Original Articles

NON-OPERATIVE TREATMENT OF THE MIDDLE TURBINATE.*

J. A. STUCKY, M.D.
LEXINGTON, KY.

The proportion of cases in which we find the middle turbinate involved in a pathologic condition that does not require operative treatment for its removal is, relatively speaking, small in number.

The etiology of these is: (1) Systemic, (2) local. The non-operative treatment consists in the removal of the cause of the trouble.

The primary cause of the average case of disease or irritation of the middle turbinate which does not require surgical treatment—those cases of vasomotor coryza, spasmodic rhinitis and edema—I have found to be systemic, and the exciting factor in precipitating the acute attack is not so frequently due to exposure to colds and draughts as to overindulgence in, or injudicious, eating and drinking. The large majority of these cases are in “the overfed and underworked” class and those who live an indoor and sedentary life. I have seldom seen this condition in the outdoor laborer or in one who lives on plain food and uses sparingly, or not at all, alcoholics, coffee, tea and so-called desserts.

I do not recall seeing any case of middle turbinate disease (which did not require operative treatment for its relief) in which the entire nasal and nasopharyngeal cavity was not involved, except a few cases in which the cause of the trouble was the inhalation of an irritating vapor or dust. In these cases the trouble was confined to the nasal cavity alone. All the other cases can be included in that class which, on other occasions before this Section and before the meetings of the American Laryngological, Rhinological and Otological Society, I have designated as lithemic nasopharyngeal irritation.¹

The views expressed in these papers have been verified by subsequent observation. The cases of middle turbinate irritation, whether it be that form known as lithemic rhinitis, vasomotor coryza, spasmodic rhinitis and edema are characterized by no lesion, and there is no distinct pathologic alteration, the entire trouble being a local manifestation of a systemic condition. The patients are usually highly neurotic, good livers, leading more a mental than an active physical life. They complain of always taking cold, of sneezing, of having a stuffy feeling in the head, of one nostril being always stopped up, of copious and frequent discharge from the nose, and of being greatly annoyed by an accumulation behind the palate, and by cracking noises in the ear. In addition to these nasal symptoms, attention will be called to a stiffness in the throat, with the sensation of a foreign body, like a piece of bread crust or fish bone in the tonsil. Altogether they are a miserable, snorting, snuffing, handkerchief-using, irritable and generally uncomfortable set, who are prone to blame all their ills on a “catarrh.”

Interrogation reveals the fact that more or less constipation exists and some laxative is frequently needed. Little water is drunk. Meats and sweets are freely used,

as well as salads, acids, coffee and tea. The skin is abnormally florid or muddy, in the former case suggesting too free use of alcoholics, in the latter so-called biliousness; in both cases the liver is most unmercifully suspected if not damned. A patient with such a history leads me to suspect at once indicanuria, with probably an excess of uric acid.

My observation is that when there is an abundance of indican in the urine, in cases such as I have described, there is no satisfactory or permanent relief until the treatment thoroughly eliminates this, and till the insufficient functioning of the large and small intestines be remedied and the improper diet corrected. It is not so much a question of diet as of regulating the intestinal tract.

Anterior rhinoscopic examination reveals a congestive rather than an inflammatory process, with apparently an “increase in the connective tissue elements, or through a multiplication and extension and distension of the blood interspaces or sinuses. These tissues occupy a relatively greater space than they should and cause a narrowing of the respiratory area of the anterior portion of the nasal cavity” (Wishart). In these cases the occupation, environment and climatic conditions which obtain, the nervous mechanism of the patient and the use of alcoholics and other stimulants, must be considered in arriving at the cause of the nasal disturbance; but far more frequently do I find of more importance than all these in the production of the irritation and discomfort in the middle turbinate imperfect or incomplete digestion, assimilation and elimination. Faulty and imperfect elimination of the gastrointestinal contents results in subalkalinity, this, in turn, causing faulty oxidation and consequently retarded digestion, assimilation and elimination. As a result of this there is fermentation and putrefaction as well as the growth of pathologic micro-organisms, all these favoring auto-intoxication.

If an excess of indican or acid is found in the urine, that form of treatment which removes the cause of this most thoroughly and rapidly should be used. In either case, the diet should be restricted, the intestinal canal emptied and cleaned by either olive oil in large doses or castor oil in doses of 1 ounce daily, followed in six or eight hours by an alkaline laxative saline. The salicylates should be given largely diluted in moderate doses and at short intervals. I have rarely found local treatment necessary except in the beginning of the treatment, when the nasal cavity is cleansed with normal saline solution containing a small quantity of menthol and adrenalin solution. Of the latter I never use a stronger solution than 1 to 7000. Sprays, nebulizers and local applications of astringents are seldom given the patient, as their frequent use has a tendency to increase the irritation.

In the treatment of that class of cases due to climatic changes or inhalation of irritants, the cause of the trouble is as far as possible removed and as little local treatment of a soothing nature is used as will allay the irritation.

The non-operative treatment of disease of the middle turbinate may be summed up as follows: (1) Correct faulty intestinal metabolism, (2) restore bodily resistance, (3) cleanse, soothe and protect the diseased or irritated area.

* Read in the Section on Laryngology and Otology of the American Medical Association, at the Fifty-eighth Annual Session, held at Atlantic City, June, 1907.

1. *Annals Otology, Rhinol. and Laryn.*, May, 1902; *Trans. Amer. Laryn., Rhinol. and Otol. Soc.*, 1902 and 1905, and *THE JOURNAL A. M. A.*, Oct. 15, 1904.

[A GENERAL DISCUSSION ON ALL THE PAPERS ON THE TURBINATE WILL FOLLOW THE LAST PAPER OF THE SERIES, WHICH WILL BE PUBLISHED IN DUE COURSE.]