

factory one. It consists in opening up the antrum by an incision through the mucous membrane in the mouth, under the lip, and removing sufficient of the bony outside wall of the upper jaw to enable the operator to pass his finger into the interior of the antrum. Through this opening any granulations are thoroughly scraped away, and then the whole of the wall between the antrum and the lower part of the nasal chamber beneath the inferior turbinate body, is removed. The cavity is washed out, and the wound in the mucous membrane is sutured or allowed to close without stitches. Subsequent treatment consists in the daily washing out of the antrum by means of a Higginson's syringe, and a curved tube introduced through the nose into the large opening made by the operation. The first washings should be done with a pad over the cheek to prevent the fluid from bursting through the healing wound in the mouth.

The instruments required for this operation are forceps, scalpel, periosteum elevator, retractors, a special cheek retractor, gouges for opening the antrum (those described for the mastoid operation do very well), Jansen's forceps for enlarging the opening, curettes, needles, and sutures.

Operations upon the antrum for the removal of new growths vary from attacking the antrum through the mouth, to complete resection of the upper jaw. Such procedures need no description here.

The frontal sinus is the next most important cavity to be operated upon for empyema. It is sometimes washed out by means of a special tube, passed under cocaine, after removal of the anterior end of the middle turbinal. In more chronic cases, especially those in which the cavity becomes filled with granulations, an opening is made into the sinus through an incision made either through the eyebrow, or just beneath it, or through the middle line, over the root of the nose. The bone is opened, the sinus cleared out, and the natural opening into the nose re-established. The sinus is then either packed (the wound being partially sutured) and made to heal from the bottom, or a tube is passed into the nose through the natural opening, and the wound completely sutured, the sinus being washed out daily through the tube.

For this operation scalpel, periosteal elevator, retractors, curettes, probes, drainage tubing, forceps, scissors, needles, sutures, and swabs are needed, as well as a trephine, gouge, mallet, and chisels, drill, or whatever form of instrument the surgeon prefers to employ for opening the cavity.

The sphenoidal sinus sometimes has to be attacked for empyema, and various operations have been devised to reach it. These need not, however, concern the nurse.

I now pass on to the operation upon the nasopharynx, with which we are all familiar, viz., the operation for adenoids. So much has been written upon this operation that one might almost say the methods are legion. Almost every kind of instrument has been used, from the natural finger nail and an artificial nail, to the curette and ponderous kinds of forceps. Again, the anæsthetic varies from none at all (which I consider most reprehensible practice), to gas, gas ether, ethyl chloride, chloroform, or a mixture of chloroform and ether. Then various operators differ as to the position of the patient, some like the patient sitting up, others lying down. A few prefer to operate with the patient on his side, some like to have the head hanging over the end of the table. This last position is defended by its advocates as a preventative of blood entering the larynx, but it is a fruitful cause of post-operative middle ear inflammation, and is nearly always followed by a complaint of severe pain in the neck.

At this hospital we prefer to have the patient lying down, without the head dependent, and he is turned over to allow the blood to run out of the mouth as the operation is finished.

I think our method of operation here is as thorough and efficient as any, and I shall content myself with describing it alone.

The instrument used is a cradelled curette, which, to describe it accurately, is St. Clair Thomson's modification of Kirstein's modification of Delstanche's modification of Gottstein's curette. With this the central mass of adenoids is removed. Gottstein's curette is then used to remove any growth left, and the operation is completed with the finger nail. If tonsils have to be removed as well, this is done before the adenoids are attacked. The patient's mouth is held open by a gag during the operation.

In preparing for an adenoid operation in a private house, the nurse should remember that the hæmorrhage is very free. The patient's hair should, therefore, be protected with a sterilised towel, arranged turban-wise, and a sheet should be spread upon the floor to avoid soiling the carpet. An excellent plan is to spread the floor with newspapers, which afford an excellent protection, and can be burned afterwards. Plenty of basins, hot and cold water, and a sponge, should be at hand.

The after-treatment of adenoids is most important, as much harm may be done by in-

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