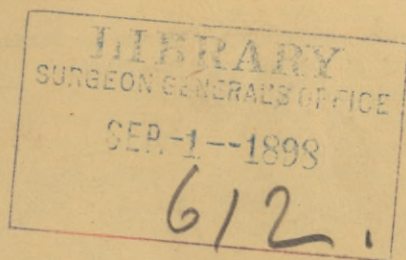


Clark (Chas. E.)

A plea for the radical
treatment of Hay-fever.



A Plea for the Radical Treatment of Hay Fever.

BY CHAS. E. CLARK, M. D., Kansas City, Mo.

Professor of Clinical Laryngology Kansas City Medical College.

Read before the Jackson County Medical Society, December 9th, 1897.

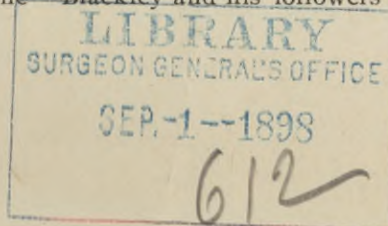
Gentlemen:—While I am aware that a paper would probably be much more appreciated at the onset rather than at the close of the hay fever season, yet I trust that with our memories still fresh regarding the battle which we have just waged against this most distressing affliction, we may have a full and profitable discussion. My only apology in offering a paper upon such an important subject without attempting to offer any new ideas, is that, in judging of the prognosis frequently offered to patients by the profession, there must yet be much misapprehension regarding the true status of this disease.

Without entering into historical details, I wish to recall to your minds, that the first lucid account of the disease was given by John Bostock in 1819, who described "a periodical affection of the eyes and chest," from which he was himself a sufferer. In 1828 he wrote another paper upon the subject, calling the affection "summer catarrh."

In 1862 Phœbus, of Giessen, Germany, published a paper reciting one

case; following which he directed circular letters of inquiry to the medical profession of the world, containing a list of questions touching every phase of the disease. As a result of the information thus acquired considerable progress was made, and the pollen theory of ætiology was evolved.

In 1875 Blackley, of Manchester, contributed the most scientific paper yet written upon the subject, in which he corroborated the pollen theory of ætiology and further asserted that the severity of the disease bore a direct relation to the amount of pollen present in the atmosphere. In 1876 Beard, of New York, published information which he had gathered in the treatment of a considerable number of cases, and by correspondence with over two hundred hay fever sufferers. In his statistics he also confirmed the pollen theory, and elicited the additional information that a very large per cent. of the cases so affected were of a nervous temperament, and that nerve tonics had an important place in treatment. So fixed had Blackley and his followers become in



their belief in the pollen theory, that this intrusion of a new ætiological factor, was met with the observation that its author was a member of two neurological societies, and hence his views must be received with a due degree of caution.

Illustrative of the one idea zeal with which the pollen advocates adhere to their theory and seek to logically explain its action, might be mentioned the ludicrous theory advanced by Mr. Wright Wilson, viz: "That the pollen granule being only one-tenth the size of the red blood corpuscles, readily passes through the vessel wall and acts as a foreign body in the blood current." Dr. J. N. McKenzie comments on this theory as follows:

"Through ciliated epithelium, basement membrane, and vessel wall, the dreadful vitalized amœboid pest of the summer months is launched into the general circulation. Does it feast on the nuclei of the white corpuscles as its legitimate prey, or does it seek its pabulum in the more organized and nutritious protoplasm of their redder and more numerous companions? Is it carried into the more remote organs on the crest of the serous wave, or is it whirled through the circulation on the back of the red blood cell? Is the dyspnoea of this disorder due to pollen emboli in the lungs or to granular invasion of the respiratory center? Are we at last to realize the poetic conception of

"Quick effluvia darting through the brain,
Dile of a rose in aromatic pain?"

In 1881 my friend and former associate, Dr. William H. Daly, of Pittsburg, Pa., read a paper before the American Laryngological Association in which he showed by the recital of a series of cases, that in at least a very large proportion of the cases affected with hay fever there is a local disease of the nose or nasopharynx, varying from a simple hyperæsthesia to pronounced structural changes, such as hypertrophic rhinitis, polypi, &c., without which the exciting, or as he designates it, "extrinsic" cause, pollen, is innocuous; and the

cure of the affection may be accomplished through the removal of the local, or "intrinsic" cause.

While the observations of Beard directing attention and treatment to the nervous system, thereby enabling constitutional treatment to mitigate to some extent the severity of the disease in certain individuals, and while the previous observations of the pollen theory suggested immunity from the disease by the removal from their customary place of residence during certain periods of the year, yet to Daly belongs the credit of promulgating the theory of a third ætiological factor and outlining a treatment both practical and efficient.

Much has been written since the acceptance of the theory of a local cause, touching on the exact nature of such disturbance, and while it is undoubtedly a fact that almost any portion of the nasal mucous membrane may become the site of sensitive areas, yet it is also probably true as observed by J. N. McKenzie, "that the area most sensitive to reflex producing impressions is represented by the portion of the mucous membrane which covers the turbinated corpora cavernosa, the most sensitive spots being in the mucous membrane covering the posterior extremity of the inferior turbinated body, and the septum immediately opposite, a zone corresponding to the distribution of the sphenopalatine branches of the superior maxillary nerve, which derived through the sphenopalatine ganglion, probably contains the vaso-motor fibres which govern the erection of the turbinated tissue." In short to have a paroxysm of hay fever there must be present three ætiological factors as suggested by Sir Andrew Clark in 1887:

1. A neurotic habit.
2. An intra-nasal pathological condition.
3. An external exciting cause.

The latter expression (an external exciting cause) is preferred rather than "the pollen," as this classification includes pollen as well as many other substances which are now rec-

ognized as being capable of exciting a paroxysm of hay fever. The absence of any one of these factors breaks the chain requisite for the production of the paroxysm. The problem which confronts us then in the treatment of this affection is, which factor can be the most readily overcome?

All physicians, whether general practitioners or specialists, realize what it is to overcome a decided neurotic tendency in the treatment of any disease wherein it furnishes a complication.

To remove at all times the exciting cause is likewise difficult, and is generally effected by removing the patient from the cause, rather than the cause from the patient. Social and business duties, as well as circumstances in life, frequently render this extremely difficult if not impossible. All things considered then, the most practical method of relief, and the one whose beneficent results are within the reach of the most humble walks of life, is the removal of the local pathological conditions. Treatment to this end may be commenced either during the interval between attacks or during the height of the paroxysm, the result in either instance being almost invariably satisfactory and frequently almost magical. Local treatment may be either palliative or radical. Palliative treatment consists in the use of various sedative sprays, powders, or ointments, the chief ingredients of which are generally cocaine, morphine, belladonna, &c., and at most can do no more than furnish temporary relief, and always with the possibility of establishing a drug habit much more terrible than the disease. Radical treatment consists in the complete removal of all abnormal conditions found in the nose or nasopharynx by the use of such methods as may be required for each individual case. Polypi should be removed with the cold wire snare, and the pedicle thoroughly destroyed with the galvano-cautery. Marked vaso-paresis with distension of the turbinated

corpora-cavernosa should be incised with a fine cautery electrode from one extremity to the other and down to the bone, using care to destroy as little of the mucous surface as the requirements of the case will permit.

Areas of hyperaesthesia with no vaso-motor disturbance may be touched with a moderately warm electrode, tincture iodine, or some other suitable counter-irritant.

All work must be done by use of reflected light, with skill and precision, and each sensitive spot no matter how small, given proper consideration. In offering a prognosis as to the results to be derived from local treatment, I am inclined to think that as a rule, our chances of success diminish just in proportion as the neurotic element becomes pronounced. However, as emphasizing the benefits to be derived from local treatment, even in a case of a most pronounced neurotic type, I desire to recite the following history of a case coming under my observation:

R. B. M., Garden City, Kans., referred to me August 29th, 1897, by Dr. Geo. C. Mosher of this city. Aged twenty-four years; height, five feet, eight inches; weight, one hundred and thirty-five pounds, decided blonde, delicate physique, and marked nervous temperament. Occupation—student in a Commercial College. At the time he was suffering from a well developed and characteristic attack of hay fever. Had had an attack beginning about the latter part of July or first of August each year, for the last eight years, each attack lasting until frosts. At the age of puberty he was quite nervous, and suffered from the belief that every act that he performed (such as picking up an object) should be repeated three times. He has been afflicted in like manner, but to a lesser degree, at various times since, but through more mature judgment and volition, he has always been able to control the impulse. During the last six years he has suffered much at times from irritable heart action.

There is a history of insanity on the paternal side of the family several generations back, and his father suffered much from despondency following business reverses, and finally died of some form of brain disease at the age of fifty-six years. Mother died at the age of forty-nine, from some form of liver disease. Has one brother and one sister, both living and in good health. No brother or sister dead.

Examination reveals eyes much congested, nares congenitally small and entirely

occluded. Both inferior turbinated bodies swollen, anæmic, and pressing upon the septum. In left nares there was a long horizontal enchondrosis, near the inferior portion of the septum. The entire mucous membrane of both nares was extremely sensitive to the touch. Sneezing was more or less constant, becoming exaggerated upon exertion, and greatly interfering with rest at night. His previous attacks seemed to have been aggravated most by inhaling dust from alfalfa.

TREATMENT—At the time of referring patient to me, Dr. Mosher was giving him syr. trifolium comp., which was continued; but aside from this he took no internal or constitutional treatment. The local treatment consisted in destroying all sensitive areas with the galvano-cautery; selecting each point presenting the characteristic appearance, and thoroughly destroying it. He continued treatment for three weeks, at the close of which time all cauterized surfaces were healed, and the nares presented almost a normal appearance. He stated that after the first week of treatment, he was quite comfortable during the day, and able to sleep at night.

While this is a case, as above suggested, which presented the neurotic

element of ætiology to a degree not often encountered, and one in which we would reasonably expect success by directing treatment largely in that direction, yet this was almost entirely ignored, and the most happy results obtained were due almost entirely to local efforts.

Since the recognition of the local factor in ætiology, and the many reported cases of success, where the treatment has been directed wholly to that cause, even where the neurotic element would seem to predominate, as in the case just mentioned, I am satisfied that we should no longer treat these patients as incurables with the belief that they are at least suffering from a disease of aristocracy as their only object in living, but assure them that theirs is one of the most curable of diseases, when rationally and scientifically treated.

