

nasal and post-nasal abnormalities. It is my experience that nearly every person who complains of a predisposition to nasal catarrh, who takes cold at every conceivable opportunity, is the subject of some condition in the nose or naso-pharynx which is responsible for the predilection. In children, this condition is nearly always in the post-nasal space—adenoids—whilst in adults the trouble is more usually intra-nasal, although, in many, adenoid remains are present, or the nasal condition is one which is traceable to their influence.

The most usual nasal conditions found in persons subject to colds are the following:—

Septal spurs and deviations.

Oedema of the turbinals.

Hypertrophies of the whole or parts of the inferior turbinals.

Hypertrophies of the middle turbinals, with or without cystic conditions of the bone.

Some combination of these abnormalities.

The lesions affecting the turbinals arise in two ways; from repeated catarrhal inflammations, or from the effects of other lesions situated in the nose or naso-pharynx. For instance, it is a well-known fact how frequently adenoids are complicated by cedematous enlargement of the posterior ends or of the whole of the inferior turbinals, a condition which, if it has not been left too long, will usually subside on the removal of the hypertrophic pharyngeal tonsil. Again, when there is a considerable deviation of the septum present it is certain that the concavity will be found to be occupied by a large, hypertrophied middle turbinal.

It may be said that any condition in the nose which conduces to inefficient nasal respiration—"nasal insufficiency"—results in a more or less (generally more) continuous congestion of the nasal mucosa. Congestion is the first stage of inflammation, and congested parts are always prone to inflame on slight stimuli; hence an irritation, as from dust, cold air, or other exciting cause, will not require to be very great to start an acute catarrh in a nose which is already the seat of a chronic congestive condition.

One other point in relation to the tendency to "cold catching" is that of diathesis.

It is, therefore, in a proper understanding and appreciation of the *predisposing* causes of acute nasal catarrh that treatment—especially prophylactic treatment—should be based.

To sum up, the cardinal points to which correction should be directed in order to secure prevention are:—

1. Habit of life.
2. Local nasal and post-nasal abnormalities.
3. Constitutional dyscrasias.

With a due appreciation of these facts, the tendency to "catching cold" should be bereft of its terrors.

## Our Guinea Prize.

We have pleasure in announcing that our Guinea Prize for October has been won by Miss M. H. Sherlock, senior Sister at the Leicester Infirmary.

### KEY TO PUZZLE.

"Maltova."—Malt-over,  
Larola.—La-roller.

Shell Brand Floor Polish.—Shell B-ran-D pole F. S. H.  
Wallis's Nurses' Uniform.—Wall IS Nurses uniform.

The following competitors have also answered the questions correctly:—

Miss Clara Allee, Alma Road, Southampton.  
Miss Emily Lee, Royal Alexandra Hospital, Rhyl.  
Miss A. L. Hair, Upper Park Road, Hampstead.  
Sister Marion, Royal United Hospital, Bath.  
Miss L. Attree, Richmond Terrace, Brighton.  
Sister E. Rawlings, R.N.S., 269, Regent Street, W.  
Miss Agnes Rider, Eastbourne Terrace, Hyde Park.  
Miss Alice Harcourt, Castlenan House, Bournemouth.  
Sister E. Islip, R.N.S., 269, Regent Street, W.  
Miss F. Sheppard, Kent Nursing Inst., Tunbridge Wells.  
Mrs. J. H. Train, Glenrosa, Wembley.  
Miss C. L. Hindley, Meads Vicarage, Eastbourne.  
Miss A. E. Rossiter, Kent Nursing Inst., Tun. Wells.  
Miss A. E. Wain, Norton-le-Moors, Stoke-on-Trent.  
Miss Porton, Royden Lodge, Adlestone.  
Miss A. Freeman, Shandrick Place, Edinburgh.  
Miss S. E. Polden, Matron, Royal United Hosp., Bath.  
Miss I. B. Smith, New Road, Croxley Green.  
Miss B. Sheary, Norfolk House, Chislehurst.  
Miss H. Massingham Teale, Oaklands Leigh, Reigate.  
Miss A. Solomons, Marine Parade, Brighton.  
Mrs. A. Collings, Cadogan Square, S.W.  
Miss E. M. Dickson, St. Margaret's, Rochester.  
Miss A. McFee, Stephen's Green, Dublin.  
Sister S. G. Lidyard, R.N.S., 269, Regent Street.  
Miss J. G. Thomas, Osborne Road, Forest Gate.  
Miss C. C. Morison, Lanark District Asylum, N.B.  
"Leo," Lincoln House, Harrow.  
Miss T. Hair, Great Northern Hospital, N.  
Miss Lydia Wills, 123, New Bond Street, W.  
Miss E. Richardson, Accident Infirmary, Hebburn-on-Tyne.  
Miss G. H. Stevenson, Cornelia Hospital, Poole.  
Miss C. Hall, Finsbury Circus, E.C.  
Miss H. O'Connor, Grafton Street, Dublin.  
Miss T. Gosling, Bridport, Dorset.  
Miss C. Roberts, Warnborough Road, Oxford.  
Miss A. Sendall, Bentinck Street, W.  
Miss J. Gordon, Shanklin, Isle of Wight.  
Miss T. Newton, Cornwall Street, Birmingham.  
Mrs. Poole, Warrior Square, St. Leonards.  
Miss Shipman, Cavan, Ireland.  
Miss T. Stuart, Dufftown, N.B.

These puzzles appear to grow in popularity month by month, as we continue to receive an increasing number of replies.

This month replies to No. 2 have disqualified a large majority of the competitors, "Ferroleum" having been substituted for "Larola."

The new set of Prize Puzzles will be found on page viii.

The Rules for the Guinea Prize remain the same.

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