

# **CATARRHAL DISEASES OF THE NASAL AND RESPIRATORY ORGANS**

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Catarrhal Diseases of the Nasal and Respiratory Organs by G. N. Brigham

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**G. N. BRIGHAM**

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BY

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Grand Rapids, Mich.

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## INTRODUCTION.

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The importance and frequency of catarrhal and pulmonary affections in our climate, and the yet inadequate means and knowledge for curing them are good reasons for the appearance of the following pages. And if they shall, in any manner, make clearer the indications of the classes of agents already brought to notice in our *Materia Medica* for the cure of these affections, or shall add new ones to the list, their object will be attained. Even should a hint be given whereby danger may be warded off or postponed, outside of remedies, the author feels that his labor will not be altogether lost.

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## PART I.

# ETIOLOGY AND PATHOLOGY.

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### CLIMATE.

There are, no doubt, advantages in climate; for observation teaches us that, in climates of little variability of temperature, there are not as many cases of catarrhal and pulmonary difficulties, and the mortality from lung and throat diseases is much less.

An important point with a patient will be to become acclimated. I have seen persons who have been housed up so closely that they could not stir without taking cold, indeed, would have a cold all the time, even when housed. Such persons have been cured by free use of cold water to the face and neck and going bravely out into the open air. I once cured a man in this way who was thought to be going into consumption.

There is no doubt that persons who are subject to congestions of the throat and lungs, in our northern latitudes, will be improved by seeking a less variable climate.

Persons residing in hilly districts, with a



dry atmosphere, may improve by removing to a valley, and those living among the low lands by removing to the hills, and this, too, when the intervening distance is slight.

For all practical purposes we may consider the climate east of the Rocky Mountains the same (excepting, perhaps, some islands on the Florida coast), and subject to extreme changes. Michigan is modified somewhat by her lakes, but her humidity about offsets the equability, a fact especially noticeable in nasal and throat difficulties. Mortality by consumption in the State mentioned is at rather a lower per cent. than the average of other States east of the great divide. The Pacific coast is milder and more favorable to pulmonary diseases, especially the southern portion of California.

Too much cannot be said in discountenancing all systems of medication which tend to irritate the mucous membranes by the positiveness of their effects, such as catarrh snuffs and many of the escharotics used in the nasal douche. By such treatment catarrhal affections become more and more confirmed; the mucous membrane becomes thickened; delicate membranes, not involved in the primary disease, are assailed; and we have, in consequence, a *drug*

*disease*, often attended with loss of smell, loss of hearing, and, later, throat catarrh, traveling down upon the lungs.

Unless a drug has a specific curative action, it should never be used; and, if it has, there is no need of escharotic effects, or even such intensified effects as provoke irritability and congestions of these mucous membranes.

#### SYMPTOMS OF CATARRH.

Catarrh is a term applied to that condition of the secreting glands of the mucous membranes which increases or diminishes the quantity of mucus, or changes the quality from health.

The membranes attacked at first become dry, more sensitive from the congested condition of the capillaries; and, if in the nasal passages, sensations of heat, pressure, itching, and, perhaps, sneezing follow. This is the first stage. Next, a free discharge of an acrid fluid, thin in its character, excoriating the delicate membranes of the nostrils and, perhaps, lips, as it flows over these surfaces. Finally the fluid becomes thicker, less excoriating, and, in the end, changes to an opaque yellowish discharge, which runs to a longer or shorter

termination, according to circumstances. Headache and a general feeling of disquietude attend these attacks. Perhaps considerable prostration and fever. This is the ordinary course of a cold or influenza. Not usually dangerous unless it runs into a chronic catarrh, associated with some dyscrasia of the system, or ends in follicular ulceration, or allies itself with pneumonia.

Perhaps catarrh of the stomach and bowels and catarrh of the mucous membranes of the vagina and uterus, more frequently than we think, are the result of a metastasis of catarrhs of the nasal and respiratory organs, and might, legitimately enough, be followed from this trunk downward, as inverted branches of a tree; but this will be foreign to the present treatise. The origin of acute catarrh, if we except infection, in a vast majority of cases, is to be referred to a sudden cooling of the skin, determining the blood from the outer surface to the inner surface of the enveloping structure of the body, creating irritation, congestion and inflammation. This is done by sitting at a window or by a door where there is a draught, by wetting the feet or walking bare-foot upon a cold floor, by getting heated and then allowing too sudden cooling, as after