

THE MANAGEMENT OF THE VARIOUS FORMS OF NASAL OBSTRUCTIONS.

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(Continued from July *Lancet*.)

(b) *Cases of enlargement of the entire osseous structure of the inferior turbinated body.*

Crushing outward of the bone may give a very satisfactory result in some cases, but, in doing so, the septum must not be used as a fulcrum. Here, too, the spokeshave may be the only means of securing sufficient room. Repeated cauterization of the mucous membrane rarely gives the necessary space. Partial turbinectomy, if the enlargement be localized at either extremity, may alone be sufficient. Some writers cannot condemn too strongly anything like complete removal of the turbinated body. I do not approve of it, except in very rare cases, when the operation is not only justifiable, but demanded to secure the proper space. As a matter of fact, one cannot remove the entire bone with a spokeshave; and, when he has removed as much as the instrument will engage, he will be surprised to find how much regeneration takes place in a few years. Dr. Abercrombie, Assistant Surgeon at the Central Throat Hospital, examined over two hundred cases, some years following the removal of the inferior turbinal, and he found that a surprising regeneration had taken place, while those few who had a dry naso-pharynx, as a result, much preferred this to the continual nasal obstruction. The operation has been spoken of as having caused more misery than any other nasal procedure. While there is certainly good ground for such a statement, the reason is that, being new and the immediate results good, too many performed it, when less radical measures would have been sufficient. In the partial anterior turbinectomy cases, we should be careful about making our posterior segment too broad, otherwise a partition will appear, dividing the inferior meatus into two parts. Slight trimming with a pair of nasal scissors, or cutting forceps, will obviate this. In any case of turbinal hypertrophy, any accessory serious mischief must be corrected, before operating, as it alone may be the cause of the hypertrophy. In the more radical turbinal operations absolute rest in bed is imperative, as secondary hæmorrhage is not at all infrequent. Oil sprays, or mild antiseptic, alkaline lotions, are not only healing, but very agreeable to the patient. Plugging causes discomfort and invites hæmorrhage.

(4) *Nasal polypus*.—I do not propose entering into any discussion on malignant growths of the nose, or naso-pharynx. In the *Practitioner and*