ROBINSON (B)

[Reprinted from THE CLIMATOLOGIST, December, 1891.]

NOTES ON GENERAL *versus* LOCAL TREATMENT OF CATARRHAL INFLAMMATIONS OF THE UPPER AIR-TRACT.

By BEVERLEY ROBINSON, M.D.,
NEW YORK.

One of the constantly recurring topics of discussion between the general practitioner and the specialist is the relative importance of general and local treatment of catarrhal inflammations of the upper air-tract. This depends, no doubt, in great part, upon the differences in the field of their observation. Thus the general practitioner regards the body as a whole made up of very numerous parts. In the diseases of any particular organ he is prone to trace the relations which exist between them and sufferings elsewhere, and to remark that very frequently it is only in proportion as some, more or less remote, organ is favorably modified as to its structural or functional disturbance that the disease, for which advice is sought, is benefited or cured. True, the specialist will say that he makes similar researches to those of the general practitioner as far as he is able; and, when at fault, seeks other and, as he believes, helpful advice. But is it possible for him to do so in all cases, and even if he could, would his final judgment of what it is best to do for the patient be as good as if the latter had in the beginning the broader advice and treatment of a general physician? These and many other questions of a similar kind have been presented and answered, as we all know, in opposite manners from the time specialism first showed its real strength. In the relations which specialism bears to the treatment of inflammatory diseases of the upper air-tract, it is often difficult to determine to what extent her influence has been useful. At the present time if any one who is thoroughly conversant with general medicine raises his voice before an assembly

of throat and nose specialists in favor of many time-honored views, such as the importance of diathesis in the causation of these affections, their relations with errors of diet, habit, or mode of life; their dependence upon malaria, syphilis, or tuberculosis, it is scarcely too much to say that such views are often shown to be unpopular and antiquated by the manner in which they are received. A few, it may be, of those present are willing to acknowledge that there is more than a grain of truth in opinions thus expressed; but the majority shakes its head negatively and merely considers the writer, or teller of the story, as a benighted person of a past era.

The reverse of the picture is, however, also true and not seldom encountered. And here I mean those very conservative practitioners who still regard the knowledge acquired by the laryngologist and rhinologist as of very doubtful value, and who no more believe in the untold ills occasioned by hypertrophy of the turbinated bodies, or a deviation of the septum, than they do in anything else that to them is somewhat mythical. I believe, and I always have believed, that the true position is held, and only can be held by the general practitioner, who has sufficient special training to allow him to be fully appreciative of what is being done properly in that line, but who is in daily contact, also, with the multiform diseases of the human economy in almost every organ.

On the latter ground, which I regard as *terra firma*, figuratively, I have long stood. Each year, as it passes, more thoroughly convinces me of the soundness of my views.

To pass from these general remarks to the study of our subject, I would begin by asking, What does it profit a man's nose to be sawed, gouged, or trephined, because the pituitary membrane is inflamed? Does it improve more rapidly than if the old methods of inhaling, spraying, and douching were continued? To these queries, of course, no general answer can be given which does not, of necessity, carry with it numerous exceptions. After all, however, it is useful to point out certain rules of guidance which shall enable us to practise intelligently, and to do what is sensible with the various special cases as they arise.

I am of the opinion that in instances of marked obstructive

disease of the nasal passages due to the presence of mucous polyps, or a bony or cartilaginous overgrowth of tissue, that freedom should be given to nasal respiration by means of suitable operative interference, provided always that the obstruction is wholly dependant upon one or other of these conditions. When, however, the obstruction is only of such a character as to be really objectionable when inflammatory disease of the mucous membrane of the nasal passages is, so to speak, grafted upon, or attached to it, the problem is not so easily solved. A large proportion of adult persons have more or less obstruction of one or the other nasal passages in a certain sense. I mean by this that one nasal passage is less free than the other.

This can be readily determined by those present in pressing gently upon one naris, and then breathing in and out through the other nasal passage. When they have tested one nasal passage in this manner, let them reverse the process by pressing on the other naris and drawing the air with each inspiration into the nasal passage, which was at first closed, with the finger. The statement which I have just made, and which has been repeated by me on several occasions, proves conclusively to my mind, that we must not expect all adults to breathe equally well through both nasal passages. Are such persons to be considered in an abnormal or unhealthy condition and requiring operative interference? My anwer is: If the obstruction be permanent, and evidently causes disease in adjacent organs, as the eye, ear, or larynx; or if the patient be visibly annoyed, or distressed by the existing condition, it should be removed. If, however, the obstruction be only occasionally objectionable, and at such times depends upon the swelling and engorgement of the pituitary membrane, then some suitable local applications are all that is required, unless the constitutional condition, or the condition of some organ be such that we find the indications for general treatment. If local applications alone be required, it is, of course, very important to make those that are beneficial. And here it is that the wisdom of the practitioner is essential. If the lining membrane of the nose be already acutely or chronically inflamed, we must not increase these conditions. It will not do, for example, to try warm inhalations, or warm sprays, upon an inflammatory condition of a few

hours' standing, and afterwards allow the patient to go into the open air. Especially is this true, if there be any febrile movement in connection with the inflammatory process.

Again, whilst there is a small proportion of patients who obviously get a measure of relief, usually temporary, from the use of the nasal douche, yet this means of treatment has been shown to occasion additional obstruction of the nasal passages in very many cases. Not infrequently, even when certain precautionary measures have been adopted, the ears have become acutely inflamed, and gone on to suppuration, following its use. Applications in the form of spray of a soothing and protective coating like that of vaseline, or cosmoline oil (or the proprietary distillations called variously albolene, benzoïno, glymol, etc.) have a great advantage in that they do no harm, and often ameliorate the unpleasant symptoms from which the patient suffers.

Although this statement is undoubtedly true, I have always present to my mind the fact, that with an engorged liver and portal system, unless a few repeated moderate doses of salts be given, the nasal obstruction will often continue most obstinate and rebellious. A passing bilious attack, with coated, broad, flabby, indented tongue, coppery taste in the mouth, slight nausea, belching of wind, tenderness on pressure over the epigastrium, torpid or relaxed bowels, will often be the forerunner or accompaniment of nasal inflammation producing obstruction, which will only yield definitely to abstemious living and the use of appropriate alkaline remedies. These attacks may be infrequent or frequent, depending much upon the habits and constitutional tendencies of the patient. After many such attacks the liver has slight permanent enlargement, and the stomach fixed catarrhal inflammation. When this is the case we shall often find chronic hypertrophy of the turbinated bodies, doubtless occasioned by frequent recurrent inflammations, and which can only be reduced to a condition permitting free nasal respiration by one or more cauterizations with acid or electro-cautery. And here I would direct attention to the fact of the very great relief afforded to the patient in this manner. Patients who, previous to the cauterization, had been uncomfortable during the day, and sometimes almost sleepless during the night, owing to their absolute inability to get

air through their nasal passages, are restored to peace and tranquillity in a few days, or even twenty-four hours, by an innocuous operation in the great majority of cases. To any one who has witnessed the great discomfort, or even absolute suffering, of an individual who has pronounced nasal obstruction, caused in part by thickening of the nasal mucous membrane, and aggravated by an acute inflammatory attack, the amount of positive relief afforded by this local interference is a source of great satisfaction, and, if seen for the first time, of genuine wonder. Whilst entire relief may frequently be afforded by one or more simple cauterizations, there are times where more positive action still is required on account of a thickened, or deviated septum. In these instances we must make use of Jarvis's or Weir's forceps, the nasal saw, or the nasal trephine. Here I would, however, throw out a warning note, that these instruments should be used only when really required, as their employment makes a raw surface which requires time and care to heal entirely, and in rare instances leaves an ulceration or scarred area, which causes long-continued pain and irritation. Usually speaking, however, the operative procedures on thickened turbinated bodies, or a deviated or thickened septum in a nose in which the condition inside is markedly hypertrophic, are not followed by unpleasant sequelæ nearly so often as when the inflammatory condition takes on an atrophic character. There is, however, a wide-spread belief, not only amongst general practitioners, but also amongst specialists, that the hypertrophic variety of rhinitis, with considerable occlusion of the nasal passages, is the form of disease which occasions most of the distressing symptoms connected with adjacent organs, as the eyes, ears, tonsils, pharynx, larynx, and bronchi.

In my belief, this is not true, for several reasons. In the first place, when nasal obstruction becomes very pronounced, it is usually so distressing that the patient demands local interference, and this latter occurs usually before serious complications arise. Besides, so soon as the nasal passages are freed by cauterization, or other operative procedure, the relief afforded to the patient is, as a rule, rapid and evident. Finally, to repeat myself, the complications of an obstructed nose are not so considerable or frequent as one is led to infer by reading late periodical literature on

this subject. Of course, suppurative otitis, sunken drum membranes, ankylosed ossicles, chronic conjunctivitis, hay fever, or bronchitic asthma, may all be occasioned by occluded nasal passages.

It is well to remember, however, that the worst forms of these troubles are usually found in patients who have free nasal respiration, and are unmindful, to a great degree, of their intra-nasal condition until their attention is directed to it by the specialist as the cause, or concomitant condition, of disease in adjacent organs. The relatively free nasal passages with dry irritable membrane, somewhat glazed surface and obvious thinning of the membrane itself, whilst the vessels often bleed profusely from the slightest irritation, are the cases which I dread the most, so difficult do I find it to improve or wholly relieve this condition. Here, again, the question comes up, How must we treat these cases, locally or generally, or by a happy combination of both kinds of treatment? In these instances, all harsh local measures should be absolutely avoided. In some of them I have found that cauterizations, especially with the electro-cautery, have healed with great difficulty. Indeed, on one occasion that I recall with considerable regret, although fortunately I was not the operator, I doubt very much if the ulceration ever got entirely well. There seems to be so little vitality in the tissues that they are unable to recover from any loss of substance, except with the greatest care and attention on the part of the physician.

In the way of local remedies of very many kinds that I have tried in the form of inhalations, sprays, and powders, there are none which have been of very great value in establishing a cure. I am of the opinion, however, that mild carbolized ointments, applied upon cotton-wrapped probes, have been most useful in relieving the dryness and irritability of the nasal mucous membrane.

In those individuals particularly, in whom the tendency to the formation of crusts and scabs is most pronounced, there is nothing so beneficial locally as keeping the surfaces constantly coated with an ointment, the base of which is vaseline or oil. Goulard's cerate is one of my favorite remedies, when it is freshly made and

when the crusts are attached to the septum near the nares. Indeed, whenever these crusts are intimately adherent to an ulceration of the septum at this level, and are related to it either as a cause or a result, I have found latterly that I have obtained as good or better results by keeping the crusts and underlying mucous membrane thoroughly lubricated with an ointment, as by occasional applications of any astringent or caustic fluid. The saturated solution of the sulphate of copper was formerly much used by me in these cases, but during the past two years, especially with my patients who will carry out my instructions carefully, I rarely employ this application. Inasmuch as I find a diathetic condition present in many instances, notably rheumatism or gout, I have sent such patients to Sharon or Richfield, during the summer, and during the winter I find judicious alkaline treatment, with or without the addition of colchicum, as the most beneficial I can institute. Indeed, without this general medication, I find that local treatment has comparatively little value. Take, for example, those too frequent cases of atrophic catarrhal inflammations of the nasal and naso-pharyngeal mucous membrane, which ultimately produce such regrettable results in causing chronic dry proliferative aural catarrh. The sunken drumheads and ankylosed ossicles are, in these instances, as we all know, the anatomical factors connected with greatly impaired hearing and tinnitus aurium of a sort to relieve which anything done locally, short of removal of the membrane and ossicles themselves, seems wholly powerless.

Whilst I cannot claim from any general treatment to have cured these conditions when they were far advanced, or when the tinnitus had become a constant symptom in the disease, I am quite sure that I have prevented the local stage more than once from reaching that state in which life itself is at times almost unendurable from unceasing noises in the head. This surely is no small thing accomplished, if we once realize how many bright intellects have gone to waste, and how many times the happiness of a household has been destroyed by an affliction which the aurist alone claims to treat, and which, I believe, properly understood, may surely be helped by the timely intervention of the general practitioner.

I know a lady in middle life, formerly a patient of mine, who was a constant subject for eye, ear, and throat treatment during several years, who now allows these organs to remain unmolested because she does not suffer with them, and because she has been greatly improved in general health by strictly carrying out treatment suitable to her rheumatic dyscrasia.

I had a young lawyer friend and relative under my care some years ago, who has since died, after a too brief and brilliant career, who was more relieved of the distressing symptoms connected with chronic aural catarrh by two seasons at Aix-Les-Bains than he ever was by the continuous treatment of different distinguished aurists and laryngologists in America and Europe.

Such examples have made a lasting impression on me, and with a broader and larger experience I feel competent to give them their full value and to translate their bearings to those before whom I have the pleasure and honor of reading this paper.

There is a most obstinate form of cough occasionally explained by hysteria, anæmia, a disordered stomach, fibroid changes in the lungs, puberty (as Sir Andrew Clarke would have us believe), which, I am sure, is simply dependent upon an enlarged lingual tonsil.

Try all kinds of general treatment that you may, give change of air and habits, tone up the system by every sort of corroborant, and sometimes such a cough will defeat all your best directed efforts. Local treatment judiciously employed, will alone at times relieve persons thus affected.

Such a case was under my care for several weeks last winter at St. Luke's Hospital, New York City. The patient was a young woman, single, and somewhat anæmic, and presumed to be hysterical. From these standpoints all rational treatment was tried until it was proven to be utterly futile. The patient was then placed in my charge. Upon examiuation I found she had a very much enlarged lingual tonsil which pressed upon the anterior surface of the epiglottis and lapped over a portion of its free margin.

Active cauterization with the electro-cautery repeated several times at intervals of a few days, reduced materially the size of the tonsil and relieved the cough entirely.

I would not have my hearers believe, however, that all enlargements of the lingual tonsil can be thus cured. On the contrary in some cases that I have seen even after very thorough cauterizations the tonsil has remained undiminished as to its increased size, or else it has been smaller for a time and afterwards has become, more or less rapidly, quite as large as it was at the beginning of local treatment.

Finding this to be true, I have naturally searched for the cause. In some instances I have found the profession at fault, or, rather, the use of the voice adjoined to a profession which is especially trying to the vocal powers. In more than one instance the vocation was that of a nurse, in another a preacher, in a third a broker.

Occasionally the profession itself did not seem unfavorable until upon close questioning, the patient showed that from necessity he, or she, was forced to make immoderate, or injudicious, use of the voice. This bad habit was frequently allied to a general condition decidedly poor in which anæmia and lowered nerve-nutrition were clearly integral factors in the case. Of course the treatment in these examples was directed as far as could be to the correction of the evident great defects in the mode of life.

Occasionally I have discovered that an underlying rheumatic dyscrasia was alone at fault, and so evident has this been—notably in one of my cases reported in the New York Medical Record, last winter, that every time the joints became more or less painful the throat was relieved and the lingual tonsil was visibly smaller in size and less angry looking. In a patient under my care at the present time, a bachelor forty years of age, of excellent general health, with, however, a rare outbreak of lithæmia, owing to too rich diet, there have been at various times marked symptoms of throat irritation due obviously to the presence of an enlarged lingual tonsil. More than once the most annoying symptom was that of a recurrent, obstinate, paroxysmal cough with little expectoration of phlegm. In fact there were scarcely any sputa at all, but merely an unpleasant feeling of dryness localized at the base of the tongue, and the occasional raising of a small pellet of inspissated mucus. This dryness could be quite effectually soothed for a while by applications of carbolic acid and

glycerine (fifteen grains to the ounce). Unfortunately, this sensation soon returned, and nothing I could do would entirely relieve it. After a somewhat prolonged hot spell, with a close, muggy atmosphere, my patient had a very distressing attack of facial eczema. No sooner had the eruption fairly appeared around the angles of the mouth, and on the skin of the upper lip, than all the throat symptoms disappeared, and the patient had no longer any of the throat disturbances to which I referred a moment ago. Occasionally the phenomena are different from those already described, and the sensation of a foreign body constantly in the throat, with that of a band constricting it more or less tightly, is what the patient complains of. Every effort of swallowing is painful and difficult, and at night the choking feelings are such that these patients are either prevented from going to sleep, or if they do sleep for a few hours, they awaken with a start and in a state of terror difficult to control. Their breathing is obviously obstructed, their face congested, and large drops of perspiration stand out as beads upon the forehead, thus betraying their anxiety and physical distress. Steam inhalations impregnated with turpentine, or benzoin vapors will relieve such cases when nothing else will. Beware of attributing them to the existence of spasmodic asthma, or to that sort of dyspnœa and dread caused by a chronically diseased and laboring heart. Last spring I had under my care a young lady sent to me from the New York Hospital, who had gone without solid food during six weeks for fear lest she should choke to death if she made an attempt to swallow anything of firm, or semi-solid consistence. All my persuasive efforts, all my simulated severity remained without effect for many weeks, and my patient grew weaker daily, and was the source of much solicitude to her family and friends. It is true that in this case there was a marked nervous element present, and yet antispasmodic drugs, although thoroughly tried, were not of the slightest benefit. The lingual tonsil itself was notably enlarged, and at one time lapped over the free border of the epiglottis in such a way as to considerably interfere with the movement of this organ during deglutition.

I burned away this portion of the tonsil with the galvano-cautery, and hoped thus to give relief to my patient. Unfortu-

nately I failed in my endeavor, and it was finally determined to try what vigorous outdoor exercise, especially riding on horseback, more attractive surroundings, and complete abandonment of local treatment, would do for her. The result is not at present known to me. I am of the opinion, however, in view of this and other instances of an analogous character met with, that many cases of so-called "globus hystericus," are unquestionably dependent upon the presence of the enlarged lingual tonsil. I am not at all sure that all these cases will be cured, or even benefited by rational local treatment. I am persuaded, however, that some sufferers must be thus treated in order to effect a cure. In view of these statements it should also be urged that in hysterical girls not only should we examine the condition of the throat to see if the lingual tonsil be enlarged, but also inquire closely into the condition of the uterus and its function. An anteverted or retroverted uterus with profuse or painful menstrual periods, is often, as we know, the source and pabulum, so to speak, of the hysterical and anæmic condition, and, incidentally, such conditions are likewise efficient factors in producing enlargement of the lingual tonsil. I think all present will therefore agree with me, that a wise specialism makes one extremely conservative and loth to interfere unduly, either medically or surgically, with apparent abnormal states of one organ, before the other organs and the general system have been brought under the closest scrutiny. As I become older, and I trust better versed in the practice of medicine, nothing fills me with more wholesome regrets than the knowledge of the large numbers of persons who are victims of well meaning, but also very narrow and ignorant advice and doing.

If the patients of these blind men fell into the ditch together with their counsellors there might be some slight compensation to intelligent observers, but when the former alone are the sufferers in having their pockets depleted and their bodies made more ailing, there is in truth no equivalent, ever so small, to be found. In some of the instances of enlarged lingual tonsils, we shall notice that the faucial tonsils are also increased in size, and there is more or less adenoid hypertrophy at the vault of the pharynx. In more numerous cases the fauces, pharynx, palate, and even the faucial tonsils themselves are in relatively very good condition, and unless

we make use of the laryngeal mirror, or attach absolute credence to the symptoms referred to already, we should be prone to be skeptical as to the existence of the enlarged lingual tonsil. One glance, however, into the large reflecting laryngeal mirror is enough to do away immediately with all our doubts, as we shall see the glosso-epiglottic fossæ wholly filled up with a large mass of adenoid tissue where normally, as we know, there are two quite considerable excavations. One of the errors of the day, as I believe, on the part of some of the throat specialists, even the most eminent, is to attribute too great importance to the nasal organ as a cause of laryngeal inflammations. This is so true, that at least one of the physicians to whom I refer appears to believe that we may safely ignore much treatment, either local or general, directed to the larynx, and that by sawing off any projections which may exist from the nasal septum the larynx will right itself, the hoarse voice will become pure again, and painful deglutition an unconscious act.

Speaking in this connection Bosworth writes as follows (Trans. Am. Clim. Assoc., 1884, p. 67): "Chronic catarrhal laryngitis, then, I believe to be really a symptom rather than a disease. It is one of the results and accompaniments of catarrhal inflammation of the nasal mucous membrane, rather than a morbid process commencing in the laryngeal cavity;" and upon page 68 he writes: "In the past three years I do not recall a single case of chronic laryngitis which has not been cured. During this period I have entirely abandoned all local applications to the larynx, and have treated the nasal disorder which I have found to be present in every case."

I cannot share such views and mainly for the reason that I see too many acute and subacute cases of laryngeal inflammation, in which this condition is the essential disease from which the patient suffers, and upon which all his painful symptoms depend.

If we treat these patients solely with general remedies, we obtain, usually, poor and slow results. They must be treated locally, and after a large experience I am confident that astringent applications and soothing sprays, notably of carbolic acid and the bicarbonate of soda, are most beneficial. Occasionally, however, both local and general treatment of the most rational

kind will prove to be wholly ineffective and the patient will continue to cough and expectorate indefinitely, or until we give him a radical change of air. If he be at the sea-shore, send him to the mountains; if he be in the interior where the air is dry, elevated, and bracing, let him have the moist and more soothing atmosphere of a healthful resort upon the coast. If he be in a large city or town, transport him into a more salubrious environment such as either mountain or sea-air afford.

With respect to change of locality, there is one consideration which should be borne in mind, that is the fact of the presence of malarial germs in many places in this country. If unfortunately our patient be already a sufferer from miasmatic poisoning, he will be more surely benefited, as a rule, by judicious antimalarial medication, so far as the inflammation of his upper air-passages is concerned, than by any mere change of climate. There are, however, exceptions to this law, and I have occasionally known patients in whom medicines had become of very little service, where a change caused very rapid and marked amelioration of their condition. If our patient, thus affected, go to another malarial place, he will derive no benefit whatever from change. If he go to a *relaxing* sea-side resort, even if it be wholly free from malaria, he will not surely get rid of his catarrh, his cough, or his general throat irritation. I have been witness too frequently, during the past ten or twelve years, of instances in which patients have gone to the sea-shore with the anticipation of being thus benefited, and who have returned home much disappointed at a different result, *not* to attach great importance to my statement. I am not sure that sea-side places do *ultimate* harm to malarial patients. I am confident, however, that they bring out more prominently certain malarial manifestations, which previously had been latent or ignored. Among these symptoms those pertaining to the nasal passages and throat were particularly harassing. During the past summer at Newport, Rhode Island, important facts relating to this subject have become indelibly stamped in my mind. Thanks to the learned and courteous cooperation of my friend Dr. Siegfried, surgeon in the United States Navy, I have been able to observe in several cases hæmatazöön malariæ of different and interesting forms in the blood of those

who had other and different ailments it is true, but who, also, were constant, or periodical sufferers from catarrh, pharyngitis, laryngitis, or some form of catarrhal inflammation of the upper air-tract.

One subject which has been of very great interest to a large number of accurate and painstaking clinical observers has been that of the proper treatment of hay fever, or hay asthma. Of course these cases like other instances of disease, are not all similar, and the treatment which appears to be of great benefit at times, is wholly negative at others. Still in reflecting upon my own experience with this disease, I am confidently of the opinion that local treatment is more important than change of residence, and, further, that the peripheral nerves in the inflamed nasal mucous membrane are oftener a source of the sneezing and other painful symptoms of the disease than the great irritability, or sensitive condition of the nervous centres.

I have read with much interest some of the contributions of Dr. Beverly Kinnear in regard to the remarkable curative effects obtained by him in the treatment of hay fever with the spinal ice-bag. I have not, I regret to say, been entirely convinced by his statements, either of the entire correctness of his theories or of the curative results obtained.

Whilst it seems to me proper to make this statement in view of the great importance Dr. Kinnear attaches to his treatment with the ice-bag, I am happy to add that in conjunction with cauterization of the most sensitive areas in the nose by means of the galvano-cautery, or carbolic acid and glycerine, I believe very favorable results can be obtained in a large number of instances of an obstinate and most painful disease.

There are many other topics that I would like to touch upon even lightly and thus have the benefit in the discussion which I trust will follow my reading of this paper, of your own important observations and study. Time and your already tried patience forbid me to continue. To sum up. What I desire to say and what I wish most clearly to emphasize is this: For the best treatment of inflammatory affections of the upper air-passages, the general practitioner and the specialist must really work together. You can scarcely separate them if the work accom-

plished is to be wholly satisfactory. Therefore either the patient must have two physicians to care for him, or he must look to his family medical adviser for such a measure of knowledge in regard to laryngology and rhinology as to render him able and willing to treat inflammatory conditions of the upper air-passages according to the latest and most approved methods. There will always remain, however, a certain number of patients who in view of special complications, or difficulties pertaining to their disease, will improve sooner if they are taken care of exclusively from the beginning of their trouble and throughout its duration, by the well-informed specialist. When a proper estimate is made of the greatest good to the greatest number in instances in which only one physician can be employed, I am confident that the verdict should be that the general physician with only a limited experience in the treatment of nasal and throat diseases, will be a safer and wiser guide than the most skilful and best versed specialist.

DISCUSSION.

F. H. Bosworth, M.D. I have been much interested in Dr. Robinson's paper, and the admirable manner in which he has presented the subject. I do not recall a better presentation of the subject of the lingual tonsil. When he speaks of the influence of the general system on catarrhal diseases, I think that we are confronted with a certain vagueness in the expression "catarrh." The systemic influence upon diseases of the naso-pharynx I fully concede, for they are notably influenced by rheumatism, gout, and diseases of that kind, and especially by derangements of the digestive apparatus. When we come to diseases of the nasal cavity proper I am disposed to think that they are but in a very slight degree affected by constitutional conditions. This distinction between the nose and the naso-pharynx I regard as very important, and Dr. Robinson has not sufficiently regarded it.

E. L. Shurley, M.D. I too, fully, indorse what the writer of the paper has said. It has always seemed to me that this matter of nasal hypertrophy was a relative thing. Regarding bald heads

we don't know how long it will be before bald heads will be normal!

So that, for the purposes of this discussion, we might adopt the standard that those noses presenting hypertrophied turbinated bodies or deflected septa are normal, and become abnormal only as soon as they produce some subjective symptom or other of discomfort. It may be, that the man under observation is a chronic snuff-taker, with nasal mucous membrane in a state of continual irritation. Now, it is useless to burn such a person's nasal mucous membrane as long as the habit is indulged. Therefore it occurs to me, that unless the nasal passages present stenosis from chronic structural change, or from more recent inflammatory change, or a growth which results from such causes that surgical interference is not necessary. A few years ago I presented a paper to the American Laryngological Association on the result of, I think, about two hundred observations of the naso-pharynx and pharynx of persons met with in hospitals and elsewhere, who did not complain of any nasal, naso-pharyngeal, or pharyngeal disturbances, many of whom were affected with enlarged tonsils and various degrees of swelling and congestion of these mucous membranes. I know now of two persons who are very fine singers with greatly enlarged tonsils and who will not consent to have their tonsils cut. They have such immense tonsils that I am sure any one of us would advise such cutting. Therefore, as I said before, I think this is a relative matter. We have no standard which can be followed as to surgical treatment on a purely local basis.