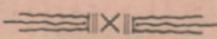


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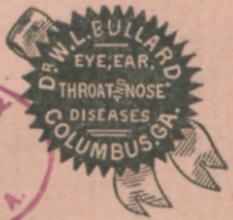
NASAL CATARRH.



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To the Reader.

It is with great pleasure that we we present you with a copy of this pamphlet, and we beg to say that the motive which prompt it is to show you, in as plain a manner as possible, your condition, should you now have Nasal Catarrh in any of its forms, and designate to you its successful termination. Should I save a young and promising life, stay the hand bent upon self destruction in the aged, or deprive the grave or the insane asylum of its expected prey, then the writer will feel repaid for time and money spent in your interest.

1418 Fourth Avenue, July, 1892.

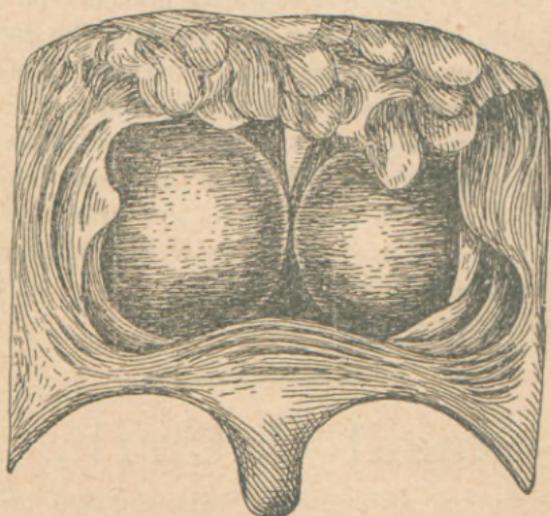
Nasal Catarrh.

There are several varieties of this dreaded disease, viz.: Hypertrophic Catarrh, Atrophic Catarrh, Ulcerative Catarrh, Syphilitic Catarrh, Catarrh from various growths; Polypus, Popilomata, Enchaudrama, etc., etc.

HYPERTROPHIC CATARRH.

Hypertrophic Catarrh is divided into an acute and a chronic stage. Acute Catarrh generally is caused from exposure, cold, and is nothing more than "a cold in the head," or a "bad cold." It is, however, brought about at times from other causes, viz.: impure air—that is, air contaminated with foreign bodies, such as dust, smoke, tobacco, and in persons who have an idiosyncrasy, the pollen of certain plants will bring on an attack. Oftentimes, with a little hygienic care, with removal of the cause, in a week or ten days the mucus membrane will resume its normal functions and a cure is complete. At other times, however, when one is not so prudent, and possibly has an hereditary predisposition to relax throat, weak lungs, bronchial trouble, consumption, etc., Acute Catarrh does not behave so

luckily, but like Banquo's ghost, still lingers and will not down, and a fresh cold is contracted, and after each fresh attack the nasal mucus membrane becomes more inflamed, and over the turbinated bones a hypertrophy (fig. 1) is noticed, and in a



(FIG. 1.) HYPERTROPHY OVER TURBINATED BONES.

comparatively short time the unsuspected victim is afflicted with a well defined case of Hypertrophic Catarrh; with symptoms of this kind—laborious breathing—that is, breathing through the nose is more or less difficult, hence the sufferer is led to respire through the mouth, which is usually somewhat opened, though in some other affections of this region buccal respiration is a much more marked feature. There is defective vocalisation, as well as excessive secretions.

A change in these symptoms is noticed after a time of variable duration. Those who have heretofore been addicted to frequent and strong efforts to clear the nose and throat find that the attacks of sneezing which formerly were frequent may cease altogether, and the use of a handkerchief scarcely required at all; but the patient will now experience an irritation at the back of the nose and throat, with a desire to hawk and clear

away mucus from behind the palate, which reminds those nearest him of Shakespear, where he says—

—“ Diseases desperate grown
By desperate appliances are relieved.”

All of these symptoms are much more troublesome in the morning. In some cases a drop of mucus falls back into the larynx and impinging upon its posterior wall excites violent spasmodic coughs, the cause of which may be quite unsuspected to the inexperienced, and cough syrups be ordered in vain. But with the laryngoscope the laryngologist at once discovers the cause and much valuable time is gained in the way of successful treatment, and the sufferer can much sooner say, “that which was the worst now least afflicts me.” The discharges that were so loose and easy of removal in the acute form have, under a pathological process in the mucus membrane, become dessicated to a tenacious, sticky mass, very difficult of removal, and so also this inspissated mucus becomes adherent to the surfaces about the back of the nose, and decomposing imparts a peculiarly offensive odor to the breath, and nine times out of ten the apprehensive patient is fearful, and no doubt has been told that this trouble is *ozæna*—a disease wrongly applied and one that we will speak of further on.

While these patients can seldom be said to present a perfectly healthful appearance, there is little or no constitutional disturbance attending this state of things. The voice is thick, unmelodious and loses its ring and timbre, and the partial potency of the breathing through the nose prevents what would otherwise amount to a nasal twang. The irritation in the post nasal space is such that the effort to clear away on rising in the morning, the secretion accumulated the night before may cause retching and vomiting. In these cases deafness is oftentimes a marked symptom and arises from interference with the functions of the Eustachian tube, which leads from the throat to the middle ear, and when this inflammation continues unchecked it will lead and extend to the ear, producing what aurists call otitis media, or more plainly speaking, catarrh of the middle ear. After a time, if this trouble is neglected, a

paretic state of the *palato-tubal muscle* is produced, and the sequel is that the sense of hearing is lost.

CHRONIC ATROPHIC CATARRH, OR DRY CATARRH.

Etiologically, this form of Catarrh may be regarded as the outcome of the neglected hypertrophic stages of Catarrh; hence this form of the disease may occur comparatively early in the progress of a chronic Nasal Catarrh, or it may be a very late development. The atmosphere which the patient breathes, his surroundings, together with his occupation and habits of life, influence very much the course of this disease. It is said that tailors, shoe-makers, tobacco workers, laborers in spice mills, house carpenters, etc., are extremely liable to atrophic or Dry Catarrh. Attacks of Dry Catarrh are very liable to occur in those suffering from Acute Catarrh from temporary causes, such as an evening spent in a dusty and crowded concert or ball room. Those suffering from atrophic, or Dry Catarrh, complain of great dryness of the nose and throat, and occasionally expulsion of long scabs of dried secretion. At times, in severe cases, the secretions become so dessicated that expulsion is almost impossible and the patient resorts to mechanical means for the removal of the accumulated scabs, etc., from behind the palate through the mouth.

As we write this, two such cases recall themselves as they appeared at the clinic held at Soho-square Nose and Throat Hospital, London, by Mr. Morel Mackensie. My attention was called to the cases and I examined them most thoroughly. The patients were two young English women, and from neglect or want of proper treatment their condition excited the sympathy of all the attending surgeons at the Nose and Throat Infirmary. To remove the tough, dessicated secretions, scabs, etc., from behind the palate, they used a button-hook, and found more constant use for it in this than in buttoning their shoes.

Where the secretions are retained, as in these cases, an offensive odor prevails, not usually, however, perceived by the patient himself, but by his friends and all with whom he may come in contact. The patient himself has partial or complete loss of the sense of smell. With the larynoscope the trained

eye of the specialist will find erosions and ulcerations beneath these scabs, which are often quite extensive, and may involve the periosteum (a fibrous membrane investing the bone) of the vomer (a thin bone separating the nostrils); thus producing necrosis (mortification).

ULCEROUS CORZZA OR ULCERATIVE CATARRH.

This form of Catarrh is an inflammatory condition of the pituitary membrane, occasioned by or accompanied with one or more ulcerations of this part. The ulceration, or as there may be more than one, we might say ulcerations, may penetrate deep or be superficial. These ulcers may be due to scrofula, syphilis, certain pyrexias (measles, typhoid fever). Carcinoma or the various forms of Cancer of the nasal fossæ we will exclude from this pamphlet

One with simple or Catarrhal ulcer will complain of few symptoms if the ulcerations have not penetrated deeply. An uncomfortable feeling in the nose with a strong disposition to the formation of inspissated crust is the most annoying symptoms.

Later on there is an addition to these, on account of the constant irritation caused by the dry mucus or the too frequent use of the finger, consisting of a free discharge, which generally streaked with blood, though accompanied with no bad odor. If the ulcerations are allowed to progress and penetrate more deeply, and invade both cartilage and bone, we will have symptoms much more marked, and may, as it oftentimes does, simulate the characteristics of true ozæna, becoming so extremely offensive as to render the subject of it almost insupportable. With the use of proper disinfectants, however, this offensive smell will be considerably alleviated.

OZÆNA OR SYPHILITIC CATARRH.

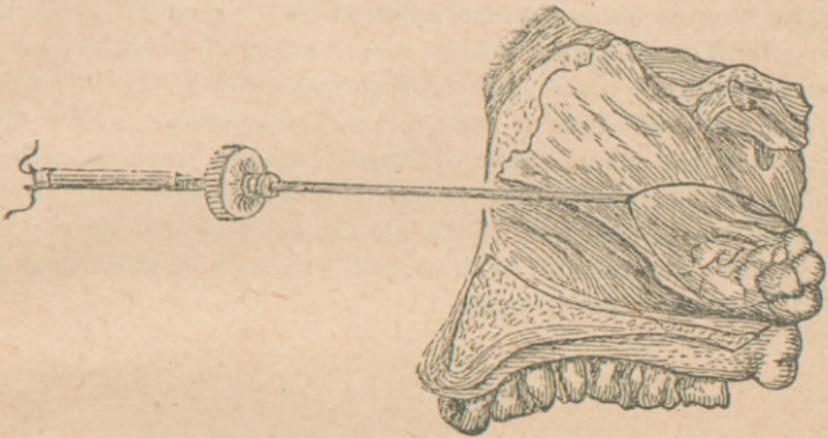
We now speak of Ozæna proper, and it is the *bete noir* to those who are catarrhally predisposed, and while the specialist meets with numbers of cases, yet it is not so common as the laity seem to think. It is a deplorable disease, and attacks both the infant and aged, and one not only detestable to the patient, but to all those with whom he comes in contact. We have time and again made a correct diagnosis of this form of Catarrh

before asking a question or making an examination. These ulcerations most commonly make their debut upon the mucus membrane, covering the septum, and if not properly recognized and combated with suitable treatment, it is not long before these ulcerations devour much of the nasal skeleton. When touched with the probe they bleed easily, and I venture to say had Boulster ever examined a case of Ozaena he would not have said that bleeding of the nose was a sign of Love. The discharges of pus from the nose is not excessive, but if not thoroughly disinfected becomes extremely fetid. Bits of dead bone are occasionally blown or extracted from the nose, and if let alone or treated unscientifically, soon the septum is eaten through and the middle and turbinated bones, the ethmoid and vomer are attacked and ultimately destroyed, which leaves the soft parts unsupported, the bridge of the nose falls in, the inner angles of the eye and surrounding parts become red and painful, and this state of deformity, accompanied with a breath most nauseating, you can read through the unfortunates eyes what their soul distinctly speaks: "O, would I were dead!"

TUMORS OF THE NASAL CAVITY.

Many patients consult me for supposed Catarrh, and after examination I find that some form of tumor is the cause of their Catarrh. The tumors that occur in the nose are Fibromata or Fibrous Polypi, Myxomata or Gelatinous Polypi, Adenoid Tumors or Adenoidia and malignant growth. The most common of tumors or growth which have their seat in the nose is the Nasal Polyp (fig. 2). The existence of a Polypus or tumor in the nose may be suspected if the nose becomes occluded or stopped up, and continues so, though at times the Nasal Cavity may contain a growth, and yet the patient with little difficulty may be able to breathe through his nose, and especially is this the case if the tumor affect only one side of the nose. A Gelatinous Polyp causes a peculiar action under atmospheric changes, that is they absorb moisture and swell up during damp weather. This hygroscopic character is due to endosmotic action. There also exist a discharge from the nose, and the voice on account of the nasal stenosis is robbed of its normal nasal

tone, and the patient is said to talk through his nose, which is a mistake; he does *not* talk through his nose, and as a proof of it stop up or hold your own nose, speak and be convinced. One



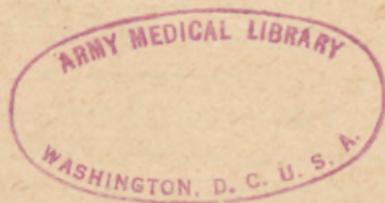
(FIG. 2.)

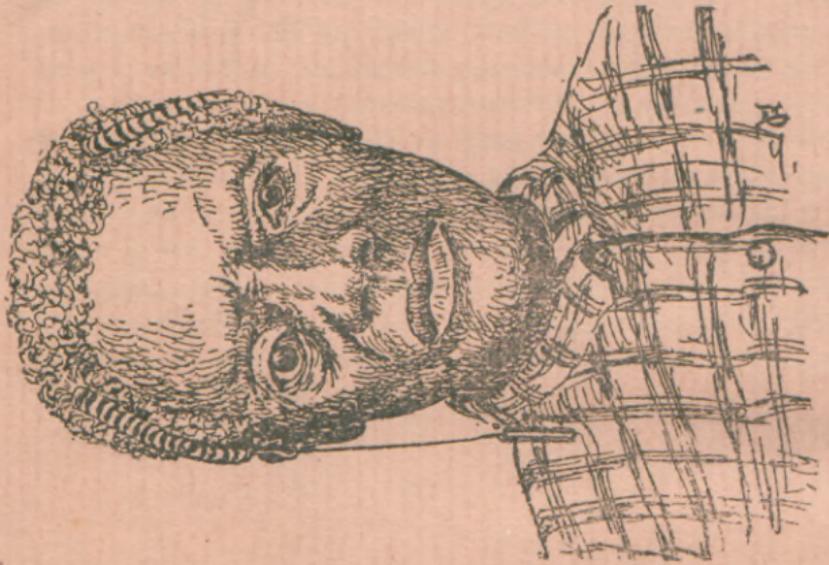
with a growth in the Nasal Cavity has the appearance of one suffering from a cold in the head, but by examining the cavity with a reflected light there will be no trouble in locating the growth, yet cases of this kind frequently come to me for treatment for Catarrh, anxious to tell that they have used various kind of remedies, none of which, however, seemed to do any good. This information does not surprise us, and we proceed as in (fig. 2), and in five minutes this supposed case of Catarrh is permanently cured.

Treatment.

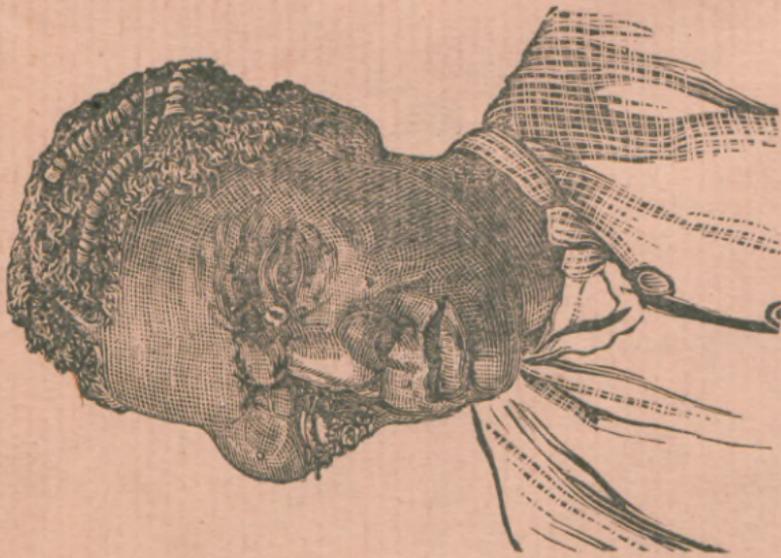
As to treatment I beg to say that the only **SAFE**, and the most intelligent guide is to find out what kind of Catarrh it is from which you are suffering, and to which your health is yielding. When this is done, and if in time to prove that you have not

been guilty of procrastination, that is to say if the trouble has not run so long as to produce pathological changes, then you are on the right course to recovery, and to gain this information common sense will tell you to seek the services of some good, honest, as well as competent physician (particularly so if you have already without success prescribed for yourself), who after a careful examination will see what variety of Catarrh that you have, and then place you on the proper antidote if you have the constitutional form, or remove the abnormalities which oftentimes is the whole cause of Nasal Catarrh, such as deflected septums, enchondromas polypi, foreign bodies, etc., by the latest surgical science, which will antagonize and successfully too, your disease, and in short, you will soon be able to say that "Richard is himself again."





AFTER OPERATION.



BEFORE OPERATION.

NOTE.—The successful termination of this case has caused no little interest with the leading Ophthalmologists in the United States and Europe.