THE DIAGNOSIS AND TREATMENT OF CHRONIC NASAL CATARRH: THREE CLINICAL LECTURES

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THE

DIAGNOSIS AND TREATMENT

OF

CHRONIC NASAL CATARRH.

THREE CLINICAL LECTURES

DELIVERED AT THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK,

BY

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CHRONIC NASAL CATARRH.

LECTURE I.

EXAMINATION.

GENTLEMEN: Accurate diagnosis being the corner-stone of all successful treatment, my first lecture to you of this series must necessarily deal with the methods of making a direct anterior and posterior examination of the nasal passages — in other words, the performance of anterior rhinoscopy and of posterior rhinoscopy, or, more properly, pharyngo-rhinoscopy. The importance of such an examination, as a preliminary step to all attempts at treatment, will be alluded to more than once in the following lectures.

I have been sometimes reminded that there is an idea in the minds of very many of our profession that these methods of physical examination, procedures which necessarily involve the use of special instruments, such as the rhinoscope, specula, etc., and require some practice to make perfect, demand such a high degree of skill on the part of the physician, such an amount of toleration on the part of the patient, and the use of such costly apparatus, that they are of necessity confined to the hands of a few, who have by special training learned dexterity in manipulation, and by opportunity and special study acquired the right to denominate themselves *Specialists*.

But, gentlemen, this is hardly true, for I know that by the exercise of a moderate amount of diligent practice — in other words, learning practically where and why he fails in examinations, and not relying upon his books alone for his knowledge, by perseverance in the use of the necessary instruments, directed by an intelligent appreciation of

the why and wherefore of their application — the general practitioner may overcome such difficulties as stand in the way of their successful employment, and this with the simplest aids in the way of apparatus. If he will do this — and I hope to show you how he can most easily accomplish it — I assure him that the results which will be afforded, their importance and interest, and his satisfaction at having mastered the use of an invaluable diagnostic means and therapeutic aid, which to-day are beginning to be considered a very necessary part of medical practice, will most richly repay him for the time and labor which he has expended.

Certain instruments are essential for the practice of rhinoscopy, but they are few, simple, and not necessarily of great cost. They are: 1, a good artificial illumination; 2, a concave forehead reflector, and, in addition, for anterior rhinoscopy; 3, a nasal speculum, and for posterior rhinoscopy; 4, tongue spatula; and, 5, a rhinoscopic mirror. For ordinary purposes there is no better nor more convenient light than that which is furnished by the argand gas burner, mounted upon a drop light, which permits of the flame being lowered or elevated at will. Such a light is certainly easily procurable, and at a slight cost, if gas is obtainable; if not, as in the country, then the ordinary student lamp, which burns petroleum or oil, forms a very efficient substitute. To either of these lamps it is no difficult matter to attach a single plano convex lens two and one-half inches in diameter, which fits into the metallic chimney or tube known as Mackenzie's, if you deem it desirable to intensify their illuminating powers. Such an apparatus is shown in both of the accompanying illustrations (figs. 1 and 7).

Our next essential is the forehead mirror or reflector (fig. 2). This is a slightly concave mirror, either three and one-half or four inches in diameter, with a focal distance of about twelve inches. The glass may be perforated at its center, or simply left unsilvered at that point, both plans having their advocates; the latter, I think, you will find most satisfactory, and the only objection that I have ever heard urged against it — the liability of a coating of dust gathering upon the uncovered portion and obscuring the view through it — is one that is certainly very easily obviated. How this mirror shall be worn, and how it shall be attached to the operator's head, are also points upon which there is some difference of opinion. Bruns, for instance, says that it should

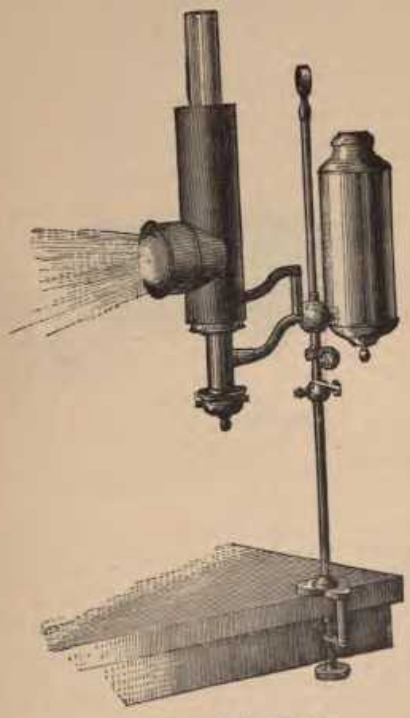

Fig. 1. Lamp for illuminating purposes.

be worn in front of the nose and mouth. Johnson prefers to have it over the forehead, while Czermak, Mackenzie, and others, among whom I rank myself, think that it should be placed directly over one of the eyes, the right being usually preferred. There is no question but that this last method is the one that is, theoretically, correct, and it is fully as easy to acquire as the others. The physician then looks through the uncovered portion of the glass, and his eye is within the center of the cone of light which is thrown from the mirror into the patient's mouth, while at the same time his eyes are protected from its

Fig. 2. Concave forehead reflector.

glare, for the rays of light from the lamp reach the mirror in an oblique direction, and do not, therefore, strike against the eye which is behind the reflector, while the other is beyond, or, rather, to one side, of their line of direction. Both eyes are then to be used in looking at the picture which is reflected in the rhinoscopic mirror.

For attaching the mirror to the head the band shown in the cut may be employed, which is known as Kramer's. A suitable dilator for the alæ of the nostril is usually necessary, and is certainly advisable, although a fair examination of the parts may be made without it by simply elevating the tip of the nose with the thumb and dilating the nasal openings by pressure upon it.

Of these nasal specula there are many kinds, and some prefer one, some another. The two best, perhaps, are those known as Robert and Collin's speculum (fig. 3), a double-bladed affair,

Fig. 3. Robert and Collin's nasal speculum.

with a broad trumpet-shaped orifice, which is dilated and held open by means of a screw arrangement upon its side, and the

Fig. 4. Fränkel's nasal speculum.

wire speculum (fig. 4), somewhat similar to a dilator used by oculists for separating the lids. Both these are good; the first is a favorite one with me, but I not unfrequently use an ordinary ear speculum, especially with small children, and find it answers a good purpose. Thudichum's speculum is useful for operations in the anterior nares. With these simple means alone, then — viz., those thus far alluded to—you will be able to see all of the anterior nares that there is to be seen, without the use of further instrumental assistance, although many other aids have been devised, which will be found in practice more of a hindrance than a help.

For viewing the posterior nares two additional instruments, as has been said, are necessary: First—The tongue spatula (fig. 5), which should always be used. You will find that it facilitates the operation greatly. That made on the model of Türck's fulfills two indications—its handle and shank are at one side of the mouth, out of your way, out of your light, while the blade, curved downward and corrugated, rests on the tongue and draws it forward, and is therefore to be preferred. Second—A rhinoscopic mirror (fig. 6). This consists of a circular bit of good glass, backed with amalgam, and mounted in a frame of German silver. To this frame is attached, at nearly a right angle, a shank four inches in length, that is made of some metal which, while it allows of any necessary bending, is firm; this terminates in, or sometimes slides into, a light handle, so that it may be lengthened or shortened at will, and into which it is fastened by means of a small screw. The diameter of the mirrors varies from half an inch to an inch on their reflecting surface, and the most convenient size is, for ordinary purposes, that of one-half inch.

Fig. 5. Türck's tongue spatula.

Fig. 6. Rhinoscopic mirror.

I now present for your consideration a few hints as to the best manner of examining the cavities which occupy our attention. I allude to the anterior and posterior nares and the upper pharyngeal space, the two latter by the aid of the rhinoscopic mirror. The inspection of the former—that is, the anterior nares—is easy of accomplishment; but that of the latter, the most important as far as diagnostic results go, is often difficult. This method of examination, then, is by no means as generally applicable as laryngoscopy, and is sometimes, but rarely, absolutely impossible of accomplishment. I mention this that you may not be disappointed when you fail, and in order that you may commence your attempts with a fund of patience that will last. Let this statement, however, not discourage you; much can be accomplished by steady and persevering effort, even in the worst cases. For an inspec-