

SCOTT (J. B.)

Asthma and anemia
Relieved by removal
of nasal polypi.



[Reprinted from THE MEDICAL NEWS, March 16, 1895.]

**ASTHMA AND ANEMIA RELIEVED BY RE-
MOVAL OF NASAL POLYPI.**

BY J. B. SCOTT, M.D.,
OF GETTYSBURG, PA.

ALTHOUGH it is well known that nasal affections cause asthma, it would appear from the history of this case that the fact is not generally given the recognition that its importance demands. I therefore report the case just as it happened, because it seems to constitute a strong plea for the more general examination of the nasal passages in diseases of the respiratory tract, and also of the circulation.

Five years ago, an elderly lady came to me for treatment for bronchitis, asthma, and a condition of general malnutrition. She was anemic; the pulse was irregular both in frequency and in power; there was no cardiac murmur. *The nasal passages were not examined.* The bronchitis and the general condition improved under treatment, but the asthma was uninfluenced. At the close of the summer she changed her residence, and during the five years past has resided in several of the cities of the Middle and Southern States. In each place she was treated by physicians of reputation, some of whom were eminent. The result was invariably the same, some improvement in the bronchitis and general health, but the asthma grew worse. *None of the physicians examined the nose.* Last summer she again came to me, and greeted me with the remark: "Doctor, I don't expect you to relieve the asthma; it seems no one can do that in all these years, but if you can only give



me something to relieve the awful dryness in my mouth at night, so that I can get a little sleep, I will be grateful."

As there was no local disease of the mouth to account for the dryness, mouth-breathing due to nasal obstruction occurred to me as a possible explanation of the symptom, and an examination was made through the nasal speculum. The left nostril was seen to be literally packed full of mucous polypi, while in the right passage a big one, looking like an oyster, acted like a ball valve, alternately opening and closing the slight air-current that found room to pass. Here seemed to be the solution of the whole problem. Nasal respiration being impossible, the mouth necessarily remained open and became dry, while the inspired air, deprived of the warmth and moisture normally imparted by the nasal mucosa, irritated the bronchial tubes, and maintained the chronic inflammation. The feeble and irregular circulation was due to a reflex action on the heart.

The patient having been told that some benefit might result from removal of the polypi, readily assented to the operation. The polypi were attacked with a Bosworth's snare and Allen's forceps. I say "attacked," because it proved to be a right bloody battle before they were gotten out, but it ended in victory, for that night the patient was entirely free from asthma—a new experience to her. The next night, however, there was a slight return. Examination showed that a small polypus, which had pressed out from one of the recesses of the cavities, after the removal of the others, was obstructing the passages. It was removed, and with it disappeared the last vestige of the asthma. Three months have passed without any attack, while before they were of nightly occurrence.

Although a sharp exacerbation of the bronchitis resulted from exposure to cold, it was unattended with any asthmatic symptoms. It, therefore, seems clear that the asthma was due to the polypi, because it stopped on the

removal of those obstructing the passage; it recurred when one hidden from view at first appeared in the left cavity, and because the exacerbation of the bronchitis was not attended by any asthmatic paroxysm. *The whole physical condition of the patient was improved*, probably as a result of the more perfect respiration, and consequently more perfect oxygenation of the blood. The varied experience of this patient seems to show that, even in certain high places, examination of the nasal passages is not a routine measure, and it certainly shows that it ought to be in diseases both of the respiratory tract and also of the circulatory system, particularly in *anemic* cases.



