VASOMOTOR DISTURBANCES OF THE UPPER AIR TRACT.

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During the past few years it has been my observation that the rhinologist is beginning to appreciate the fact that the upper air tract, especially the nasal tract, is not an independent organ of the body, but that it is part of an organism and is influenced pathologically, to a large extent, by disturbances in other organs and systems of the body. Acting upon this gradually increasing impression among rhinologists, members of our specialty are looking, or beginning to look, beyond the nose to determine the cause of and remove the conditions which bring about various diseased activities within the nasal chambers. One is impressed with the increased frequency with which very excellent and timely papers are appearing in the journals bearing upon and elucidating points treating upon this corelationship of the nasal organ and the bodily condition, evidenced by thought, research and keen study, often with reports of cases bearing upon some important type of interrelationship. My only excuse for reciting the few words I shall bring to you is that the subject is such an important one that it should be furthered in every way that our feeble insistence can carry it. One is impressed with the decreasing frequency with which intranasal operative work is now being done for vasomotor disturbances of the upper air tract. Some years ago it was the common procedure to cauterize and remove turbinates for this disturbance. I regret to note that, even at the present day, this type of surgery is too much indulged in in efforts to relieve this condition. It has been my experience that this form of nasal disorder, if thoroughly studied from its general aspect and those conditions which are instrumental in provoking it, can be relieved

or removed and a moderate degree of simple nasal treatment instituted, in which surgery plays no part, a resolution with permanent return to the normal can be assured.

Only a few months ago I discharged from my care a case exemplifying this condition, upon which a submucous operation for restoration of a deflected septum had been done. The operation, as far as I could see, had been attended with a perfect operative result, but the patient had never received any benefit so far as his breathing was concerned. The septum was perfectly straight, but the sodden, swollen turbinates filled in all the breathing space. Proper instruction as to diet, exercise and avoidance of overwork and excessive nervous zeal, with mild local treatment, resulted in a rapid improvement and later a complete restoration of the normal lumen of the nasal cavities.

Another type of case which I fear also the rhinologist has too lightly considered in the past is the large group of cases wherein there is more active congestion of the turbinates, with intermittent turgescence of varying degrees. Close inquiry in many of these cases will demonstrate that the disturbance is brought about and maintained by faulty metabolism and autointoxication. All methods of local treatment of a surgical character employed to relieve such conditions, independent of a proper appreciation of their general causation, are attended with only temporary relief. It is only through a careful consideration of these cases from the gastrointestinal aspect, and the application of the proper therapeutic treatment along these lines, that a permanent resolution can be hoped for and maintained. How often are the middle, and even the inferior, turbinates more or less sacrificed in the attempts to relieve these conditions, when the result could have been more certainly, rationally, and, for the well being of the patient, more satisfactorily accomplished by properly applied therapeutic measures.

Another series of cases which claim our attention and that are provocative of disturbance within the upper air tract are those produced by errors in diet. It has been my observation that investigation of the diet of patients will often lead us to ascertain the cause of many cases of turgescence of the turbinates and various reflex disturbances in the oral and nasopharynx. In many such cases we will find the patients are

partaking too largely of carbohydrates and sugar. Such patients are usually overfed, improperly clad, and do not take the requisite amount of physical exercise. The proper regulation of the diet and due regard to the habits of living will aid us very materially in bringing about restoration to the normal in this class of cases. Besides these cardinal general conditions cited, there no doubt occur to many of you others that could be brought forward wherein the chemistry of food, the biochemic action of various secretions, and the development of toxins within the body excite these deleterious actions directly or indirectly upon what is—for want of a better term—designated the vasomotor system of the respiratory tract.

It is only my intention in this short paper, in a general way, to aid in impressing again the important fact that there are many disturbances of the general system which influence the upper air tract from a pathologic point of view, and the relationship of these to the disturbances noted must be thoroughly weighed before any operative measure is resorted to; otherwise, disappointment may not only be keenly felt by the patient, but also by the operator, as the result of illmeasured intranasal operative efforts.