OBSERVATIONS ON THE THERAPEUTIC VALUE OF MEDICATED OINTMENTS IN CERTAIN AFFECTIONS OF THE NASAL CHAMBERS.*

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Medication of the nasal chambers by medicinal substances has incited the interest of all rhinologists since the beginning of the specialty. The employment of medical treatment in affections of the nasal chambers in the form of watery solutions and sprays and powders and vapors is our common knowledge. To attempt to discourse on such matters would not only appear trite, but would subject one to the criticism of "bringing coals to Newcastle." In asking attention to the consideration of the use of medicaments in the form of *soft* ointments, in diseases of the nose, I hope to avoid criticism, hoping that such *form* of medication may not be in common practice as a system and that it may not appear to be lacking in freshness of interest.

The employment of ointments has been my practice for upwards of twenty years. Each succeeding year has increased my respect for them and extended their field of usefulness.

The selection of a proper base in which remedies could be incorporated was not a difficult problem. The various petroleum bases were found available, and appear to meet all necessary indications. Petroleum bases are in a class by themselves, and have no just competitors in any other bases made from animal or vegetable substances. Petroleum bases, being non-oxidizable and easily sterile, and readily rendered softer and softer by proper compounding, appealed to me in many ways, and have been my choice in the various and varied combinations with drugs which in my judgment appeared useful and curative.

The employment of ointments in the case of diseases of the nasal passages is confined to cases strictly *non-surgical* and in cases following surgical procedures, when the case is again relegated to *medical* medication. The choice of drugs must be left to the individual selection, and, as in solutions, etc., the preference will greatly vary, my contention applies primarily to the *form* of medication and to their availability.

The *form* of ointments is especially available for medication of the nose, if we reduce the consistency of the petrolatum to a very

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soft and semi-fluid product. The solubility of drugs in a petroleum base varies greatly, but much greater amount may be incorporated by suspension or mixture. The emollient properties of ointments, their grateful impressions on the nasal mucous membrane and their wonderful power of distribution over the tissues, together with their continued therapeutic effect, suggest their extended employment.

The *availability* and great convenience make a strong claim for their employment by the patient. As ordinarily dispensed by the pharmacist in jars, etc., and with the ordinary consistence of petroleum jelly, ointments are not available nor are they convenient. Putting up in collapsible tin tubes makes them not only convenient, but permits of the jelly being reduced to a soft consistence by the addition of sufficient fluid petroleum to render their use very efficient.

Ointments dispensed in tubes are most convenient for the patient, and, as the supplementary assistance, for their medical adviser in the interim of visits to him. They are so conveniently carried to business or home that the interval of visits to one's office is usefully employed and the progress of the case is decidedly advanced. The effect of office care can be kept up, and in this respect shows a marked superiority over washes, sprays and nebulization, etc. The convenience of this manner and form of personal treatment has strongly appealed to me for many years. If we consider the utter inefficiency of the usual manner of employing sprays and nebulizers by the patient, we can, I think, realize the great superiority of soft ointments dispensed as above mentioned. During the winter months the employment of ointments appears to meet the artificial environment of home living and the vicissitudes of our climatic variations.

I have largely substituted the use of nasal washes, sprays and powders for home treatment by the prescribing of ointments, varied greatly, of course, according to the individual requirements and the local needs of each patient.

My experience taught me that frequent washings in most cases were harmful, caused much congestion of membrane, and rendered the nasal chambers much more sensitive. Since the employment of soft ointments during the winter season, I have found relapses much less frequent while patients are undergoing treatment for chronic conditions.

In the case of acute rhinitis, the medicated ointment can be so formulated that the relief afforded to all of the annoying symptoms is most grateful and satisfactory. The prescribing of medicaments in this form in acute rhinitis has been a distinct advance.

In many conditions in which it is necessary and urgent that cleansing solutions be first used, a continuous medication can be maintained during the interval of visits. After operations for out-growths, deviations of the septum and cauterization, after a proper lapse of time, the healing process is greatly hastened by the employment of ointments. In cases of eczema of the nasal vestibules and lip and crust formations, the institution of an ointment promptly cures the conditions.

It is needless to mention the individual drugs rendered useful in the form of ointments. The same class of medicines generally employed in washes, vapors and powder for the relief of nasal conditions is selected, the difference shown being in their enhanced value in offering desired results. If I should mention calomel as a valuable remedy in many cases of hyperplasia it might be an exception, for so far as I am aware, calomel is not commonly employed for such conditions. Quinine is another drug locally used in ointment form which I have used with profit, in chronic rhinitis especially, where much excitability was present, and in the edematous condition present in naso-motor cases. Quinine, I imagine, is not used locally by many rhinologists.

SUMMARY.

1. That notwithstanding our bent of mind towards surgical procedures for the relief of diseases of the nasal chambers, the rational employment of drugs must still occupy our attention.
2. That our constant and persistent use of nasal washes, especially during the winter season in our climate, tends to harmful results.
3. That by the employment of curative medicaments in the form of soft ointments in the nasal chambers, we can avoid certain risks following the use of washes, etc., and at the same time further the advancement of our patients toward a speedier cure.
4. That the availability, convenience and adaptability of medicated unguents in the therapeutics of the nasal chambers appeal in a rational manner for their employment.
5. That ointments prescribed should be dispensed in collapsible tin tubes as a protection from contamination, and because this form of dispensing renders them most convenient for use at all times and in all places.

DISCUSSION.

Dr. H. L. SWAIN was much interested in this paper, because he had been frequently guilty of using ointments in the nose for one reason or another. With regard to the different drugs and their

chemical affinity, he states that he often prescribed the yellow oxid ointment and found that in patients who happened to be taking at the same time potassium iodide there resulted a chemical combination of the drugs, with a very vicious reaction. He did not remember ever having seen this fact stated in print, and thought his own ignorance of it had caused considerable trouble to his patients. He had made use of this same chemical affinity in getting a reaction in certain cases where there was sluggish ulceration. He believed there was a definite field for the use of preparations containing oil in one or another form in the treatment of the acute affections of the nose.

Dr. C. C. RICE understood in this connection that compressible tubes were used, but failed to see how thereby applications were made to the entire mucous membrane. He desired to be enlightened on this point.

Dr. J. SOLIS COHEN suggested the use of what is known as a "stripping pencil." The ointment is smeared along the end of this pencil and it is then pushed backward until it reaches the pharynx and then brought forward and out with a rotary motion, thus covering the entire mucous membrane. These pencils are about an inch long, and are used for painting the stripes in carriage wheels.

Dr. W. K. SIMPSON had experienced difficulty in applying ointments of sufficient density. If some method of doing this could be formulated he would consider medication by ointments an ideal type of treatment.

Dr. G. HUDSON MAKUEN called attention to a possible danger in the use of ointments. He referred to a patient of his who had for the last eight or ten years applied vaseline to his nose before retiring in order to insure sleep, as otherwise his nose became so dry that it kept him awake.

Dr. MACCOY first mentioned the various ways in which ointments put up in tubes might be applied. He had one patient who simply removed the cap from the tube and squirted the ointment up his nose, and although this was entirely foreign to Dr. MacCoy's method of application, he could see no reason why it *might* not be applied in this manner, but sterilization would be impaired. He found the ordinary ointment of vaseline, such as that purchased in the shops to be too thick and firm for use, it being necessary to dilute it. In order to make it fit for use one or two drams of fluid vaseline should be incorporated in one ounce of the ointment.

With regard to the *form* of application it was considered that the less irksome this is made for patients the more apt they are to continue the treatment. He had advised applying the ointment upon cotton brushes, made with matches and toothpicks. These could be carried in small boxes in the pocket and were available for business, traveling, etc. They were, of course, only used once. Dr. MacCoy never used strong or severe ointments on account of the irritation produced, all the ointments being mild in character.

Primary Carcinoma of the Lingual Tonsil—J. ZENDZIAK—
Monatschr. f. Ohrenh., Berlin, May, 1904.

The author reports a case in a man 62 years old. An ulcerated tumor had existed for three months in the region of the left lingual tonsil; there were present infiltration of the epiglottis and left posticus paralysis. The submaxillary glands were enlarged. Pain, dysphagia and salivation were marked. There were frequent hemorrhages from the tumor. In spite of the fact that the patient had had syphilis 30 years before, and that the location of the tumor was in favor of the diagnosis of gumma, the author considered the diagnosis of carcinoma justifiable for the following reasons; the age of the patient, the appearance of the tumor, the cachexia, the involvement of the submaxillary glands, and especially the frequent hemorrhages. The syphilis had been treated energetically at the time of its occurrence and the administration of large doses of mercury and iodides had no effect upon the tumor. Tuberculosis was considered excluded. No microscopic examination of the tumor was made.

YANKAUER.

Remarks Upon the Localization of Sound Perception—ALBERT BING—*Monatschr. f. Ohrenh.*, Berlin, May, 1904.

Bing compares the Weber test to a pair of scales, the intensity of sound-perception representing the weights. When the sound is perceived equally in both ears the scales are level, and the pointer is directed toward the median line. When the diffusion of the sound waves through the external auditory canal into the atmosphere is prevented by disease of the sound conducting apparatus the scale descends and the pointer is directed toward the diseased side, i. e., Weber is in the diseased ear.

YANKAUER.