

means of powerful forceps, and entailing the wearing of uncomfortable and irritating splints of metal, vulcanite, or rubber for considerable periods of time. The after-treatment was tedious and often painful; the result was very frequently unsatisfactory. Compared with the resection operation they were as different as the flint implement from the steel knife. This resection operation consists in the separation of the mucous covering on either side of the septum from the underlying bone and cartilage, and the removal of the latter rigid structures by suitable cutting instruments and forceps, so as completely to remove all deviations, crests and spurs. The mucous flaps are then brought together and either held in place by means of sutures or by the insertion for a few hours of splints made of compressed gauze. The result is a straight, membranous septum, which becomes rigid by the formation of scar tissue between the opposed raw inner surfaces of the two layers of the septal mucous membrane, and which cannot again become deviated. The great characteristic of the operation is that it effects an adequate structural alteration in what may be termed the framework of the nose, and does not interfere with the functionally active turbinates. By its means, normal drainage is restored, and the resulting improvement is usually well marked.

The effects of bad nasal drainage are due to the retention in the nasal chambers of secretions, which alter in character, afford an excellent culture ground for micro-organisms, and irritate the nasal mucosa. These secretions easily find their way into the nasopharynx, irritate its mucosa, and induce a sub-acute or chronic pharyngitis and nasopharyngitis. This lays the foundation of chronic middle ear catarrh and Eustachian tube troubles, as well as disorders lower down in the air passages. Sometimes these irritating secretions find their way into the stomach, especially during the recumbent position assumed for sleep, and induce dyspeptic symptoms. Their effect upon the nasal mucosa is to cause congestion and inflammation of the turbinates, leading later to real hypertrophy. The normal vaso-motor mechanism is thrown out of gear, and the mucosa is unable to adapt itself to meet outside influences. Continued turbinate irritation and congestion results in further increased secretion, which adds to the supply of intranasal irritant. Usually the first part to be affected is the posterior end of the inferior turbinate, because this part is especially liable to be bathed in back-flowing secretions, particularly at night. Hence enlarged posterior ends of inferior turbinates are a very frequent con-

comitant of septal deviations and of septal spurs situated far back. These posterior ends are rich in glandular elements, which partake in the hypertrophy; so that the secretions which flow over the walls of the nasopharynx become still further augmented. Removal of the conditions causing defective nasal drainage gives the nasal mucous membrane the opportunity to recover under appropriate treatment.

Disorders of the nasal mucous membrane may take place apart from defective drainage; indeed, the latter is merely one of their causes. Other causes may be intranasal or systemic. Of the former, dust and microbic infection are the most common, and yield to mild and gentle treatment. The systemic conditions which react upon the nasal mucosa are alcoholism, hepatic troubles, heart disease (especially failure of compensation in mitral disease and aortic insufficiency), and chronic digestive disorders, especially chronic constipation, intestinal stasis and consequent alimentary toxæmia. In such blood conditions as anæmia and leukæmia, and at puberty, the menopause, and during pregnancy, nasal congestion and turgescence of the turbinates may occur. The treatment of the nose in all such conditions is the treatment of the general condition. This is merely commonsense, yet it is often overlooked. If local measures are deemed necessary, they should be of as mild a character as possible, and nothing should be done which is likely to interfere with the function of the nasal mucosa. They are really cases for the general physician; the function of the specialist is to guide the latter and to rectify any abnormality of the nasal framework that it may be obviously expedient to correct.

It is necessary here to make a very strong protest against the needless and reprehensible use of the cautery in these cases. If the writings of some rhinologists are to be believed seriously, the destruction of some part of the nasal mucous membrane will cure most of the ills of human flesh, including enuresis and dysmenorrhœa. Such treatments are probably psychic in their action, and would be as effective if the cautery point were used cold. Their results are never permanent, except in their destruction. Cauterisation, either by caustics or by the galvano-cautery, should never be used upon the nasal mucous membrane, save in the possible emergency of saving life. Cauterisation destroys the nasal mucous membrane, so that it can no longer carry out its function. It destroys and closes by scar tissue the ducts of the glands in the membrane, causing atrophy of some, cystic degeneration of others. The immediate effect is a swollen mucosa, which is

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