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Original Communications.

HINDRANCE TO THE RESPIRATION BY DISEASE IN THE NOSE.

BY D. H. GOODWILLIE, M.D., D.D.S.,
NEW YORK CITY.

Presented at the meeting of the Canada Medical Association, September 11th, 1879.

The anatomical structure and physiological condition of the nasal fossæ are most efficiently arranged to carry on respiration.

As the gateway to the respiratory organs the nose has a most important office to perform in tempering and cleansing the air that passes to the lungs. Hence the greatest amount of mucus surface in the smallest space, with the numerous mucus glands to lubricate the surface and purify the tidal air. The erectile tissue on the turbinated bones and the hairs in the vestibule as sentinels for protection.

In much the same proportion that respiration is prevented through the nose will there be catarrhal trouble.

The air not passing through the nostrils the mucus with the cast-off epithelium are not so readily carried away by the tidal air, undergo decomposition, and thus aid in setting up inflammatory action, resulting in thickening of the soft parts and hypertrophy and distortion of the bones and cartilages.

This condition undoubtedly commences by rhinitis in childhood from various causes. And so in its chronic condition in adult life, respir-

ation is interfered with, and the catarrhal trouble increases. This is suggestive of proper treatment in early life.

Among the numerous obstructions to respiration within the nostrils I will only call attention to two found just within the vestibule.

(I.) *A deviation of the cartilaginous septum.*

(II.) *Hypertrophy of the soft parts covering the inferior turbinated bones.*

The deviations of the cartilaginous septum for the most part commence at or near the union of the cartilage with the bony septum, and describe various curves more or less acute to the columna.

Occasionally the septum may seem to have displaced the nasal spine and to protrude from the nostril. (See case No. II.)

Among the methods for correcting this deformity I have found none so successful as making a section through the cartilage at the greatest curve. This is done by means of the *excising nasal forceps* that the writer devised some years since. This is so constructed that one blade contains the circular or oval knife and the other blade is flat, against which the knife comes when it has cut its way through the septum (Fig. I).

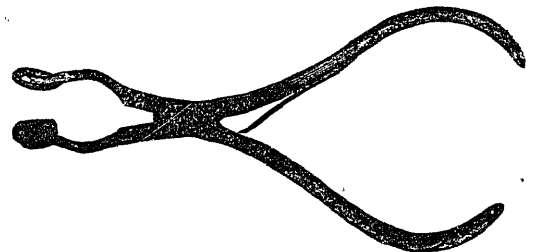


Fig. I.