concealed, to be ashamed of; as something loathsome, bringing unknown miseries in its train. The profession at large regard it as a practically incurable disease, and hardly make an effort to combat it.

Why these mistaken ideas, when the truth is that nine cases out of ten can be cured absolutely, and in very few cases of catarrh is there anything loathsome or offensive—nauseating secretions and unpleasant odors existing only in a small minority.

The answer is two-fold: The education of the public in regard to catarrh comes principally from newspaper advertisements of some bogus catarrh cure, bolstered up by a number of affidavits frequently from clergymen and other apparently prominent persons; and medical practitioners are careless or indifferent about correcting the impressions thus formed. It is a singular fact that nearly all quack remedies have any number of affidavits from clergymen of their efficacy, frequently in a multitude of troubles so different that, even if one were true, the others could not be.



How these good gentlemen are so credulous as to be imposed on in this way is strange, but it is nevertheless true, as can be seen by referring to the advertisements—as, for example, of the Royal Germateur.

The imagination of people who read these advertisements and circulars about catarrh, which are so widely distributed, are so inflamed by the terrible pictures presented of neglecting this insidious enemy of their health and peace of mind, that many think they are already in the grasp of the fiend, and at once look for relief to the specific vaunted in the advertisements. If something is not done, "consumption," or some equally serious ailment may be an early consequence of the neglect.

Frequently, a very slight nasal affection, which would recover under the simplest rules of cleanliness, is aggravated by the so-called specific. When failure to cure results, the party consults a physician, who, in many cases, tells him that he can do very little for him, and that catarrh is a practically incurable disease. I have had letters from doctors again and again, asking what to do for cases of catarrh of the nose, throat, or ear, and saying they would send the patient on, if the prospect of relief would warrant the expense, but they did not think it would.

If the general profession would pay a little more attention to this matter, and inform their patients of a few simple facts in regard to nasal and throat troubles, quack doctors and quack remedies would not flourish as they do.

What is so-called nasal catarrh, in its popular acceptance? The term seems to cover a multiplicity of nasal and post-nasal troubles—applicants for treatment laying stress on many different symptoms, and referring them to catarrh. One says he is annoyed by a discharge from one or both nostrils; another by a constant tendency to clear the throat; another by inability to breathe freely through the nose; another by a feeling of oppression about the nose, and headaches; another by a tickling in the throat; another by a cough—although his doctor says his lungs are sound; another by recurring attacks of hoarseness; another by a feeling of fullness and noises in the ears; another by a disagreeable odor of the breath; and so on, *ad infinitum*.

Now, are all these manifestations due to so-called nasal

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The disagreeable taste of the drugs has been masked with Aromatics, and it will be found a valuable remedy where a Uterine Tonic and Anodyne Sedative is indicated.

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catarrh? Certainly, if simple rhinitis, inflammation of the post-nasal space, enlargement of the nasal tissues, glandular developments at the vault of the throat; thickenings, outgrowths and deviations of the partition of the nostrils, and abnormal growths in the nasal chambers—all of which cause more or less flow of secretion from the nose or throat—are to be classed under the generic name of “nasal catarrh,” as the public and most of the profession seem to think. The trouble seems to be in the misapplication of a term which we all use, and which was a misnomer from the first. All that it means is that there is some abnormality or disease of the nasal chambers; and it can be applied to any number of troubles of the nose, and of the upper part of the throat, behind the nose and palate.

Even in this rather broad interpretation of the term, I can safely say that no class of diseases is more amenable to treatment than this, and none gives more satisfactory results. At least 90 per cent. can be radically cured.

Let doctors give the attention to this subject that they give to many others, or at least learn to examine the *post-nasal space*, which can be easily done by using my palate retractor; for no physician can give intelligent advice, in a case of so-called catarrh, without a thorough examination of this space. Because they do give advice without doing this, and consequently without seeing what the trouble is, with an absolutely negative result to the patient, the latter, in despair, turns to quack remedies for the relief he wants.

Nearly all cases of discharge from the nose or upper throat depend upon the presence of some enlargement or growth, or projection, or deformity of the tissue, in the nasal spaces (except those advanced and neglected cases where shrinkage of the tissues has resulted), and its cure depends on the restoration of these spaces to their proper condition by the removal of these abnormalities; and, in my experience, if this is judiciously done, the cure is sure and radical.

Among the commonest causes of nasal catarrh is *adenoid tissue* at the vault of the throat behind the nasal openings—an enlargement of the glands of the mucous membrane of the vault, the so-called *third tonsil*. It assumes various shapes, and is some-

times soft, and sometimes quite dense and tough. In children with the *snuffles*, and with obstructed nasal respiration, we nearly always find adenoids. Their removal invariably cures the nasal affection, and the deafness also, when present; or prevents the ear complication from supervening, as it so often does, if the growths are not removed. Sprays, salves, washes, powders, etc., are all of no avail until this tissue is taken away. They are useful for cleansing and disinfecting purposes; but, as remedial agents, they are a failure, until the parts are restored to the condition suitable for normal drainage and ventilation.

Nearly all children, with *enlarged tonsils*, or with a tendency to recurrent inflammation of the tonsils, have adenoids at the vault. Nasal discharges, irritable throats, tendency to colds, stuffy voice, headaches, coughs, noises in the ear, dullness of hearing, drowsiness, inflamed eyes, mouth-breathing, and a stupid appearance, are all sequences of this condition when overlooked or neglected. Children are never too young, and adults never too old, to have adenoid tissue, in whatever form it presents itself, removed; whether by cutting, scraping, burning by cauterium or acid, makes no difference, if it is done with that judgment and skill that is necessary for all surgical work. Under cocaine the operations are practically painless. I have never seen a case of nasal catarrh cured where adenoid tissue was present unless it was first taken away; and I have seen cases that had been treated for years before I performed the operation which resulted in its perfect relief. The same may be said of all forms of nasal obstructions, whether due to thickenings of the tissues, growths, or to deformities of the partition between the nostrils, for they are equally productive of so-called nasal catarrh when present.

Especially is this so of the alterations of the septum or partition wall between the nostrils. It is absolutely essential that this partition be restored to its proper shape and position by surgical methods.

This, of course, should be done with judgment, and it makes no difference by what means it is accomplished, provided the passages are restored to their natural calibre. I am no advocate of any special method of operation, and think all have their uses in different cases. I am not writing a paper on nasal

catarrh, but simply making a plea for a more rational method of treating such cases by the profession at large, so that they will not fall into the hands of quacks, or place their only hope on quack medicines.

When it is not practicable to have the proper surgical procedure instituted at once, antiseptics and cleansing methods should be used until this can be done; and after the nasal chambers are restored to their symmetry, the same measures become still more valuable, and their continuance will result in a cure.

We wash our faces, hands and persons; we brush our teeth; why not wash our noses?—especially if there is occasion for it. Specialists are somewhat at variance as to what are the best cleansing applications, but nearly all are agreed upon some antiseptic wash. The wash that I use most frequently is made with Seiler's Antiseptic Tablets (as manufactured by The Virginia Pharmacal Company, of Richmond, Va.) and when they are not at hand, lukewarm water and bicarbonate of soda. These washes are used with what is known as the "Success Nasal Syringe,"* a modification of "Shoemaker's Nasal Syringe." The bulb is filled, the elastic tube is passed through the nostrils into the post-nasal space, and by squeezing the bulb the parts are thoroughly cleansed. It should be used in both nasal passages, and repeated until no discharge comes away.

It is much more efficacious than an atomizer, quite as effective as a nasal douche without its risks, and can be carried in the pocket. Even children soon get expert with it, and by its use the nose and post-nasal space is kept free from secretions, and the mucous lining cleaned for the application of any remedial agents. A weak solution of bi-chloride of mercury, 1 to 4,000 or 5,000; or peroxide of hydrogen, may be substituted for above washes in cases suitable for these latter remedies. In some cases, after the cleansing, an application of eucalyptol in vaseline, or a powder of aristol and subnitrate of bismuth can be used according to the condition of the parts—the former blown in with a glass tube, the latter, with a piece of rubber tube. The whole thing can be done in ten minutes, and the patient does it himself—all of his appliances, except water, being carried in his pocket, if he so

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desires. Clumsy apparatus, douches, atomizers, vaporizers, etc., etc., can be reserved for absolutely necessary office work, and the patient is not worn out in his efforts to get well by spending so much time and money as to be disheartened. Here let me say that the practice of keeping patients coming to the office day after day, and week after week to have their noses sprayed, is a good thing for the doctor, but rather hard on the patient, who can save his money, and do all for himself the doctor can, except the surgical work. There is no doubt that such treatment is beneficial by its cleansing effect, but it is a question if any case of so-called nasal catarrh is ever cured in this way. As soon as the treatment stops, the apparent improvement disappears.

How long does it take to do what is necessary in a case of catarrh, so that the patient can continue the treatment without medical advice—is a question often asked. This depends on the amount of surgical work to be performed, and the ability of the patient to submit to it. In some cases it can be done in ten days or two weeks; in others, it may take many weeks, as an operation can be done only once in five or six days, because of soreness or irritation set up. Each case may require different operations, and may take a varying length of time; and no one case is a guide for another.

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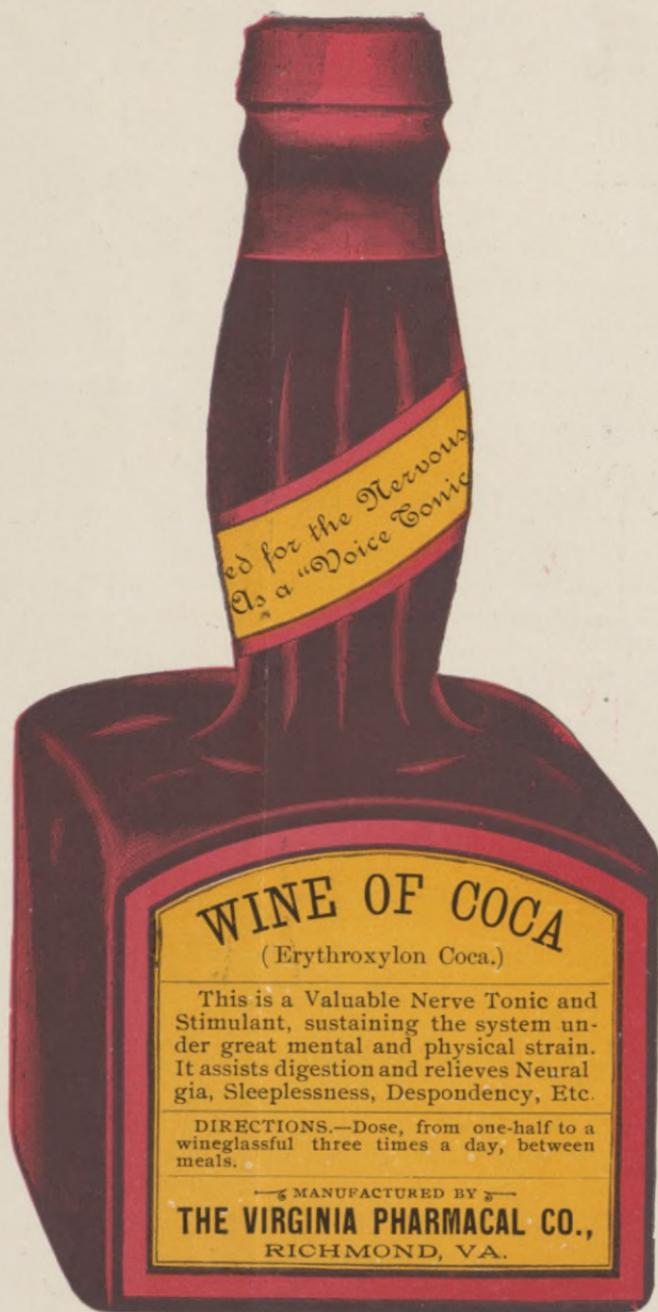
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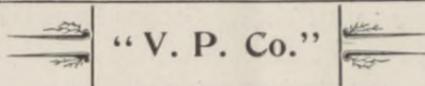
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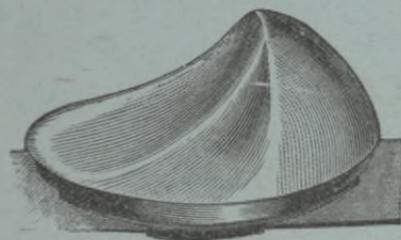
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