

**HAY-FEVER; OR,
SUMMER CATARRH, ITS
NATURE AND TREATMENT**

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649599905

Hay-Fever; Or, Summer Catarrh, Its Nature and Treatment by George M. Beard

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Edited by Trieste Publishing Pty Ltd.
Cover @ 2017

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INCLUDING THE EARLY FORM, OR "ROSE COLD;" THE
LATER FORM, OR "AUTUMNAL CATARRH;" AND
A MIDDLE FORM, OR JULY COLD,
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BASED ON ORIGINAL RESEARCHES AND OBSERVATIONS,
AND CONTAINING STATISTICS AND DETAILS
OF SEVERAL HUNDRED CASES.

By GEORGE M. BEARD, A.M., M.D.,

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AND KINGS COUNTIES MEDICAL SOCIETIES; OF THE NEW YORK SOCIETY OF
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NEW YORK:
HARPER & BROTHERS, PUBLISHERS,
FRANKLIN SQUARE.

1876.
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TO

THE OFFICERS AND MEMBERS

OF THE

UNITED STATES HAY-FEVER ASSOCIATION

THE AUTHOR

Respectfully Dedicates this Work.

P R E F A C E.

THE subject of hay-fever was first forced on my attention in the autumn of 1873, while spending a portion of a vacation in Bethlehem, White Mountains. At that place of resort there were gathered, as usual in recent years, a number of hay-fever refugees, whom the necessities of the disease compelled to remain for some time after the press of summer travel was over. Among these was the late Professor Jeffries Wyman—the mention of whose name suggests all that is most excellent and noble in scientific and personal character—with whom this malady was a family inheritance, and who had therefore enjoyed unusual opportunities for general observation of its peculiarities. From him I learned many facts—then quite new to me—relating to the history and symptoms of hay-fever, and, as an expert in that department of science, he pointed out the fallacies in the infusorial theory of Helmholtz, then becoming popular.

The perusal of the excellent work of Dr. Morrell Wyman on "Autumnal Catarrh," then recently issued, and in connection with it a careful study of many victims of the disease, some of whom suffered slightly from the symptoms even in the mountains,

impressed on me the fact that the whole subject needed to be thoroughly investigated in all its relations, and that until such an investigation was made it would be impossible to establish any theory whatever. All the questions relating to the disease appeared to be open questions; save the general character of the symptoms, and their periodicity, nothing seemed to be settled.

While preparing the first edition of the circular, which was the starting-point of the researches contained in this volume, I gave a provisional acceptance to the idea advanced by Dr. Wyman—namely, that what he terms autumnal catarrh and what is known as “June” or “rose cold” are distinct diseases. In view of the large number of facts afterward obtained, and which are recorded in this work, it was found necessary to abandon this theory, and to admit the substantial identity of “autumnal catarrh” and “June cold.” The probability of this view was enforced by the identity of the symptoms, and was further strengthened by the discovery of a middle form of hay-fever, or “July cold,” hitherto undescribed, and which serves to link together the early and later forms.

The conclusions which will be most likely to excite surprise are those which show the relation of this disease to the nervous system. To those who have given the subject no more thought than is suggested by general observation of cases, and who have been witnesses of the unquestioned fact that the malady numbers among its subjects some who are otherwise unusually strong, it seems beyond belief that hay-fever is more markedly hereditary than any disease of which

statistics have been gathered ; and that the majority of its victims are of the nervous diathesis, and suffer otherwise from an indefinite number of nervous symptoms.

In regard to the nerve theory of hay-fever there prevail two popular misconceptions, which, it is to be hoped, this work may assist in correcting.

First, that nervous susceptibility implies debility and emaciation. Many suppose nervous diseases are imaginary diseases, and get their idea of the nervous temperament from those in whom it predominates, and especially from the hysterical and hypochondriacal, who are always ailing, and who fancy themselves much worse than they really are. The nervous temperament is really consistent with great strength and power of endurance, especially when combined with the bilious and sanguine temperaments ; one may be fleshy and full-blooded, and yet be exceedingly sensitive.

Secondly, that the theory dispenses entirely with the influence of the exciting causes—as heat, dust, pollen, and other irritants. On the contrary, by the facts here collated the potency of these irritants is absolutely demonstrated, and their number is far greater than has been supposed. Individuals vary widely, however, in their susceptibility to different forms of irritation, and not one of these exciting causes nor all combined can avail to produce the disease, except when acting on a predisposed organization.

The theory taught in this book, that this disease is a complex resultant of a nervous system especially sensitive in this direction, acted upon by the enervating influence of heat, and by any one or several of a

large number of vegetable and other irritants, has the advantage over other theories that it accounts for all the phenomena exhibited by the disease in this or in any other country.

The transmissibility of the disease from parents to children; the temperaments of the subjects; the capricious interchanging of the early, the middle, and the later forms; the periodicity and persistence of the attacks and their paroxysmal character; the points of resemblance between the symptoms and those of ordinary asthma; the strange idiosyncrasies of different individuals in relation to the different irritants; the fact that it is a modern disease, peculiar to civilization; the fact that it most abounds where functional nervous disorders are most frequent, and is apparently on the increase *pari passu* with other nervous diseases; and, finally, the fact that it is best relieved by those remedies that act on the nervous system—all these otherwise opposing and inconsistent phenomena are by this hypothesis fully harmonized.

Those, however, who are unwilling to accept this interpretation will in this work find a résumé that is meant to be both impartial and exhaustive of other theories, and of all known facts relating to this affection, wherever observed.

The somewhat arbitrary divisions between catarrhal and non-catarrhal regions, as suggested by Dr. Wyman, do not appear to be sustained by the cases herein detailed, for in nearly every state of the Union the disease occasionally appears, though it diminishes in frequency as we go south, and regions which insure exemption for some are for others of no value.