

Sir,—Your editorial in the February Research Newsletter has asked for suggestions on the classification and elucidation of minor maladies seen in general practice. I would like to recall the catarrhal diathesis of the older physicians. Perhaps it should be called a catarrhal state. It is extremely common especially in under fives and over fifties. It is conceived as an imperfect state of health or an incomplete defence against infection. Indeed, saprophytic organisms are encouraged to become virulent and inflammatory in the milieu of catarrh. In the newly born it is manifested as a sticky eye and a nasal snuffle which must be differentiated from the rare congenital lues. Catarrhal pharyngitis produces attacks of hacking cough with frothy mucus appearing in the mouth and on the lips. Catarrhal gastritis causes anorexia and irregular vomiting of curdy milk, sour fluid and mucus. Catarrhal bronchitis requires no description except to state that in its non-toxic afebrile form it can be associated with bronchospasm or bronchial relaxation. Deeper still within the young baby is the manifestation of catarrh called infantile gastro-enteritis which is a disease of uncertain etiology.

At about four or five the child with the catarrhal diathesis develops tonsillar and adenoidal hypertrophy and hyperaemia, catarrhal otitis media (no pus formation), sinusitis and more active bronchitis with fever and secondary infections.

Between seven and ten seems to be the favourite age for short attacks of mucous colitis. I have also seen two cases which clinically resembled ulcerative colitis but were of short duration. Stool cultures were negative for any pathogens and the disease occurred in isolated instances when no dysentery was observed in the vicinity.

Teenagers have their catarrhal states as well. Catarrhal sinusitis is encouraged by the advent of puberty as for some reason sexual stimuli and/or emotional tension tend to produce nasal hyperaemia in any case. Then there is "the whites," that harmless leucorrhoea found in anaemic and listless girls. But is it really harmless, or are we lulled by ignorance and a failure to follow up these cases through successive decades of child bearing? Are these catarrhal states of the pelvic adnexa the precursors of cervicitis, endometritis and cystitis when a suitable trauma is offered to break the thin film of resistance?

One would like to include enuresis among the manifestations of the catarrhal diathesis as it features so prominently in the history of such subjects. Although no organic condition is commonly known to be associated with enuresis and the urine is normal in cytology and sterile on culture, one can stubbornly insist that there is catarrh somewhere in the genito-urinary tract because these children are perfect examples of the catarrhal state in reference to any easily assessable endothelial membrane. What about the prostate? Have we looked carefully enough at this unobtrusive and (at this age) inactive gland? It causes nocturnal stress in old men who sleep lightly, so why not incontinence in young children who sleep heavily?

In the twenties to forties people again develop gastritis, bronchial catarrh, colitis, cervicitis (catarrhal), endometritis. Should secondary infection occur and inflammation develop, the result will be bronchitis and the bacterial pneumonias, ulceration and erosion of the cervix. Could not secondary invasion in mucous colitis result in the more violent ulcerative disease or the much milder diverticulitis?

In the over forties the catarrhal diathesis is still active in the areas described in the preceding section but in a less obtrusive form. Does the process move deeper to affect the endothelial linings of blood vessels, especially the kidneys, heart and brain and resulting in hyperpiesia, myocardiopathies and encephalopathies? Until we can isolate and examine the factor causing the catarrhal state it is a defensible hypothesis to assume that such a state, known to be active from birth to forty should continue in other manifest ways to exert its influence on the body until death.

This short description, very sketchy and incomplete, gathers together under one heading, namely "The Catarrhal State," a number of falsely segregated diseases, and attempts to bring a new conception to bear on the mechanisms of some obscure disorders. Catarrh is an incomplete defence against hostile agents.

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