

THE

Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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SUBSCRIPTION, \$3 PER ANNUM.

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TORONTO, OCTOBER, 1884.

Original Communications.

REFLEX PHENOMENA FROM NASAL DISEASES.

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(Read before the Toronto Medical Society.)

The object of this communication is to attach due importance to the nose, whose function has been too widely thought to be but little more than an organ of special sense, and a passage for the ingress and egress of air in respiration, whose office might be performed under most adverse circumstances, without detriment to the health of other members; and to direct attention to the great frequency with which nasal disease acts as a reflex cause of asthma, bronchial cough, and possibly spasmodic croup; and to suggest a ready means of cure of these morbid conditions, which have in many cases proved the opprobrium of professional skill and therapeutics.

During the last few years laryngologists have found that the immediate local lesion in the nose, while it demands consideration as an obstruction of the upper air passages, is of still greater importance as a factor in the etiology of many diseases entirely extra nasal.

Thus it is that the removal of enlarged tonsils does more to restore the patient to health, than all the tonics and nutrients of the *Materia Medica*, in as much as these hypertrophied glands are hurtful not so much as a local irritation to the pharynx, as an obstruction to the

free passage of air to and from the lungs. More marked and more important are the distal effects of nasal obstruction and the proper treatment is accompanied with more satisfaction to both patient and surgeon.

I shall refer more particularly for the purpose I have in view to three conditions, viz: 1. Polypi; 2. Nasal catarrh with hypertrophy of the mucous membrane; 3. Hypertrophy of the turbinated bones; and hold to this proposition, that either one or more of these conditions existing, producing a greater or less degree of stenosis of the nasal chambers, which with the accompanying irritation, becomes by reflex action an important factor in the etiology of 1. *Asthma*; 2. *Laryngeal cough*; and 3. Possibly *Spasmodic croup*.

In speaking of nasal catarrh I shall exclude *ozæna*, which I consider an atrophic inflammation from the first, and therefore is not obstructive, but rather furnishes roomy passages if cleanliness is observed. But ordinary nasal catarrh, as we usually find it, is hypertrophic in character, leads to thickening of the mucous membrane and hypertrophy—hypertrophy of the turbinated bones and the development of polypi, all of which are more or less obstructive to the free entrance of air into the lungs, and not only prejudicial directly to the healthy functional action of these organs, but are the reflex cause of a wide variety of disease, some of which we will merely make a passing mention of, namely—1. Supra orbital neuralgia, migrain, and various headaches; 2. Loss of taste, smell, and hearing; 3. Gastric disturbances, tonsillary