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NOTES ON CATARRHAL INFLAMMATION OF THE
NASAL CAVITIES IN THE YOUNG.
—TREATMENT.

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For several years I have been noting the effect of inflammatory troubles of the nares, pharynx and larynx in the young. A large number of cases examined and treated by myself and assistant, Dr. N. F. Penn, have been students at the various literary colleges of this city, and children under ten years of age.

Observation has proven the lamentable fact that parents and the true, honored and beloved family physician neglect, too often and too long, what is commonly called a "cold in the head," or a "sore throat," and the majority of cases were not seen until sub-acute rhinitis, otitis media, phlegmonous or suppurative tonsillitis, or thickening of the chordæ vocalæ, had developed.

Acute Rhinitis.—It is hardly necessary for me to say that the usually accepted definition of acute rhinitis (catarrh) is "a cold in the head;" this is thoroughly understood and accepted by the majority of the laity.

Chronic Rhinitis.—Chronic rhinitis is accepted by the majority of medical men to be due to (a) a succession of neglected "colds in the head" (acute rhinitis); or (b) stenosis of the air-passages, the result of hypertrophic or hyperplastic tissue, or malformation—either traumatic or idiopathic. Observation has shown that there are few cases of malformation of the interior or exterior of the nasal organ that are of idiopathic origin, by far the larger number being due to traumatism—the result of a blow or fall.

In this short article I shall refer very briefly to the etiology and pathology of this subject. It is well known that acute inflammation of the nasal mucous membrane (rhinitis) is caused, in the majority of cases, by exposure to cold when the body is overheated or want of sufficient clothing, especially protective of the

feet, lower limbs and head. One can scarcely walk out on the street, even in a small city, without noticing the imperfect protection of the feet, legs and head of children from three to eight years of age. We have frequently seen *infants* with symptoms of meningeal inflammation, due to acute inflammation of the nasal mucous membrane, this causing turgescence to such an extent that there was almost stenosis of the cavities; also extension of the trouble to the eustachian tube and middle ear. These troubles, of course, cause fretfulness, elevation of temperature, inability to swallow with comfort, and finally, when the disease has reached the middle ear, we have symptoms of meningitis or some serious nervous disturbance.

After the child reaches the age of six years the symptoms above mentioned (as result of *acute rhinitis*) gradually decrease, or chronic inflammation is the result.

Chronic rhinitis (simple) is frequently met with in childhood, and, as a rule, is easily cured, unless there is a strumous or tuberculous diathesis; even these cases are curable, or vastly benefited if taken early.

This disease, like all diseases of the air-passages, is greatly intensified by inattention to hygienic surroundings and proper and sufficient clothing. In the male youth and adult, one of the most exciting and frequent causes of diseases of the upper air-passages is the use of tobacco, especially the fashionable, common and pernicious habit of cigarette smoking. Tobacco, in any form, I believe to be injurious to a mucous membrane, especially so when brought into contact with it by smoking.

Space will not permit my entering into a lengthy argument against the use of this plant, but attention is asked to consideration of the following arguments:

1. "Tobacco produces an exhilarating effect on those individual only who have acquired the tobacco habit."
2. "The pleasurable sensation arising from the use of tobacco is not experienced except during the time it is depressing the system."
3. "It is quite questionable whether the exhilaration following the use of tobacco causes the consumer of it to enjoy life to a greater degree than those who do not use it."
4. "The congestion occasioned by the action of tobacco on the mucous membrane of the superior portion of the respiratory tract resembles, in many respects, the congestion resulting from

the effects of a cold, and, like effects of a cold, some are transitory and some permanent."

5. "The local effect of tobacco on the mucous membrane of the nose, throat and ears, is as predisposing to catarrhal disease, *as is inefficient and insufficient clothing of females.*"

6. "The local effect of tobacco on the mucous membrane causes a more permanent relaxation and congestion than any known agent."

Pharyngitis, as a rule, is the result of inflammatory trouble in the nares or pharyngeal vault; the majority of cases seen by me have been preceded by *rhinitis*, and relief of the latter brought relief to the former.

Tonsillitis and *Laryngitis* will form the subject of another article, and is simply referred to in this one.

TREATMENT.

Acute Rhinitis.—Under this head I shall confine myself to the brief consideration of the *local treatment* for the diseases referred to, not by any means underrating the *necessity* for constitutional treatment; symptoms, circumstances and idiosyncrasies, and violence of the attack govern the physician in this. The constitutional medication employed by me in *acute* cases has been that which is almost universally accepted, *i.e.*, (a) antiphlogistic, (b) diaphoretic, (c) diuretic; these, or either one of them, preceded by a cathartic if necessary.

Locally, a mild detergent, heated a little above the temperature of the body, should be gently sprayed into the nares until the cavities are thoroughly cleaned and the turgescence somewhat relieved. This is best accomplished by using the spray tubes of Dr. A. DeVilbiss, which are by far the best and most durable known to me. It is all metal, does not corrode easily, does not become plugged up easily, and if it does is readily and thoroughly cleaned; it is light and easy to manipulate, and by simply rotating the point can be made to throw a coarse or fine spray in any direction. Fig. 1. The following formula has given me best results as an unirritating detergent:

R _y .—Ac. Boracic,	ʒ ss.
Sodæ Bibor.,	gr. xx.
Sodæ Bicarb.,	gr. xx.
Listerine,	ʒ i. to ʒ iii.
Sol. Cocaine Hydrochlor. (1 to 2 per cent.),	
	ad. q.s., ʒ viii.

M.—Ft. sol.

This, followed immediately by a spray of twenty to thirty drops of warm vaseline, will be found to be very soothing, and can be used every one to four hours.

During the later stages of acute rhinitis, if the secretion is abundant and muco-purulent, two to twenty drops of a twenty-five per cent. solution of resorcin in glycerine, to one-half dram warm vaseline, as an astringent and antiseptic has given best results.

Chronic Rhinitis.—The sequel of acute rhinitis requires more heroic treatment. The strength of the detergent should be increased (*i.e.*, R_y—Ac. Boric, gr. xxxv. to ʒ i.; Sodæ Bibor., gr. xxxv.; Sodæ Bicarb., gr. xxxv.; Listerine, ʒ ij. to ʒ vi.; Glycerine, ʒ ss.; Sol. Cocaine, one-half to one per cent., ad. q.s., ʒ viii.) and used once or twice daily, followed by the warm vaseline and resorcine, the quantity of both being increased. Should this not produce rapid improvement, small quantity of tr. pinus canadensis or glycerole of tannin may be added to the vaseline mixture. Occasionally in patients from twelve to sixteen years of age an application of a ten to seventy-five per cent. of trichloro. acetic acid (C.P) is necessary to reduce the turgescient or *hyperplastic* membrane. This is applied by means of a flat probe, the parts having been previously anæsthetized with cocaine (four per cent solution).

In patients over four years of age the pharyngeal vault and post nasal space should be coated with the medicated vaseline spray. A ferruginous tonic alterative is usually indicated in cases of chronic rhinitis.

CONCLUSION.

In this short article I have almost ignored symptomatology, as well as etiology and pathology, of my subject. The object has been to impress upon(or "hint to") the busy practitioner the importance of the *early recognition* of these diseases in infancy and childhood, and the necessity of *early* treatment, and also of calling attention of parents, whose medical advisors they are, to the way

their children *ought* to be dressed, and the danger of using tobacco. If I succeed in getting the reader to "think of these things" I am sure no harm will follow. The many able works on "Diseases of the Nose and Throat" by eminent men in the profession contain all the scientific knowledge of the symptomatology, pathology, etc., that great minds and deep research can ascertain. For these reasons, these have simply been referred to. A good head mirror, nasal speculum, tongue depressor, and medium sized throat mirror will enable any medical man to make a thorough examination and correct diagnosis of disease of nares and pharynx. The subject chosen relates to treatment of catarrhal inflammation of the nares in patients from one day to sixteen years of age. Surgical treatment for hypertrophic rhinitis or deflected septum I do not think is justifiable in patients under sixteen years of age, *unless* the stenosis is complete or fails to be relieved by treatment suggested. True hypertrophy is *rarely* if ever found before puberty. *Fetid coryza* or *ozena* in the young is treated the same as chronic rhinitis only the detergent is used more frequently.

(1) In every case of persistent discharge from nasal cavities or profuse lachrymation, or "snuffles," the nares should be thoroughly examined for the cause.

(2) The same is true regarding earache, tinnitis aurium, or otorrhœa.

(3) *No one* can have a healthy pharynx, larynx or ears who is a mouth-breather; if this be due to nasal stenosis it demands relief.

(4) The treatment employed should be *thorough*, at the same time *mild* and *non-irritating*.



