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ON SOME MILD MEASURES IN THE
TREATMENT OF INTRA-NASAL
HYPERTROPHIES AND
INFLAMMATIONS.¹

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In the early part of the present decade, when American laryngology was, in a figurative, general sense, in its first short clothes, the intra-nasal structures comprised a region upon which the profession—even those of us who were then freshly budding laryngologists—rarely ventured surgically without a misgiving that we were doing something that was unorthodox. These were the days when the war-cry had not yet been sounded by the pioneers on the out-posts to attack the enemy in the nose; that here some of the chief destroyers of mankind lay hidden; that in the interior of these curled, irregular, and mysteriously arranged chambers and their more adjacent cavities, the antra,

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frontal sinuses, and ethmoidal cells, lurked many of the sources of fleshly ills from the myxomatous polyp to the predisposing cause of hay asthma. In these days, you will remember, our armamentarium did not include so many of the instrumental devices for working in the nose as have since been given to us by the fertility of our collaborators; and, as my lot was cast in "out of the way" Pittsburgh, where instrument makers were not convenient, much of my work upon the interior structures of the nose was done with serrated edged scissors of my own pattern. And by the way, I am very fond of using the same instruments yet, whenever I can adapt them to the work in hand. I was upon one occasion, during these earlier times, consulted by a brawny iron-worker, who complained of compulsory mouth-breathing. Upon examination I found the difficulty was caused solely by a bagging hypertrophy of the soft tissues, over the inferior turbinates, anteriorly, in each nostril. The patient said that he had hunted for my office all over the city, and insisted on having something radical done at once.

In my disposition to oblige his importunate demands, I proposed that I should with the angular serrated scissors cut off the bagging hypertrophy in one nostril, then plug the cavity with a styptic cotton plug upon a piece of rubber tubing, and asked him if he could stand a little cutting, to

which he answered lustily: "Yes! I am no boy. I can stand to have my head cut off." Everything in readiness, I proceeded, when at the first crush of the scissor blades, and before they had met in the tissues, the patient yelled for me to stop, and laying hold of my hands, withdrew the scissors from his nose, and then fell to the floor, fainting. As he slowly recovered from this condition, by my elevating his feet, the blood began to flow in the most alarming manner from the wounded tissues, and in this state it was with difficulty I restrained him from running out of my office. He persistently refused to allow me even to look into the cavity again.

I am not sure whether the alarming hemorrhage finally ceased from my external compression on the alæ nasi, or the exhaustion of the patient, since he would not allow me to plug the nostril. He left as soon as he could get away, with an altered mind concerning radical measures and a faded courage, but a steady determination fully expressed to have nothing more to do with me.

I never saw him again until a year or more afterward, when he fell under my care as a heritage from my colleague who preceded me in service in the medical wards of the Western Pennsylvania Hospital.

The man was then a convalescent from another ailment, and I obtained a history

of his case after the operation to which I have in the foregoing lines referred. He told me that he bled from the naris more or less for ten days after the cutting, when gradually good breathing-capacity supervened in that nostril and it continued in this free and open condition, even when he suffered otherwise with cold in the head. An examination was now permitted by the patient, and I found the right naris, upon which I had made the frustrated attempt at abscision, to be in a normal condition, revealing no scar or other evidence that it had ever been other than normal. Its fellow was, however, in its old condition of stenosis.

To me, there was a valuable lesson in this case, which I determined to turn to an account, and to this end I persuaded the man to allow me to use similar means, of a milder nature, in the other naris. This was at last consented to, and at intervals of a few days small and deep punctures were resorted to, with a knife similar to that used for incising the cornea in the extraction of cataract. I abstracted from one-half to three ounces of blood at a sitting; and in a few weeks we were rewarded with a reduction of the tissues and an entire freedom in nasal breathing, and a cure of a permanent character.

Since then I have practised incisions and punctures in every case in which there was a contra-indication to the more radical

measures which we ordinarily use. The latter cases are numerous, embracing those in which the galvano-cautery is objected to, and in which the small saw and scissors or snare are repugnant to the mind of the patient who is suffering from one of the various intra-nasal deformities resulting from or concomitant with the different stages of inflammation and hyperplasia so commonly seen connected with catarrhal diseases of the naso-pharynx. There is a class of cases, an example of which is seen in the following taken from my case-books, in which this mild measure is especially appropriate and efficacious.

Miss S. M., of Pittsburgh, referred to me by one of our New York colleagues, with catarrhal disease of the naso-pharynx. She was the only remaining child of wealthy parents, who had lost a number of grown children, and were consequently not only nervous and timid about any measure that appeared at all severe, but the lady herself was a very frail person, and subject under the slightest cause to serious fainting spells, that confined her to bed and left her heart's action weak for days at a time.

The chief but not the only cause of her nasopharyngo-laryngeal catarrh was an extensively thickened septum, from chondritis. Upon its plane, in the left naris, the adventitious tissue filled the cavity to stenosis. The saw was forbidden, even to be mentioned, or any other of the severer measures

of like nature, and only the milder incisions with the knife were resorted to surreptitiously, until the sight of blood following my examination became a thing usually looked for, and it was attended with constantly increasing benefit. I finally showed her that the innocent-looking handle, on the end of which was wrapped a piece of cotton, that I used ostensibly to cleanse the surfaces, really concealed the blade of a small knife, with which I made as many punctures deep down into the inflamed tissues as I could at each sitting, without exciting suspicion on the patient's part or producing any mental impression that would bring on fainting. These incisions were at length known to the patient and agreed to, and the gradual but sure result was a reduction of the hyperplasia upon the septum narium, curing the concomitant catarrhal disease in the pharynx and larynx; but most of all to be noticed was the improvement in the general health of the patient.

This, gentlemen, is a type of case and the style of treatment of which I could give you a very long and somewhat varying list from my case-books; and now, after several years' experience, with this milder form of surgical measure, I bring the simple plan to your notice, believing that, even if many of you have already used it, it will not be altogether amiss for me to attest its value in this brief recital of actual experience.