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A COMMON CAUSE OF LUNG DISEASE AND ITS REMOVAL—THE NOSE AS A FILTER—NASAL CATARRH.

THE following lines are extracts from a valuable paper in the New York Medical Journal of 1st March, last, by Dr. C. H. Stowell, of Washington, D. C. They fittingly follow the article given in the March number relating to dust.

Among the diseases people believe must be endured, acute colds stand in the foremost rank. It is understood that no ill effects follow their neglect, and no remedies give relief from their discomfort. It is equally true that the older *materia medica* brings to us but little hope of success outside of well-known household remedies. But now that the structures and functions of the nasal passages are so well known, and the therapeutics of some of the newer drugs so clearly demonstrated, there is no excuse for such neglect. To neglect a cold is to give an invitation to both annoying and serious affections, while to ask for relief is to obtain it.

It is only necessary to recall the exposed situation of the mucous lining of the upper air passages to fully appreciate the constantly recurring danger of exciting inflammatory changes. Let this membrane once become the seat of such changes, and it becomes more and more susceptible to exciting causes, until the most trivial exposures are sufficient to arouse old troubles. Resolution after each fresh attack is less and less complete, until finally there is developed a chronic catarrh. As colds increase in frequency, so are they likely to increase in gravity. The inflammatory process extends farther down the continuous mucous lining of the air passages, until the larynx, the trachea, the bronchi, and even the deep lung structures may become involved.

So eminent an author as Bosworth says: "The question is often put to the physician whether a catarrh will lead to the eventual development of lung disorders; and it seems to me that the answer should be, it may and it often does." He also states that this may occur not simply as a result of the extension of the inflammatory process, as indicated above, but that the presence of the catarrhal inflammation is a prominent factor in inducing some of the graver affections of the lungs.

But there are other reasons why acute inflammations of the nasal passages should receive prompt attention. Viewed as a prophylactic, the nose has at least three important functions to perform: To warm, to moisten, and to filter the inspired air. Many experiments have been made to prove the first of these functions. Aschenbrandt, of Würzburg, and Greville have shown that if the inspired air enters one nostril at from 46° to 53° F., it will pass out of the opposite side of the nose, without having entered the lungs, at the temperature of 86° F. Although these figures must represent the fullest capacity of the warming power of the nose, yet all writers agree that to warm the air is no mean part of the physiology of the nasal mucous membrane. Kayser corroborated the results of Aschenbrandt, and showed, in addition, that when cold air is inspired there is a marked increase in the blood supply to the turbinated bodies, thus greatly increasing their heating power.

A study of the oral cavity shows that its straight and large opening affords but little opportunity for the inspired air to come in close contact with its warm lining—certainly but very little as compared