

It requires about six forceps of different shapes and sizes to meet the requirements of all cases.

The operation on the nasal septum is performed as follows :

The head of the patient is firmly held by means of a head rest, so that there is no motion. Nitrous oxide is usually administered, and a section made through the septum at the most prominent part of the bend with the nasal forceps. The flat blade is passed up the constricted nostril, while the other, carrying the knife, goes up the other nostril, and when opposite the most constricted portion the hand is firmly closed on the instrument, and the section is made, removing entirely the bent portion of the septum.

Hemorrhage is controlled by means of the nasal clamp that produces pressure on the cut blood-vessels. If it is necessary to remove any farther thickening the knife cannot remove, it may be done by means of the galvano or thermo cautery, at the same time this may be made use of to arrest hemorrhage.

The wound heals slowly, but in doing so there is contraction, and this still further improves the breathing capacity. The scabs that form must not be forcibly removed, but the parts cleansed and bathed with thymolized spray. Careful dressing ought not to be neglected by the surgeon.

The second hindrance to respiration is the hypertrophy of the soft tissue covering the inferior turbinated bones, and are removed by means of the galvano cautery. A shield to protect the vestibule is passed into the nostril, the lower end of which is flanged, so as to be easily held, and so remove the fingers from the heated cautery. The top part of the shield is so made as to embrace the part to be removed by the cautery. The electrode is small, so as to readily pass through the shield, and, when heated to a white heat, is passed quickly on to the parts to be removed. If this heat is kept up while the electrode is on the tissue there will be little or no pain. But in nearly all cases administer nitrous oxide as the anæsthetic. In all these operations the parts should be kept well cleansed.

The following cases will serve to illustrate the method of treatment :

CASE I.—J. F., aged 24 years, predisposed to catarrhal conditions, and probably was never

entirely free from it since his early childhood. There being now very little respiration through the nose, the soft palate is quite relaxed, and the uvula so much elongated that during sleep it drops down with the nasal mucus, and excites the laryngeal spasm, and he wakes up suddenly with a feeling of suffocation.

This has been a great annoyance to him. The nose is turned a little to the right. The internal examination reveals a short double bend in the cartilaginous septum that prevents respiration from both nostrils. A section was made through the cartilaginous septum with the excising nasal forceps, and the uvula was amputated. Some considerable thickening was found in the soft parts in the nasal passages, which yielded to treatment.

It is now several years since he received the operation, and he reports himself relieved of all his catarrhal difficulty. Has no more laryngeal spasm during sleep, and respiration through the nose quite free.

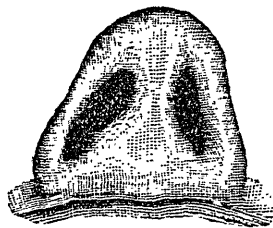


Fig. II.

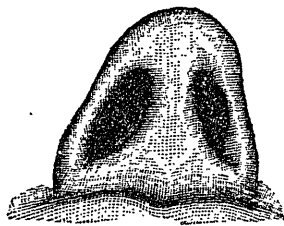


Fig. III.

Fig. II. represents the deviated septum with a slight displacement of the nasal spine. Fig. III. the same after the operation.

CASE II.—E. G., of Brooklyn, was referred to me by Dr. C. R. Agnew. Has been suffering for some years with naso-pharyngeal catarrh, and in consequence has deafness of the left ear.

The cartilaginous nasal septum is considerably longer than normal, and it takes an acute bend just at the vestibule to the left, entirely closing up the left nostril. The nasal spine is also carried to the left. Both the septum and spine protrude from the vestibule, pushing to the right the columna nasi.