

**HAY FEVER AND ITS SUCCESSFUL
TREATMENT BY SUPERFICIAL
ORGANIC ALTERATION OF THE
NASAL MUCOUS MEMBRANE**

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Hay Fever and Its Successful Treatment by Superficial Organic Alteration of the Nasal Mucous Membrane by Charles E. Sajous

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CHARLES E. SAJOUS

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HAY FEVER

*And its Successful Treatment by Superficial
Organic Alteration of the Nasal
Mucous Membrane.*

AN ESSAY READ BEFORE THE PHILADELPHIA LARYNGOLOGICAL SOCIETY,
APRIL 22, 1885.

BY

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PREFACE.

THE comparatively large number of cases of so-called "hay fever" treated by the author within the last four years, having enabled him to note the value of certain practical points in connection with its successful treatment, he respectfully dedicates this little volume, in which they are collected, to his professional brethren, hoping that the suggestions which it contains will be of service to them.

PHILADELPHIA, May 1st, 1885.

HAY FEVER

AND ITS SUCCESSFUL TREATMENT BY SUPERFICIAL
ORGANIC ALTERATION OF THE NASAL MUCOUS
MEMBRANE.

HAY FEVER, also known under the names of hay asthma, rose cold, summer catarrh, autumnal catarrh, peach cold, rag-weed fever, idiosyncratic coryza, June cold, etc., etc., may be defined to be *an affection characterized by periodical attacks of acute rhinitis, complicated sometimes with asthma, occurring as a result of a special susceptibility on the part of certain individuals to become influenced by certain substances, owing to a deranged state of the nerve-centres. It manifests itself only provided the mucous membrane primarily affected in the course of an attack is in a state of hyperaesthesia, and when the irritating substances are present in the atmosphere.*

The symptoms of hay fever may be limited

to those of a mild coryza and last only a few days, or they may assume such violent form as to cause the patient great suffering. The attack usually begins with a sensation of itching in the nostrils, which soon becomes very intense, and causes violent and prolonged sneezing. A pricking, burning sensation in the inner canthi, followed by profuse lachrymation, may accompany this symptom, or constitute the first evidence of the access. Very soon the nose becomes occluded through turgescence of its lining membrane, and respiration through it is practically impossible. A watery discharge appears, which soon becomes very profuse, and its strongly alkaline character causes it to irritate the nostrils and the upper lip, sufficiently sometimes to give rise to painful excoriations. Violent sneezing may begin at once, or occur when the watery discharge begins to trickle down along the intranasal walls, and the patient makes futile efforts by immoderate use of the handkerchief, to clear the nose of the cause of irritation

and obstruction. Chilly sensations, frontal headache, tinnitus aurium, loss of smell and taste, violent itching at the roof of the mouth, pain over the bridge of the nose, facial pruritus, and general symptoms, such as slight pyrexia, urticaria, disordered stomach and flatulence, are among the possible accompaniments of this stage.

As the affection progresses, the nasal secretion assumes more of a mucoid character, becoming at times muco-purulent. The conjunctiva may become greatly inflamed, and photophobia and marked chemosis follow, rendering, in some cases, a prolonged stay in a dark room necessary.

Premonitory symptoms are present in a small proportion of the cases, especially in those of long standing. Frontal headache, general malaise, chilly sensations, and itching at the roof of the mouth and eyes, occurring from two days to two weeks before the attack, are among those most frequently complained of. Asthma may occur as a complication of