

KUH (E. J.)

A Common etiology
in the inflammatory
diseases of the respiratory
tract.



Kuh (E. J.)

[Reprinted from THE MEDICAL NEWS, November 25, 1893.]

**A COMMON ETIOLOGY IN THE INFLAMMATORY
DISEASES OF THE RESPIRATORY
TRACT.**

BY EDWIN J. KUH, M.D.,
OF CHICAGO, ILL.

WHILE the literature of recent years shows sporadic instances in which writers emphasize the infectious nature of those inflammatory troubles of the nose, throat, and chest commonly ascribed to "taking cold," I am aware that it has not become part and parcel of the medical consciousness that these diseases are "caught" in a different manner than tradition and our grandmothers would have us believe. Self-observation (see "Etiology and Cure of Asthma" in the *Journal of the American Medical Association*, January 29, 1887) and observation of others have taught me that all the muffling and clothing in the world would not prevent those susceptible to "colds" from "catching" them, if a protection of the body-surface were considered a sufficient prophylaxis against these affections. It cannot of course be doubted that when chronic affections of the respiratory tract *preëxist*, exposure to rapid changes in temperature *per se* can aggravate existing conditions. But the primary affection, it seems, is always inhaled. Such circulatory changes as must occur in the respiratory tract when the vessels



of the skin contract through "taking cold" are evidently a predisposing factor to infection; but that is probably all.

We all know how immune we become against "colds" in the severest climates and in spite of most careless exposure, where the air is pure; and we also recognize how susceptible we again become when we return to our city home.

With that cerebral squint, which O. W. Holmes has been pleased to dwell upon, we attempt to explain affections without exposure, with the words, "I must have taken cold."

The surgeon knows that pus implies infection, but the throat-specialist and the family doctor have not yet yielded to the inevitable and logical analogy in their fields of work. Wherever there is pus there has likely been infection; there is no reason why this proposition should not hold good for the mucous membranes as well as in other tissues. A typical acute coryza will, as a rule, run its course as unalterably as a typhoid fever. The same, generally speaking, may be claimed for the acute pharyngeal, laryngeal, and bronchial affections.

In private conversation it has been frequently retorted: "The cold is primary, the infection may follow as a complication." This would be an argument, if the infection did not constantly occur without exposure to cold. The history of the development of our knowledge in regard to pneumonia should silence that objection.

Although this article is not bolstered with bacteriologic tests, it seems a safe and necessary conclusion from the point of analogy and observation to

assume that the inflammatory causes of coryza, amygdalitis, laryngitis, tracheitis, and bronchitis are inhaled. The omnipresence of organic dust, laden with bacteria, is the simplest, most constant and most forceful agent in the causation of those inflammations. No explanation for the appalling mortality from pneumonia in our large cities, frequently competing in numbers with that from tuberculosis, offers so perfect a solution as the theory of the dust-origin of that disease. The refuse from those same streets and alleys from which we turn in disgust is blown into our fashionable thoroughfares and inhaled. The utter disregard of these conditions makes our public buildings (court-houses, schools, theaters, railway stations, office-buildings, large retail stores, etc.) foci of infection. It is fairly gambling with a child's health and life to send it to school where provisions for pure air (in the sense of asepticity) are an unheard-of and at present unrealizable postulate.

The publication of the discovery of the tubercle-bacillus is entering upon its twelfth anniversary; and yet how slowly has this most positive knowledge in medicine stimulated us as a body of professional men to common and legislative prophylaxis. We are, it seems, too much interested in individuals and not enough in communities.

The remedy against dust-borne diseases of the respiratory organs would consist in pavements that do not easily pulverize, in honest street-cleaning, and in sufficient sprinkling, in rich and poor quarters, to prevent the raising of dust.

