

subjects are generally languid in their movements and without much impressibility; not always this last, however, for it is well known that many precocious and bright persons end their effulgence in phthisis. In short, the history of scrofula may be viewed as the history of phthisis: it matters little as a principle is concerned, whether tubercle deposits itself in the lung or in the ganglia, or whether there be or be not a deficiency in the developing force.

Scrofulous ulcers are unhealthy in appearance, being covered with a dirty-yellowish aplastic matter, irregular about their edges, generally bluish or purple, more or less undermined, and discharging an ichorous, flaky pus. Local stimulation meets with little or no response, and, for the reason of the general deficiency in vitality, the parts around are usually indurated from interstitial deposits, chronically congested, and looking altogether indolent and ill conditioned.

The treatment of scrofulous as well as of the true tuberculous ulceration is (in our present knowledge of the disease) simply a treatment of building up. Unacquainted with any special *materia peccans*, we direct our aim so to lift up the life-force that a sufficient inherent vitality may be developed to throw off or master the depressing influence. Exercise, tonic medicaments, cold bathing, salt and mountain air, rare or raw meats, generous liquors,—all are useful means to such an end. Iodide of potassium has long had a reputation in this condition; also barium, iodide of iron, syrup of the phosphates, cod-liver oil, phosphoric acid, etc. The individual experience of the author is, that wrapping one's self in a wet sheet on getting out of bed, and securing vigorous reaction by a good hand-rubbing, and, after such operation, drinking a fresh-laid egg drowned in good brandy or whiskey, is better than any medicine proper yet prescribed.

We always, however, do something for a local disease, from mere force of habit, if for no other reason. We can use with these ulcers any of the applications referred to a few pages back, and any one of them is about as good as any other, or we may use them one after another.

Syphilitic *ozæna* from ulceration of the antral mucous membrane must be, as has been remarked, an exceedingly infrequent affection. Not so, however, with ulceration from such cause in the naris; such a condition is quite common. When a practitioner has a case in which dirty clotty scabs are constantly being received into the handkerchief, and much offensive sanies is discharged from the nose, he may feel well satisfied that he has a case of syphilitic ulceration, and particularly may he rest satisfied in his diagnosis if any evidences of the disease exist in other parts of the body. Syphilitic ulceration of the nose has frequently been confounded with a commencing polypus; but the conditions are so dissimilar that only the most culpable carelessness could fail to distinguish them. In the first there are the fetid discharge, and the association with the anterior train of accidents; a scab soon comes away, and a temporary cessation of the obstruction ensues. In the

latter the obstruction is apt to be gradual and continuous; there are no fetid clots, and no anterior accidents of association: blowing the nose, in the one case, most likely relieves for the moment; in the second, it throws forward the polypus so that we can see and feel it.

Syphilitic ulcers within the nose, commencing commonly as gumma, attack equally any location, and possess the most unfortunate tendency to extend to neighboring parts, so that, if not successfully combated, in a very short time the bony framework is involved, thus producing the deformities so common.

A patient with a syphilitic ulcer developing in his nose complains first of a feeling of congestion. Diagnosis is arrived at by observation of associations. A few weeks later he is troubled with a discharge; this, at first, is very slightly and perhaps not at all offensive. Soon, however, odor is remarked, and the discharge, which continues to increase, frequently becomes so profuse that twenty or thirty pocket-handkerchiefs are necessary for daily use. Occasionally, and sometimes very frequently, dirty gluey clots or scabs come away, and the ulcer, if seen, is noticed to present a reasonably healthy look,—something, for example, as a chancre would look when only half destroyed and casting off its slough. If uncombated and unconquered, the ulcer extends deeper and deeper, until the bone is reached, which, in its turn, succumbs, yielding caries, or, more likely, necrosis. Arrived at this stage, the condition is formidable; not at all infrequently, in defiance of every effort, more or less deformity results.

An ulcer situated in the anterior part of the naris is indicated by the forced expirations of the patient. Situated well back, he relieves himself by strained inspirations; occasionally, however, in the very beginning, the mucous membrane becomes so thickened and engorged that the passage of air through the tube is almost shut off: in these cases excessive restlessness is found associated.

It is not by any means always the case that nasal ostitis is secondary to gumma: on the contrary, cases are frequent enough where the bone becomes primarily diseased and where the ulcer is simply an associated lesion. Syphilitic ostitis very frequently ends in necrosis, and more particularly is this likely to be the case where the turbinated bones are the ones affected. The vomer, however, is the bone most frequently necrosed in syphilis,—that is to say, is the most frequently attacked. This is brought about in three ways: first, from a primary ulceration of its mucous covering; secondly, by the deposition of submucous tubercles; thirdly, by the direct affection of the bone. Next to the vomer the inferior turbinated sympathizes most in syphilitic affections. When ostitis attacks the vomer or any other bone, efforts are to be directed to the resolution of the inflammation. To secure this end resort is had to such local means as seem indicated by the peculiar features of the case. The treatment would be that applicable to inflammation anywhere; it is to be influenced by the temperament of the patient and the stage of the disease. Locally we have at this time nothing to do with its specific char-

acter: we have simply to treat a perverted condition of the circulation of the part. Constitutionally, however, its origin is to attract closest scrutiny; and, in connection with the local remedies employed, anti-venereals are to be depended on as strong supports.

Diagnosis of inflammation of the nasal boundaries is not difficult to make out. When the vomer is the bone attacked, the patient suffers from sharp spasms, referred to the root of the nose; he has headache, always increased by the recumbent position. If the inflammation exist in the anterior part of the cavity, pressure on the cartilage increases the pain.

The nasal bones, when affected, exhibit an overlying congested skin, gumma; pressure on the bridge is responded to by much pain; the lachrymal secretions are affected, and not infrequently, because of the congestion in the ductus ad nasum, run over the cheek. The turbinated bones, when they are the seat of the inflammation, yield a soreness to the lateral aspects of the canal, and respond quickly to pressure exerted thereon.

Whichever of these bones may be affected, the prognosis, as ozæna is concerned, is the same in signification. If the inflammation be not arrested, necrosis or caries, partial or complete, results. Soon a discharge makes its appearance, disgustingly foul if the case be one of necrosis, and more or less offensive, and mixed with osseous particles, if it be caries.

Anti-venereal treatment is a process of strengthening. One cannot hope to arrest syphilis in any other way, when it has passed to its tertiary manifestations. Limit and circumscribe the local inflammation as much as possible. To do this stimulants act a better part than depressants. An excellent local medicament is a combination of iron, iodine, quinine, and glycerine:

R.—Tincturæ ferri chloridi, ℥j;
Quiniæ sulphatis, gr. xxv;
Tincturæ iodinii,
Glycerinæ, āā ℥i;
Aquæ, ℥iv. M.

Sig.—Inject, or brush over and about the parts, three times a day.

Give iron and quinia internally. It is scarcely probable that a patient having syphilitic necrosis needs a mercurial course; indeed, it is much more likely that he has already been so over-drugged with this medicine that his trouble is mercurio-syphilitic, rather than syphilitic alone. Any use of the agent in such a case is almost certain to prove an abuse of it. Iodide of potassium is recommended and freely prescribed in these tertiary conditions; it may be given in doses of from ten to twenty grains dissolved in water or in the fluid extract of sarsaparilla. Good rare roast beef, poultry, a daily glass of malt liquor, boat-rowing, wrestling, horseback-riding, systematic bathing, these are reliable means, and may elevate the vital forces to an ability, *per vias naturales*, to throw off the disease. It is confessedly hard to cure syphilis when it has fully taken hold of a system; when it inflames a bone, par-

ticularly a small one, the patient is lucky if he escape without the complete destruction of the part.

Necrosis, partial or complete, implies, of course, the existence of a sequestrum; and the getting away of this dead part implies very generally the cure of the ozæna. Particularly is this the case when the death is limited to a single bone, or piece. To get away this piece is, then, one of the most important features in treatment. How is it to be done? Simply wait until the probe reveals that it is loose; if it may not be taken away through the orifice of the sinus it has itself created, it is only necessary to enlarge in any convenient manner such sinus, and then lift it out. If, after the removal of such dead bone, the discharge be found to continue, yet modified as to character and odor, necessity exists for stimulation. Iodine, or iodine and iron, or the combination with tannin and glycerine, is employed, as seems indicated. It may be, however, that neither the discharge nor the odor decreases; in such cases the practitioner is seldom wrong in inferring that more dead or dying bone is in the nose; the treatment first employed is to be renewed. When tertiary syphilis has associated with it severe nocturnal pains, great relief is frequently secured from the administration of the iodide of potassium, particularly if combined with minute doses of phosphorus,—say five drops of the diluted phosphoric acid; it is to be remembered, however, that because of the relationship of the potash with the mucous membranes, it is the case that in many persons even very small doses will excite much irritability in the air-passages, thus seeming to increase instead of allaying the trouble. With such patients we must diminish the dose of the iodide *pro re nata*.

Bromide of potassium is now frequently employed to procure rest and tranquillity. It is commonly prescribed in doses of ten grains; but forty or fifty will be found the better dose. It is best given in a little water just as the patient is about to get into bed.

Lodgment and Retention of Foreign Bodies.—In the use of cotton or sponge about the nares, care is to be taken that the pellets do not escape attention and become lodged in the passages. Some of the most offensive and resisting discharges occasionally have their cause in this direction. Rhinoliths—calculi varying in size from that of a pea to that of a pigeon's egg—sometimes form in the canals, and, by inducing ulceration and collecting detritus, come to be a source of ozæna. Peas, rags, buttons, and sundry other articles are not infrequently found in the nares, thrust there by children of experimental proclivities: any of which may, of course, become a source of offence.

The removal of foreign bodies from the nares is always to be effected as speedily and with as little injury to the parts as possible. A plan that may first be tried is to place the patient in a strong light and search the parts with very delicate forceps: if the body can be seen, it may thus generally be removed. Another plan consists in giving a pinch of snuff and compressing the unobstructed nostril; the effort of sneezing will not infrequently throw

the body a considerable distance. Still another plan is to compress the unobstructed nostril and blow into the mouth. An annealed wire, bent into the form of a loop and passed over the lodgment, is very frequently employed with satisfactory success; a flexible, blunt, double hook is also used with advantage. A syringe is sometimes found beneficial, the obstruction being washed back into the throat.

The convenience of the douche bath in ozæna is acknowledged. Thudichum's apparatus* highly commends itself in such direction. Another means of great service is the rubber bulb atomizer: this is used by the patient without effort or trouble of any kind, and carries the spray to every part of the nostril. This latter instrument may be charged with a solution of permanganate of potash, with chlorine-water, or with other disinfectant, and may be kept about the person, ready for use at any required moment. In cases which emit much fetor, employment of this means will avoid many seasons of mortification.

Syphilitic coryza in infants, characterized by snuffling and by difficulty in holding the breast, is not infrequently associated with offensive discharge. Here the excessive delicacy of the affected membrane is not to be overlooked. While it is a necessity to keep the parts well cleansed, it is not permissible to employ any but the gentlest of medicaments. Borax-water associated with a little glycerine is a nice preparation, or a weak solution of the phenate of soda may be used satisfactorily. Fissures of the membrane are to be touched with dilute chloride of zinc, or with iodine ointment made very weak.

Anterior Rhinoscopy.—The employment of the rhinoscope in rhinorrhœa or ozæna is to be commended as of great value in making a diagnosis. Anterior rhinoscopy is performed most simply by using two delicate ivory spatulas and placing the patient in the full sunlight. Or, placing his back to a bright gas-flame, a stream of rays is thrown up the nostril by means of a reflector. A mode of anterior illumination frequently employed by the author consists in extending the ala, and passing the light through a silvered speculum.

The nasal reflector of Metz differs from the ivory blades in being made of highly-polished metal. A speculum known as Duplay's anterior is the analogue of the common bivalve vaginal instrument, the valves being separated by means of a screw.

* Some years ago it was discovered by Professor Weber, of Halle, that when one side of the nasal cavity is entirely filled through one nostril with fluid by hydrostatic pressure, while the patient is breathing through the mouth, the soft palate completely closes the choanæ, and does not permit any fluid to pass into the pharynx, while the fluid easily passes into the other cavity, mostly round and over the posterior edge of the septum narium, and escapes from the other open nostril, after having touched every part of the first half of the cavity of the nose, and a great part—certainly the lower and median canals—of the second half.—THUDICHUM: *Polypus in the Nose, and Ozæna.*

Another instrument, known as Frankel's, working admirably in exposure of the anterior nares, is shown in Fig. 428; application of this speculum is explained by the cut.

Certainly, in anterior rhinoscopy, it is not to be doubted that sunlight surpasses all other sources of illumination. In cloudy weather, besides the means explained in connection with posterior rhinoscopy,—which see,—use is to be made of artificial light.

As a means of such artificial illumination Tobold's apparatus carries in itself much recommendation. Fig. 429 exhibits the instrument, affording at the same time idea of its use. Besides this device many of various forms and attributes have been invented by specialists, and are to be met with at the stores of instrument-makers.

7. NEOPLASMS.—By neoplasm is meant a new formation. By a new formation is commonly implied cancer. To put this in other words, any growth of the nose not having identification in a history is to be looked on with doubt as relation is had with benignancy. Treatment of neoplasms of the nose is not apt to yield satisfactory results. (See *Fibrous Polypi.*)

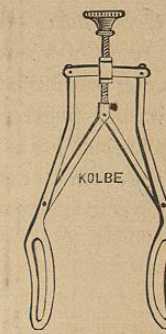
Hypertrophy of Nasal Mucous

Membrane.—A nasal condition allied with persons of the scrofulous diathesis, being most commonly met with in children, shows a tumorous projection of reddish appearance projecting from one or both nares. This projection is liable to be mistaken for polypus, from which it differs in being a hypertrophy of the mucous membrane. To distinguish the one growth from the other requires the use of a probe; this means enabling the practitioner to see the seat and character of origin as these relate with the inferior turbinated bone. Treatment pertains to the employment of both local and constitutional means. (See *Scrofulous Conditions.*)

Deviation of Septum.—Deviation of septum to one side or the other is a source of great discomfort. If

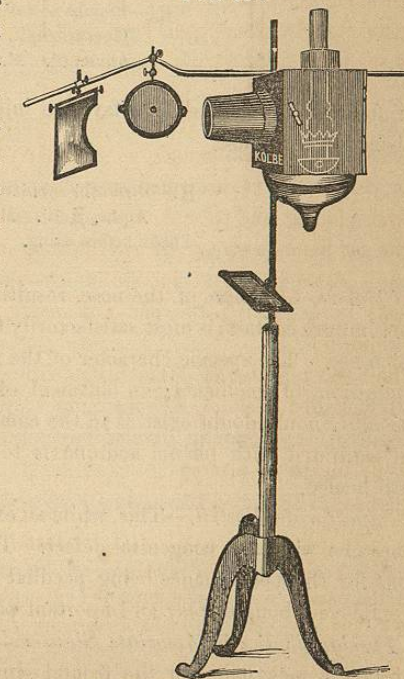
a patient be young a means of correction frequently found beneficial consists

FIG. 428.



Frankel's Nasal Speculum.

FIG. 429.



Tobold's Illuminating Apparatus.

in the continuous use of a pledget, saturated with glycerine, introduced and retained in place between the central and alar cartilages. Where the sufferer has reached adult years the knife is the only remedy; the projecting part being shaved away. (See *Fracture*, page 658.)

Gonorrhœa.—Gonorrhœa of nares is an occasional condition met with as the result of a lack of care on the part of persons afflicted after the ordinary manner with this disease; the virus having been carried to the parts by unwashed fingers. Treatment is that used for the penis; namely, emollient applications in the primary, or acute stage; specific and stimulating remedies in the second, or suppurative stage. A combination used by the author with much satisfaction as a curative of the disease considered is as follows:

R.—Zinci chloridi, gr. iv;
Chloral hydratis, gr. vi;
Aquæ destillatæ, ℥iv. M.

To be injected into penis or nostril three times a day.

As an application in the first stages of nasal gonorrhœa sulphate of zinc in the proportion of three grains to the ounce of water may be used. Common tea as prepared for the table is a good wash. When much inflammation is present lead-water and laudanum are to be employed.

R.—Plumbi acetatis, ℥i;
Tincturæ opii, ℥i;
Aquæ, Oj. M.

Subnitrate of bismuth is a favorite injection and commonly affords much satisfaction in its use.

R.—Bismuthi subnitratæ, ℥ss;
Aquæ, ℥viii. M.
Shake before using.

Chancre.—Chancre of the nose, resulting in like manner with gonorrhœa from impure contact, is most satisfactorily treated by the use of London paste, which see. The specific character of the sore destroyed, it is healed through applications of emollients; an ointment of the oxide of zinc is a good application. Should doubt exist as to the complete destruction of the specifeness, lint saturated with phénol sodique is to be kept in contact with the part until healed.

Imperforate Nostril.—This, while an extremely rare condition, is yet sometimes met with as a congenital defect. Treatment is by operation, the directions for the performance being peculiar to each case; where incision alone is employed, bougies play an important part in the cure.

Foreign Bodies in Associate Sinuses.—Balls and other foreign inanimate substances may lodge in the frontal sinus, resulting in abscess which discharges through the nose. Of animated objects, many illustrations are to be found recorded where persons have disgorged caterpillars and other worms

after having experienced discomfort in the region of the sinus, pointing to it as a seat of habitation by the parasites. M. Saint Pierre instances six cases of deposits of fly-larvæ: In one of these more than three hundred were washed out by means of injections, the patient dying eighteen days later from invasion by the worms of neighboring parts. Dr. Raoure, of Nismes, records the case of a woman attacked with fever and violent headache, which, in spite of remedies, made continual progress. About the fourth or fifth day she began sneezing, and expelled some small white worms. The headache diminished as the parasites came away. Seventy-two were expelled in the course of a few hours, and the patient found herself well.*

During the war of the American rebellion the author, who for some time was on surgical duty at the Fortress Monroe hospital, in a hot summer, had wide opportunity for witnessing the destructive inroads of the fly-larvæ: these were literally everywhere; the stump of an amputation guarded to the extreme of caution and of prophylactic care would sometimes be found filled with maggots at the stage of a first dressing; petroleum and chloroform proved the best remedies. Insufflation of snuff is recommended as a parasiticide where maggots are located in the nose or sinus.

A means of diagnosing nasal parasites consists in the free employment of a syringe, salt water being used; detection of a worm is proof of presence. General signs refer to uneasiness in the region, pain more or less constant, sometimes localized, sometimes darting about in various directions; spells of fainting, an aura starting from the region of the frontal sinus; vertigo, mania.

EXTERNAL NOSE.

Surgical conditions of the external nose relate with tumors, epitheliomatous ulcers, injuries, and loss of substance.

Tumors are infrequent; they are embraced by the sebaceous, cartilaginous, and neoplastic. The first are readily treated through an incision which permits of enucleation; the second, through extirpation; the third, if it be deemed advisable in any particular case to touch them, are to be thoroughly and widely removed by the knife. (See *Rhino-Scleroma*.)

Ulcerations.—The writer desires to be impressive in the suggestion that ulcers appearing upon the external nose without explainable cause, proving at the same time resistive to simple means of cure and showing giant granulations, are to be looked upon as epithelial cancer, and considered accordingly. (See *Lupus of Face*.)

Treatment of epithelial nasal sores by caustics implies commonly the death of the patient. Removal of the sore and surrounding parts by use of the knife, and replacement by healthy tissue transferred from immediately neighboring, or, preferably, from distant parts, insures a cure. This means of remedy the writer claims as a discovery made fifteen years back from the date of

* Diseases of the Nose, Watson.

this writing, he having lost no case of epithelial cancer in the interim where such operation could be perfectly practised. (See *Epithelioma*.)

Fracture.—Fracture of the nasal osseous arch is a common accident. Diagnosis lies in history of injury, in crepitation, and in character of deformity.

A broken nose expresses one of two conditions: depression arising out of a bending of the anterior or cartilaginous portion, otherwise irregularity in position, and crepitation of the nasal bones.

Treatment refers alike to the combating of an inflammation sure to associate with the accident, and to the setting and retaining in place of the distorted parts.

Where displacement is in the septum nasi, broad and flat-faced forceps apply to the restoration of symmetry; glycerine-saturated pellets being applied to preserve the position. An instrument used in English surgery consists of two smooth-faced triangular blades hinged at the middle, somewhat like a pair of scissors, these plates corresponding with the arch of the nose when considered from the inside. The thrusting of these blades into the nostrils restores symmetry; the blades are made to lie flat against the broken or twisted septum on either side, and to grasp it between them, thus holding and being held. Change of the blades is secured through means of a screw working external to the joint. (See Figs. 438 and 439.)

Displacement of the nasal bone is much the most comfortably combated by external means, internal appliances being endurable by the very phlegmatic only. A practice employed by the writer consists in the use of a splint of gutta-percha, moulded over the part after setting the fracture. To make such a splint it is alone necessary to warm the material until a consistency of dough is secured; it is then moulded over the region without effort on the part of the surgeon or pain on that of the patient: suffered to remain two or three minutes, it is found sufficiently hard to be removed without change of form, when, to complete the hardening process, it is dropped into cold water. Retention of the fixture is secured by placing over it a strip of adhesive plaster.

Gutta-percha not being at hand, an admirable substitute is found in a piece of common pasteboard softened in hot water.

Complication in nasal fractures is the rule rather than the exception. The relation of the arch to the ethmoid bone not infrequently results in fatal injury to the brain by the driving upward of the crista galli. The nasal bones are sometimes torn from their place, being so comminuted as to render replacement impracticable, if not impossible. Wounds of the soft parts are at times extensive and formidable, requiring much placing and stitching. Separation of the nasal cartilages is not an uncommon event.

The principal cure in all complications consists in putting displaced parts into position, and combating vascular perversions.

Loss of Substance. Rhinoplasty.—Defects of the nose, requiring relief through plastic operations, vary markedly in character: thus, the parts may