CRITICAL REVIEW

SPASMODIC RHINITIS.

By Sir ST CLAIR THOMSON.

"The best occupation during a railway journey," said Thomas Carlyle, is "to sit still and number your thoughts." A similar opportunity for taking stock of a subject is often afforded by the publication of a French thesis for the M.D. These *Thèses de Paris*—or, for that matter, of any of the French universities—are always well worth reading, if, for no other reason, for the order, precision, logic, and clarity with which the subject is presented. To read any one of them is, in itself, a lesson in essay writing. They always appear to make the matter interesting, briefly bringing the history of it down to the present date, stating clearly the problem still to be dealt with, and suggesting the lines along which advance may be expected. The original part of a French thesis may, or may not, be of value, but clearness of expression and "sweet reasonableness" can always be counted on. Immaturity does not offend us, for each *Thèse* is both inspired and controlled by the teacher in whose service the graduate has prepared his material.

Having recently heard Professor Widal deliver his interesting address before the University of London on anaphylaxis, it was a great pleasure to receive from Dr Georges Dhers a copy of his graduation Thesis on "Aperiodic Spasmodic Rhinitis, and its Treatment by desensitizing Autoserotherapy."[1]

From this, it is clear, that these non-inflammatory discharges from the nose are becoming more frequently met with, and are no longer such a special attribute of the Anglo-Saxon race as to merit the title formerly employed of *Asthme-hay des Anglais*. In studying them we are met at the threshold with the confusion brought about by unsatisfactory nomenclature. "The only thing wrong with the title 'Hay Fever' is," said some wag, "that there is no fever about it, and it is not always caused by hay"! So with the other names of these nasal discharges. "Rhinitis" means inflammation of the nose, which is never present: "spasmodic," "vaso-motor," and "nervous," when used to define it, postulate causes which are not constant: and "paroxysmal sneezing" lays stress on one symptom which may be trifling or absent. Still, we do not appear to be able to escape from the term "rhinitis," and a serviceable classification can be based on the symptoms.

We may group our patients into three categories:—(i.) Some suffer from a watery discharge from the nose, more or less permanent,

https://doi.org/10.1017/S0022215100024178 Published online by Cambridge University Press

without sneezing or lachrymation. They have "Nasal Hydrorrhœa." (ii.) A second group have genuine "Hay Fever"; they manifest the symptoms of sneezing, lachrymation, and profuse watery discharge at a certain season of the year, and the exciting cause can be traced to definite, vegetable irritants. (iii.) Others are subject to a nasal flux, at any time or in any place. Their attacks may be daily, or several times a week, and they are rarely a whole week free. This we may call "Spasmodic Rhinitis," and the addition of the adjective "aperiodic" helps to differentiate it clearly from hay fever.[2]

So far, so good. This classification is not very satisfying; but it helps us to get on with our task, for, as Claude Bernard said, "ce serait une grande illusion du médecin que de croire qu'il connaît les maladies pour leur avoir donné un nom." The public—fortunately for their peace of mind—appear to derive much grateful comfort from a mere title which appeals to them, and hence the satisfaction with which they receive such terms as "catarrh," "congestion." "debility," "inflammation," and so forth. The physician, on the other hand, is not able to—as the French phrase has it—"pay himself with words."

"Periodic Catarrh" seems to be as good a term as "Spasmodic Rhinitis," and it was under the former title that this condition was first described by Heberden of Guys' Hospital in 1802 and by Bostock in 1819. Our German colleagues gave the latter due credit by calling it *Bostock'sher Katarrh.* As is usual with pioneers, they had their forerunners. In his book on Hay Fever, an interesting historical sketch of the subject is given by the late Eugene Yonge of Manchester.[3] He shows that in the year 1565, Botallus pointed out that the perfume of roses produced sneezing and violent headache in certain individuals. In 1673, Binningerus treated a lady, who was subject to violent catarrh, when roses were in bloom; she evidently was not of the lean and spare neurotic type, for she is described as *ampli corporis et carnosi.* The great von Helmholtz was a sufferer from hay fever, and suggested that it was provoked by the organisms which were stirred into activity by the heat of the summer months (1869). Bostock, also, was himself a patient; he published a very full work on it, and gave it the name of "summer catarrh."

The history of the treatment of hay fever, spasmodic rhinitis, and nasal hydrorrhœa is not very interesting. Most of our patients have run the gamut of various intranasal operations and applications, including the galvano-cautery, hot air, and resection of nerves, with symptomatic treatment by belladonna, strychnine, and so forth. One cannot help wondering how much of the benefit—when there was any—was due to suggestion, or asking whether these various methods of treatment did not merit the same gibe as homœopathy, viz., that it kept the patient interested while nature cured him! Latter day

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medication of genuine Hay Fever by specific treatment with pollen extracts—from the "Pollantin" of Dunbar in 1905 to the present day "Pollaccine" of Almroth Wright—need not detain us. We know the cause, and we are on the track of the cure. Besides, the thesis under our consideration is only concerned with Spasmodic Rhinitis.

On the etiology of this Dr Dhers is wisely open-minded. He says that the specific cause is unknown, or, rather, that there exist as many causes as patients. Before the days of anaphylaxis we had to fall back on that blesséd word "idiosyncrasy." Now, we can consider the condition as an anaphylactic rhinitis. The sensitising substance may come from the outside or from the patients' own organism; but in the majority of cases it is unknown. General reasoning suggests that it is the expression of an undetermined anaphylaxis.

An interesting part of this thesis is the author's investigation on the modification of arterial pressure following on the injections of autoserum. Taken with the well-known instrument of Pachon the readings show a regular fall of a $\frac{1}{2}$ to $1\frac{1}{2}$ degrees, twenty minutes after each injection.

The technique of the treatment by the autoserum is very simple. Twenty c.c. of blood are withdrawn from the patient's vein. This will yield 5 to 6 c.c. of serum, which is sufficient for a first series of injections. The blood, drawn into a test-tube—with the strictest asepsis, it need hardly be said—is corked with sterile cotton, and left at the ordinary, indoor temperature for six to twelve hours. At the end of that time it is easy, by a few light taps, to detach the clot from the walls of the tube and transfer the serum to another tube. Here it should be protected from daylight.

The injections are made under the skin of the thigh or arm, beginning with half a c.c., six to eight hours after the blood has been collected. Next day, 1 c.c.; the third day $1\frac{1}{2}$ c.c.; the fourth day 2 c.c.; and the following days $2\frac{1}{2}$ c.c. till the eighth injection. No local or general disturbance need be feared, and the patient can continue his everyday habits.

Seventeen patients were submitted to this treatment, and a full description of them can be read in the brochure. As a result there were 11 cures, 1 marked improvement, and 5 were unaffected. The author is judicious in not attempting to explain these 5 failures; he states that the cases were not more severe than many of the 11 which were cured. It is well to point out that all the 17 cases were treated within the year 1921. We have to see if the cure is lasting. Anyhow, to obtain relief for 11 out of 17 typical cases is a very satisfactory record.

It was a cynical French writer who said, "Employez vite ce remède pendant qu'il guérit encore." Without being quite as sceptical, we may

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be glad of giving a trial to a method which is free from risk and logically justifiable.

The thesis concludes with a useful bibliography.

REFERENCES.

[1] *La Rhinite Spasmodique Apériodique et son Traitement par l'Autosérotherapie désensibilisatrice.* Dr Georges Dhers, Assistant d'Oto-Laryngologie de l'Hôpital Bon-Secours. 1922. Paris: Jouve & Cie, 15 rue Racine.

[2] The author of this thesis does not mention Cerebro-spinal Rhinorrhœa. We may therefore defer its consideration to a later review, particularly as little has been added to our knowledge of the condition since I first described it in 1899.

[3] *Hay Fever and Paroxysmal Sneezing.* Eugene S. Yonge. London: William Green & Sons, 1910.

SOCIETIES' PROCEEDINGS

ROYAL SOCIETY OF MEDICINE—SECTION OF OTOLOGY.

October 20, 1922.

President—Mr HUNTER TOD, F.R.C.S.

Chairman—Sir CHARLES BALLANCE, K.C.M.G., C.B., M.V.O., M.S.

An Attempt to Standardise Tests for Hearing—SOMERVILLE HASTINGS, M.S., and Major W. S. TUCKER, R.E.

Mr SOMERVILLE HASTINGS said that several years ago a Sub-committee of the Section spent a good deal of time investigating the tests usually employed in the examination of deaf people, and in endeavouring to determine which were of most value.* None of the methods usually employed for estimating the hearing power of an individual, for instance the tuning fork, conversational voice, whisper, acoumeter, appeared to be really satisfactory. They were all influenced by the relation of the ear to the waves of sound, reflections from surrounding objects and interference by extraneous sounds. Moreover, it was difficult or impossible to maintain the same source of sound in different observations.

About three years ago Major W. S. Tucker invited him to join in trying to work out some better method of the estimation of the hearing capacity. Major Tucker, whose method of locating German guns by the sound of their firing had done so much to win the war, was desirous of estimating the hearing capacity of aeroplane listeners.

They had tried a good many different methods, and the apparatus

* *Proceedings*, 1917-18, xi. (Sect. Otol.), p. 4.

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