

NEGLECT OF THE TRACHEA.

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Dr. Jackson's editorial in the February issue of THE LARYNGOSCOPE, calling attention to the way laryngologists have neglected diseases of the trachea is very timely. The severe acute conditions he describes are comparatively rare. Chronic inflammations in the trachea may be seen many times a day in the specialist's office if care is taken to look for them. Years ago the writer noticed that his cases of chronic laryngitis would do well for a time with careful attention to the nose and larynx. But sooner or later acute exacerbations would occur and the patient would lose all that had been gained in the relief of his cough and improvement of the voice. Such an occurrence was very apt to convince the patient that "catarrh cannot be cured" and he would cease his office visits and often decline to pay for treatments already given. Looking for the cause of such recurrences, I found they were usually an extension of an acute inflammation from the trachea. The predisposing cause of the acute inflammations in the trachea was a chronic inflammation of the tracheal mucosa which was not reached by any of our older methods of treatment.

In 1893 I began using tracheal injections to reach the inflammation below the region touched by laryngeal applications. To adjust the remedies to the conditions present has required careful observations of the tracheal mucosa in all cases where it could be seen by the indirect and in later years by the direct method. If especial attention is given to this examination and your technic is varied to suit individual conditions, only a few cases will be found where the tracheal mucosa cannot be clearly seen.

The results of years of study can be briefly summarized: All patients with old, obstructive lesions in the nose have chronic laryngitis, tracheitis and usually bronchitis. All patients with atrophic rhinitis have chronic tracheitis and bronchitis. The larynx is usually involved but sometimes escapes.

In all cases of acute rhinitis and bronchitis the tracheal mucosa is acutely inflamed and often remains so after internal remedies have apparently cured the bronchitis in the smaller tubes. The sounds heard on auscultation will indicate complete restoration of the lower bronchi while the laryngoscope shows acute congestion in the trachea. A possible explanation is that all the infected mucus

from the lower tubes must pass through the trachea, reinfecting that region.

In acute infectious influenza or "la grippe," bleeding-patches may often be seen in the trachea. The hemorrhage is not indicative of tuberculosis and the patient makes a complete recovery.

In other cases of influenza spots of intense congestion may be seen, although there is no bleeding. These congested spots remain in the trachea after the general inflammation has subsided. They cause an annoying cough that cannot be controlled or cured by internal remedies. The patient complains of a sore point in the neck or chest. In other cases the pain is referred to the region of the diaphragm. Give these latter cases a tracheal injection and they will say "that reached the spot."

Every asthmatic patient I have ever examined had chronic inflammation of the trachea and larger bronchi. Acute paroxysms of dyspnea are usually secondary to acute exacerbations of this chronic inflammation.

All cases of chronic bronchitis have also a chronic tracheitis. The mucosa of the trachea and bronchi responds to intelligent local treatment just as readily as the mucosa of the nose or pharynx does. These patients get little relief from internal medication. The treatment of chronic bronchitis and asthma should be part of the laryngologist's work. Selected remedies, given in oily solutions by tracheal injection, give better results than any other method of treatment yet devised.

Occasionally in chronic laryngitis we see recurrences of the local inflammation without a corresponding increase in the severity of the tracheal inflammation. Here the laryngitis is due to gastric hyperacidity with fermentation.

The eructations of very acid fluid (water brash) irritate the larynx and set up acute attacks. This is a sequence I have proved by examinations of the larynx and chemical tests of the stomach contents. No modern text-book mentions it.

In acute infections of the upper air-passages, if tracheal injections be given early and combined with constitutional abortive treatment the inflammation may be prevented from extending beyond the nose.

The laryngologist who does not carefully examine and treat the trachea, is neglecting a region frequently diseased. The extension of inflammation or infection from it may defeat his best efforts to cure disease in neighboring organs.

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