

OZENA AND STRUMOUS DISEASE TREATED BY MEDICATED
INHALATION—A NEW INHALING APPARATUS.

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MRS. F., aged about 30, of rather delicate organization, but not sickly, applied to me Nov. 2, 1863. She stated that for the last three years she had suffered from an exceedingly offensive discharge from the left nostril. She described the stench as being almost insufferable. She had been treated by several respectable physicians, and had in addition exhausted almost the whole catalogue of nostrums, without receiving any benefit. I commenced the treatment by means of shower syringes, and continued it for nearly four months, throwing through the nostrils, in both directions, the following remedies in weak solution, viz., sulphate of copper, nitrate of silver, sulphuric acid, acid nitrate of mercury and chloride of soda; giving internally sulphate of iron and quinine, and syr. sarsap. comp., with iodide of potassium. This plan of treatment made no perceptible change in the case, and I told her I thought it useless to continue the showering any longer, but would try inhalation if I could invent some way by which she could inhale through the nostrils; thinking by this plan that I might possibly reach the seat of the disease, if I had not already done so. After much experimenting I succeeded in preparing an instrument, and commenced the treatment by causing her to inhale, three times daily, the following:—*R.* Iodini, gr. xv.; potassii iodidi, 3 ss.; ipecacuanhæ, ʒ iv.; conii, ʒ ij.; cimicifugæ, 3 v.; scillæ, 3 ij.; ether. sulph., liq. sodæ chlor., aa f 3 v.; spt. vini rect. et aquæ, Oi. M. The effect was truly magical. At the end of one week she reports, the fœtor has wholly disappeared. Two weeks later, no return of fœtor and the discharge diminished one half. At the end of six weeks both had almost wholly disappeared.

She says to-day, Nov. 30th, in answer to my inquiries, "I have not been troubled any to speak of for the last six months. Two or three times during that interval, when I have taken cold, there has been a slightly increased discharge from one nostril, which subsided as the cold passed off."

Miss H. T., aged 20, of strumous constitution, always delicate, has been failing in health for the last three years; is hoarse, and sometimes partially aphonic; has had several severe attacks of hæmoptysis; cough very distressing, being aggravated by chronic pharyngitis and diseased tonsils. She is feeble, emaciated and anæmic; lower extremities swollen; respiration hurried; pulse frequent; appetite poor. Dulness and tenderness on percussion in right clavicular and subclavicular spaces, involving apparently about one third of the right lung; imperfect expansion of the chest and suppressed respiration over that portion of lung.

The symptoms in this case seemed to indicate phthisis far advanc-

ed, but the physical signs did not warrant that conclusion, as I could not discover any particular indications of softening, but the diseased lung was evidently in a state immediately preceding it.

From the whole aspect of this patient, and the fact of her having been treated by a well-educated physician, and having been rapidly declining for the previous six months, I could give little or no encouragement, and had serious doubts whether anything I could do would be of any avail. I however told her that if she could consent to have her tonsils removed I would then decide whether or not I could do anything more for her. She immediately consented, and I removed both tonsils, one of which contained a considerable quantity of a lardaceous matter. She bore the operation well, considering her enfeebled condition; the parts healed kindly, and in one week after the operation she commenced medical inhalation. I gave her iron, recommended a generous diet, and as much exercise in the open air as she could well bear. At the end of two months there was evidently some general improvement. By auscultation at this date, a feeble respiratory murmur was distinctly audible, and the sounds on percussion were more resonant, which fact she distinctly noticed herself. The cough, which had for a long time been very distressing, although somewhat relieved, still continued obstinate. Under this course of treatment she continued to improve, the cough slowly subsided, and by the early part of the next summer had nearly disappeared. She had gained her usual amount of flesh and strength, and in every other way seemed quite well.

Medical inhalation is no new thing. Brought into notice long since, it has been strenuously advocated by some, and combated by others of the profession. No doubt the excessive claims urged for it by those who first introduced it, operated disadvantageously. It was natural to doubt a method which was to cure so many diseases. But apart from this, there can be no dispute that it is, when properly used, a most efficient mode of introducing remedies into the system. The direct and speedy result of the treatment in the case first reported, leaves no room to doubt that it was the local effect of the remedy which caused the improvement in the symptoms. In regard to the second case reported, there may be some doubt as to the relative value of the tonic and the local treatment. Evidently they helped each other.

The point which I wish to present is, the ease and comfort with which the inhalation was performed by means of the apparatus mentioned. It seems the easiest thing in the world to get up an inhaler, but how many attempts have ended in futility. Certainly I could find nothing to suit my purpose, and I was obliged to have resort to my own invention. As will be seen by the cut (see advertisement on last page) it is as simple as it can well be. Compact, portable, adapted both to the nostrils and the mouth, it meets a want long felt, and as such is offered to the profession. This inhaler consists

of a bottle or reservoir to contain the liquid to be vaporized, with a cap which is fitted closely on the neck of the bottle. There are two vertical tubes, extending upward from the said cap, and open at their lower ends into the interior of the bottle. There is also a third tube, open at both ends, extending from the cap down into the bottle and nearly to its bottom, through which the air passes in being drawn into the bottle and through the liquid, causing an agitation, during which the vapor is thrown off and drawn into the air passages through the two nostril tubes. These nostril tubes are supplied with an elastic air-tight valve, made of rubber, which, during the act of inhaling, is pressed up against the nostrils by the thumb and index finger of the left hand so as effectually to close them.

ON THE CONDITION OF THE STOMACH AND INTESTINES IN SCARLATINA.

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THE object of this paper is to prove the following propositions:—

1st. That the mucous membrane of the œsophagus, stomach and intestines is inflamed in scarlatina.

2d. That desquamation of the epithelium of these parts takes place.

3d. That notwithstanding the anatomical changes in the mucous membrane of the stomach, the formation of pepsine is not prevented.

4th. That the condition of the skin is similar to the condition of the mucous membrane in scarlatina.

In support of the first proposition, the microscopic examinations of the mucous membranes of the œsophagus, stomach and intestines were detailed in ten cases of death from scarlatina during the first week of illness, and in six cases who died in the second and third week of the fever. The first effects of the scarlatina poison upon the mucous membrane of the stomach were shown to be the congestion of the bloodvessels and the stripping of the epithelium from the tubes and the surface of the organ, and also the softening of the tissues. The tubes are greatly distended by granular and fatty matters, or by small cells intermixed with granules, and in some cases they are lined by a newly-formed membrane. Sometimes no normal cells can be distinguished; in other cases they are present, but are scattered irregularly. After the second or third week the tubes are found less distended than at an earlier period, and whilst their closed ends are still loaded with granular matters, which greatly obscure the gastric cells. These become more evident towards the surface of the mucous membrane. The cells at this period are sometimes very large, sometimes loaded with fat or coated with granules, and seem to have but little adhesion to their base.