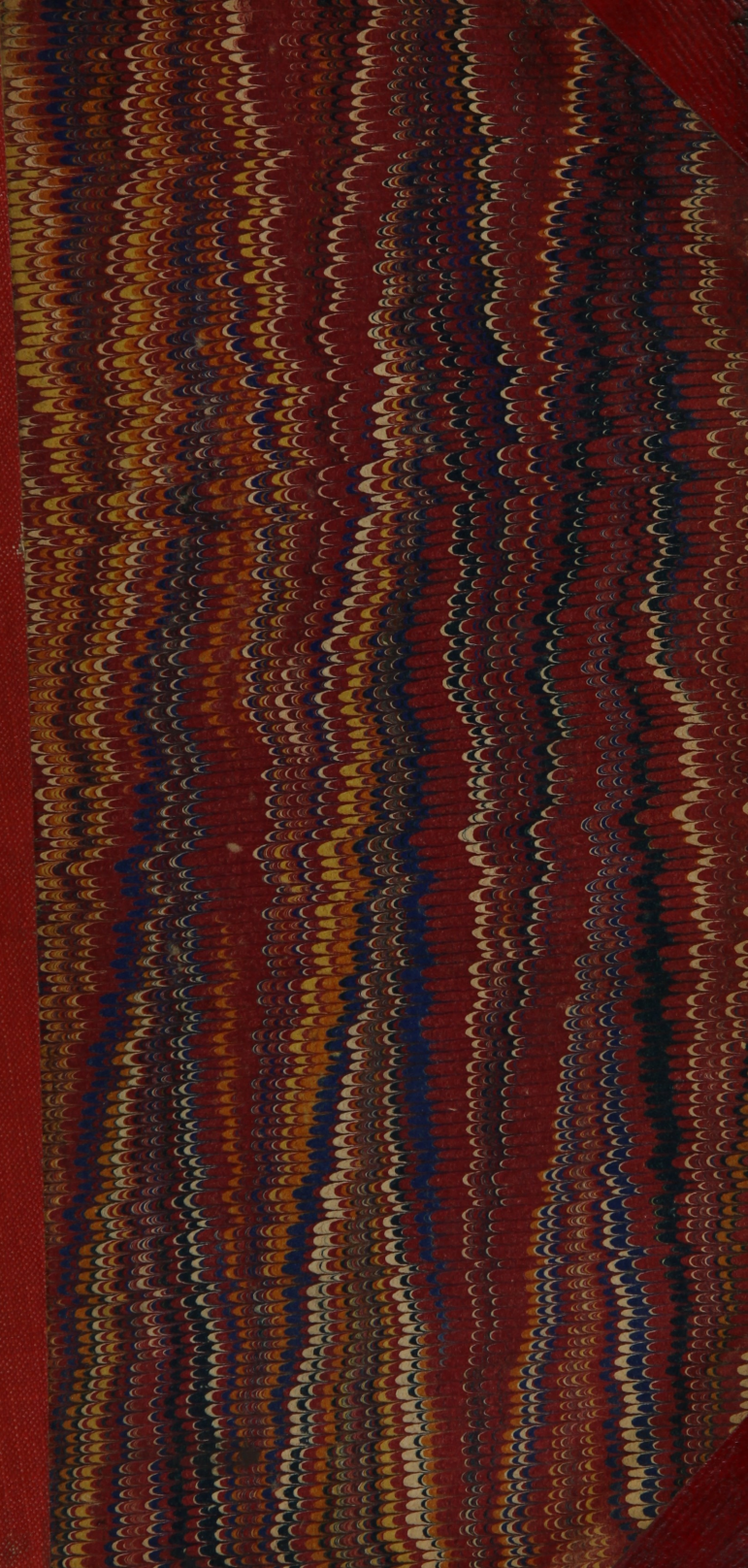


WVB
W749e
1853



Surgeon General's Office

LIBRARY

Section, *Ad*

No. *20894*

A N E S S A Y

ON

FOLLICULAR DISEASES OF THE THROAT

Bind this cover in front

AND

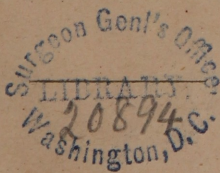
A I R P A S S A G E S ,

BY

J. A. WILSON, M. D.,

OF

MEMPHIS, TENN.



MEMPHIS:

ROSELEY & FINNIE, PRINTERS—EAGLE AND ENQUIRER STEAM PRESS.

1853.

WVB

W749e

1853

ESSAY.

The object of this Essay is, to direct public attention to a class of diseases which is becoming more prevalent and disastrous in their results than almost any other incidental to our climate, and which have not, until very recently, attracted the attention of the medical profession. In the prosecution of the subject, I will divest it of technicalities, as much as possible, so as to render it intelligible to the unlearned, as well as the learned, as it is earnestly hoped that all will give it a careful, and attentive reading, as all are equally interested, and may be equally benefitted.

Follicular inflammation of the throat, and air tubes, or passages, is perhaps the most significant, and appropriate name that could be given the diseases now under consideration, and in order to render them the more completely comprehensible, by the non-professional reader, I deem it necessary to give a cursory anatomical description of *some* of the organs involved. Commencing at the posterior boundary of the mouth (isthmus faucium) the first of these organs which present themselves to the view, and are generally involved in the disease, are the soft palate (velum pendulum palati) with its attachment, the uvula, bounding the isthmus above, continuous with which, on the lateral parts of the throat, is a fleshy prominence, extending downward, and backward, toward the base of the tongue; in their descent they become bifurcated, and form two vertical eminences, termed, pillars of the fauces. Within the angle of the pillars are situated the tonsillary glands. These bodies are of a spongy nature, exceedingly vascular, composed almost exclusively of mucous follicles, aggregated into a mass, and deposited in cellular tissue; externally, they have small sulci, or openings, leading into small cells filled with a mucous and vitiated humor. Directly posterior to the above described organs is the commencement of the Pharynx (throat;) this is an irregular shaped, musculo membranous (muscle and membrane,) canal narrow at its

mouth, dilated in the middle, and contracted at its lower extremity, situated immediately in front of the vertebral column, extending from the base of the cranium, to the sixth cervical vertebra. At its superior posterior portion the nasal fossæ, opens obliquely into the canal from above, downward; on its superior lateral portions are to be found the mouths of the Eustachian tubes, which form a communication between the posterior fauces and the cavity of the Tympanum (drum of the ear.)

The next, and most important organ, which we will notice, is the Larynx; its importance is derived in part from its complicated structure, and in that it performs two of the most important functions of the animal economy, that of respiration, and the formation and modulation of the voice.

It is situated between the base of the tongue, and the top of the trachea, (wind-pipe,) and in front of the pharynx, and forms a kind of frame work, for containing and protecting the more delicate vocal organs, and is composed of the Thyroid, Cricoid, and Arytenoid cartilages: of these the Thyroid is the most prominent; it is situated at the superior anterior portion of the larynx, forming that peculiar projection, upon the anterior of the throat, termed, Pomum Adami (Adam's Apple.) Beneath is the Cricoid cartilage, and upon its posterior superior portion are situated the two Arytenoid cartilages, and these two cartilages form the aperture or superior orifice of the larynx, over which is placed the epiglottis, which is a fibro cartilagenous valve, situated directly at the base of the tongue, the object of which is to guard the entrance of the larynx from the intrusion of any matter during the act of deglutition, and giving it its proper direction into the œsophagus—within the larynx, and extending from the arytenoid to the angle of the thyroid cartilage, are two ligamentous cords situated one beneath the other, which are termed chordæ vocales, or vocal ligaments. They are about two lines in breadth, and from one half to three-fourths of an inch in length, and are the principal organs concerned in the modulation of the voice. The entire organs which have been described, are covered with a peculiar membrane termed mucous, between which and the skin, there is a striking analogy, and are continuations of each other; differing in functions, though analogous in structure; the mucous membrane is covered by a moist cuticle, to which the term epithelium has been applied, whilst the external skin is supplied with a dry covering termed epidermis. The

epithelium presents various forms, but that which has received the appellation, of ciliated (hair like) is the one which lines the fauces, the posterior surface of the pendulous velum of the palate, the larynx, trachea, and extending through the bronchia, and their entire ramifications. The cilia of the epithelial cells are in continual vibration, which continues for some time after death, and is directed in the direction of the outlets of the cavities which they line; their supposed function is to propel the secretions towards the external apertures from which they may be eliminated. The epithelia are readily removed by disease of the mucous membrane, and other causes, but are soon reproduced.

The mucous membrane covering the above enumerated organs is furnished with numerous follicles, or small glandular bodies, which are principally situated in the sub-mucous tissue, and are both simple and compound in their organization, and in a ~~normal~~ ^{normal} condition secrete a bland, transparent mucous, the converse condition of those bodies is that, which we wish to establish as a distinct disease, and to which we direct special attention. In the prosecution of the character of those diseases of the throat and air passages, a due regard has not been paid to the Physiological and Pathological relations existing between those organs. Nosologists have generally arranged affections of the throat in connection with those of the œsophagus, or are treated independent of those diseases which occur in the larynx, trachea, and bronchia; whilst the pathological relation between the fauces, tonsils and pharynx, and the respiratory tubes are more intimate and important than that which exists between the throat and œsophagus. In confirmation of the above proposition in a large majority of all the inflammatory diseases of the air passages, whether primary or consecutive, the diseased action has its origin in the fauces and pharynx, and is extended by continuity to the respiratory tubes, whilst the mucous membrane lining the œsophagus may be enjoying entire immunity from inflammatory action. It is but recently that the true pathological condition of the throat and air passages have been correctly understood, and hence it is, that the various morbid conditions of those organs even at the present day, are confounded by a large number of medical writers and practitioners.

To Professor Horace Green, of New York, is more particularly due the honor of correctly portraying the pathological con-

dition of those organs than any other writer, and whose anatomical, physiological and pathological history, we consider inimitable, and would earnestly recommend it to the consideration of our medical brethren generally.

Having conceived similar views with those of Dr. Green, I had been investigating, and collating, all the material I could upon the subject, but Dr. G. being more propitiously situated with regard to position, and opportunity, and withal, more ably qualified than myself, had gotten in the advance, and has favored the world with the invaluable products of his research and investigation. This production was placed in my hands by my friend, Dr. J. Fowlkes, some time during the past fall, which was the first time I had seen it, and after giving it a careful examination, I determined upon seeing Dr. G. in person; in accordance with this determination, I, during the present season, visited New York, where I spent some weeks, witnessing the disease in all its various grades and phases, and its treatment under this distinguished and accomplished physician.

We have already stated that the organs involved in the diseases under consideration, were covered by a peculiar membrane, and that, this membrane, was furnished with numerous follicles, or glandular bodies. whose functions in a normal condition, was the secretion of a bland, transparent fluid. And that the disease under consideration, was the converse or, abnormal condition of those same glandulæ, and which by medical writers generally have been confounded with bronchitis, laringetis, trachetis, etc.

We will give a description of the peculiar disease under consideration, in the language of Prof. G. himself, as it is more graphic, perhaps, than our own. "This peculiar malady consists essentially in its formative stage, of an inflammation of the mucous glandulæ, which is sub-acute in its character, and which *may* result in hypertrophy, ulceration, or induration, of these glandulæ, or in a deposition of tuberculous matter into the substance of the follicles themselves; attended in most of these conditions, by a greatly increased, and vitiated mucous secretion. It may be primary and uncomplicated, and strictly limited to the fauces, and Pharengo-laryngal membrane, or it may be complicated with, a diseased condition of the tonsillary glands, and an elongation of the uvula. It may accompany, or be consecutive to, other affections of the air passages, and *co-exist*, with laryngetis, bronchitis or pulmonary phthisis."

Prof. Green gives it as his opinion, that in the simple, and uncomplicated form of the disease, that it invariably has its origin in the mucous follicles of the fauces and pharynx; and here I must beg leave to differ in opinion with this high authority, as much as I may respect and venerate it. From my own observation I am well assured, that it occasionally has its beginning in the mucous follicles of the lining membrane of the nose, and extends thence by continuity, to the mucous follicles of the posterior fauces, pharynx, epiglottis, larynx, trachia, bronchia, "and *sometimes* the œsophagus ^{cell} membrane."

In its normal state, the mucous membrane which lines the throat and air passages, presents a pale rose, or slightly red color. In an abnormal state, its hue is changed in proportion, to the intensity and character of the prevailing disease, varying from its natural color to a deep scarlet, purple, or violet. Whilst under the influence of acute, inflammatory action, it presents a red or violet color, pretty equally diffused over its surface. In all the chronic forms, the inflammation is found in irregular circumscribed blotches, with deeply colored centres, growing paler toward their circumferences, and coalescing with the natural healthy hue of the membrane.

The disease in a large number of cases, is so insidious in its attacks, and mild in its progress, as to have made considerable advance before it arrests the attention of the individual attacked. The first intimation which he generally receives of its existence, is, an uneasy sensation at the upper part of the pharynx, accompanied by a frequent inclination to deglutate, but more frequently by clearing the throat by hawking, accompanied with the sensation of something sticking in the top of the windpipe. There is generally an alteration in the voice, together with a weakness of the vocal organs, and a hoarseness, which is much increased after a protracted reading, or conversation, or after singing. The secretions of the mucous follicles, which in a healthy state are bland, and transparent, becomes more viscid, opaque, and adherent, and much increased in quantity. There is sometimes a slight soreness felt in the laryngeal region, but rarely any cough, at this stage of the disease. This form of the disease may, and frequently does obtain, for years, sometimes disappearing almost entirely, and returning again with increased violence, which may be induced by sudden atmospherical vicissitudes, increased action of the vocal organs, and various other mortific

bific

Upon a careful examination of the fauces and throat, during the above enumerated symptoms, the mucous membrane will be found more or less denuded, owing to the greater or lesser extended ~~distinction~~^{destruction} of the epithelium, this being manifested by the raw and granulated appearance which the membrane presents—the mucous glandulæ will be found in a state of hypertrophy, and will be distinctly visible, especially those occupying the superior portion of the pharyngeal membrane.

In cases that are considerably protracted, a portion of the follicles may be found indurated, and filled with a yellowish matter, which is described by Prof. G. as having a resemblance to, and presenting the physical characters of, tuberculous matter. There is frequently to be found striæ, upon the posterior portion of the walls of the pharynx, and pendant from the veil of the palate, of an opaque, adhesive mucous, or, of a muco-purulent secretion. These striæ are placed longitudinally and parallel with each other upon the anterior surface or the mucous membrane lining of the posterior wall of the pharynx; they present the appearance of small shreds descending in wave-like form, whilst that portion of the membrane which occupies the space between the striæ, presents a rough or ragged appearance. All the above symptoms become greatly increased, as the colatitious follicles of the epiglottis, the arytenoid cartilages, and those of the laryngeal mucous membrane, become participants in the morbid action, the hoarseness becomes increased and more continued, speaking or reading aloud, particularly if protracted, is attended with increased pain and soreness in the laryngeal region, a lassitude and weakness, not of the vocal organs alone, but of the entire system. In some instances where the glands which are situated in the ventricles of the larynx become affected, complete aphony is produced. And yet, notwithstanding the organs involved, and the extent of disease, there is scarcely ever present any cough which is at all troublesome, in which respect follicular disease differs essentially, from all other laryngeal affections of equal gravity.

In the history of the causes of diseases of the air passages, we will arrange them under two heads, the predisposing or remote, and the immediate or exciting—considering the proximate as the disease itself.

The most important among the predisposing causes, is a constitutional predisposition. The atmosphere of illy ventilated

and crowded rooms, is another prolific source. Climate, debility, sex, and age, all act as predisposing causes, and as far as my observation extends in follicular disease, the greatest number of cases occur between the ages of one, and thirty-five.

The principal exciting causes are, influenza, scarlatina, measles, small-pox, &c., long continued exercise of the voice in speaking, reading, or singing, and last, though not least, tobacco, in any of the various forms and modes in which it is being used.

The treatment of this disease, as proposed by us, is simple and easy in its adaption, and consists mainly in the topical application of the remediate agents to the organs affected; the practicability of which is denied by some, and attempted by others who are ignorant of its proper mode of adaption, the remedies used, the special anatomy of the organs involved, and of the physiological and pathological relations which they sustain to each other.

As already stated, the principal object that I have in presenting this Essay to the public is, to direct attention to a class of diseases which are more fatal in their consequences than any others which humanity is heir to, and which are fearfully on the increase throughout the entire Southern and Western States, and are so insidious in their attacks as to elude the observation of those attacked, until the monster has completely undermined the citadel, and the inmates become startled only by its toppling.

They most frequently have their commencement in the tonsillary glands, and gradually extend by continuity to the follicles of the mucous membrane of the pharynx, larynx, trachea, and bronchia, and ultimately excite and call into existence nine-tenths of the cases of Phthisis Pulmonalis which occur, and which is emphatically the *ad capitandum opprobrium medicorum*.

The symptoms by which the disease is to be recognized in its incipency, has already been described, to which we again invite the especial attention of the reader, and if the entire population of ten years residence of the whole valley of the Mississippi were subjected to an examination, it would be found that nineteen-twentieths of that entire population were afflicted with some form of the disease under consideration. In its simple and uncomplicated form, and before its ravages have involved the parenchyma of the lungs, we can as certainly arrest the malady, and avert its fell consequences under our plan of treatment, as that periodical fever and periodical neuralgia can be and is arrested by the administration and influence of Quinine. But

should the auspicious period be neglected, and the disease be permitted to extend its ravages, until tubercular disease is awakened in the lungs, or until the influence of diseased action shall have produced a solution of continuity of the lungs themselves, all our efforts then as to effecting a radical cure will be abortive.

Yet even in this condition, we can stay to some extent the insatiate consummation of the devouring monster, and in the mortal conflict disarm his hideous fangs of a portion of their stings.

It is an opinion prevalent with many, that travel, and change of climate exercise a curative influence in those diseases; so far as my own observation extends, in follicular disease this is not the fact, and in this I am corroborated, by the observation and experience of Prof. Green, who has certainly enjoyed as great a share of both, in the disease, as any one in North America; and upon which point I have had his observation, and experience, freely and fully.

It is sometimes the case, that change of climate exercises a sufficient influence over the disease as to hold it in check, and again a converse effect is produced, and all the symptoms of the malady rapidly grow worse, and the subject soon succumbs; a cure is *never* effected by climate alone, but under our plan of treatment a cure is inevitable, when properly persevered in, and what is most remarkable, when the cure has been effectual, a relapse has seldom ever been known to occur. The first well developed case of follicular disease that came under my observation, was in 1841, and occurred in the person of the Hon. Jas. F. Trotter, of Mississippi, who in a communication to Dr. J. O. Walker, Editor of the Holly Springs Gazette, does me the honor to speak of my plan of treatment, and its success, which was published in the Gazette, and as the public may remember, was copied into several of the papers published in this city, and others published in various portions of this and several other States.

It was in the treatment of this case, that I formed a correct conception of the pathological condition of the organs involved in the disease, and its proper treatment, and have been treating it upon the same principle from that time unto the present. I then knew nothing of Prof. G. and his views or treatment, or those of Trousseau or Belloc. It is a fact cognizant to all who know me well, that there is no man living that more utterly con-

temns professional gasconading and humbuggery, in any or all of their hideous and heinous shapes and grades, and upon which too many acquire a spurious fame, and amass immense fortunes at the expense of the health, happiness, and even the existence, of thousands of human beings. Yet, a laudable desire to emulate our divinity in ameliorating the sufferings of humanity, is a duty incumbent upon all, and one of the great objects of our creation, in view of which I here make an oblation of a *portion* of the gleanings from a spacious field of nearly forty years observation, experience, and industry. The reasons for their appearance in their present form and garb, are, that they are intended more especially for the benefit of the general public, the much larger number of whom are not in the habit of reading medical periodicals—but in due season they shall be brought forth in their proper forms, properly clothed in the habiliments of medical liturgy—to be duly placed in the archives of its literature.

JOHN A. WILSON, M. D.

