100 YEARS AGO

VOL. XII.—NO. VIII. AUGUST, 1897.

THE

JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOLOGY.

As we approach the Millennium I thought it would be interesting to see what our forebears were writing about 100 years ago. The Journal of Laryngology, Rhinology and Otology was then published by Rebman Publishing Company, Limited, 11 Adam Street, Strand, London, W.C.—Editor

DISCUSSION ON ATROPHIC RHINITIS.

The nature and symptoms of this affection were considered by Dr. W. E. CASSELBERRY. No one theory of causation would account for all the cases observed. The disease as seen in the young child seemed to contravene Fraenkel's theory, which, however, was borne out by the appearances found in old people. There were fœtid and non-fœtid cases. The atrophy might be due to one cause and the fœtor to another. Two groups might be made—one of simple dry cases and the other of ozæna or fœtid cases, as had been done by Greville McDonald. All stages of atrophy were observed, from a very slight grade up to a condition characterized by degeneration of the mucous glands and crust formation. The non-fœtid variety occurred more frequently in old people. Ozæna was seen in early life, and as a rule the fœtor was persistent, but in some instances the two types seemed to blend. There might also be a local affection of the peripheral sensory nerves. The nostrils became less sensitive to all irritants and the pharyngeal reflexes were sluggish. In some cases the process seemed to involve the nasal bones and cartilages as well as the turbinates, so that there was a suggestion of the saddleback nose. The tip of the nose is elevated, so that the anterior nares look forward rather than downward. Again, there might be a primary central trophic neurosis. A deviated septum might cause the change to be more marked on the concave side, but a correction of this deformity would often cure the affected nostril. Congenital malformations seemed to be a causative factor in some cases. They led to atrophic rhinitis from poor nasal ventilation, and consequent stagnation of secretion. Syphilis, tubercles, alcohol, and gout undoubtedly played a predisposing part. In both types of the disease the trophic change varied in degree and distribution. Some cases were undoubtedly the sequels of preceding hypertrophy, but hypertrophy need not exhaust itself before atrophy begins. The middle turbinate might be hypertrophied and the inferior atrophied. Grünwald had referred the condition to preceding sinus disease; Bosworth to an earlier purulent rhinitis. More recently Belfanto and Della Vedova had found in the mucosa bacilli resembling those of diphtheria; Fraenkel and Loewenberg, a coccus; Abel, a bacillus named by him bacillus mucosus; Wyatt Wingrave, various hyaloid bodies. As regarded symptoms, in addition to those referable to the nose proper, impaired hearing and voice were often the first things noticed. The speaker would advise against a too free use of the cautery in hypertrophic cases, as atrophy might thereby be induced.

https://doi.org/10.1017/S0022215100138629 Published online by Cambridge University Press