

The Special Nursing of the Ear and Nose.

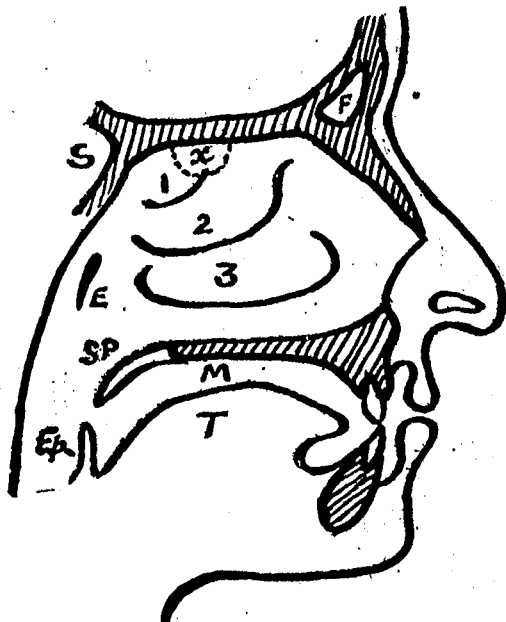
NURSING LECTURES DELIVERED AT THE ROYAL EAR HOSPITAL.

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LECTURE II.

THE ANATOMY AND FUNCTIONS OF THE NOSE.

We now pass on to consider the Anatomy and Physiology of the Nose, and the first thing I wish to specially impress upon you is that the nose possesses and fulfils two distinct functions, one of which is, to those who live in cities, of far greater importance. People are accustomed to look upon the nose as the organ of smell, and nothing more. It is true



F.—Frontal Sinus. S.—Sphenoidal Sinus. E.—Opening of Eustachian Tube. S.P.—Soft Palate. M.—Mouth. T.—Tongue. Ep.—Epiglottis. 1, 2, 3.—Superior, Middle, and Inferior Turbinal. The dotted area marked x indicates the olfactory region.

that it contains that organ, but it has another function which is of much more far-reaching consequence; it prepares the air which we inspire for the delicate lung tissue, which it is destined to reach. From the expression of half the people one meets, the chief portal of the air passages is the mouth, but the true air way is the nose. To this I shall return when I have described the nasal structures.

The nose consists of two parallel chambers situated in the middle of the face. The external openings or *anterior nares*, of these

chambers look more or less downwards at the lower part of the prominent external feature—usually called the nose, a structure which is formed above by the nasal bones and part of the two upper jaw bones, below by moulded plates of cartilage, or gristle. The internal openings of the nasal passages—the *posterior nares*—look straight backwards into the upper part of the pharynx, which is the top of the tube which serves both for food and air passage.

These two nasal chambers are separated the one from the other by a vertical plate of bone and cartilage, called the nasal septum. This plate is formed behind and above by thin bony plates, the front part below being completed by a quadrilateral plate of gristle. In many people, from various causes into which I cannot go here, this nasal septum, or partition, is irregularly bent instead of being straight, and in cases where this irregularity is sufficient to cause obstruction to the free passage of air through the nose, it has to be rectified by operation.

Each nasal passage has, of course, a floor, a roof, an inside wall, and an outside wall.

The *floor* is formed by the hard palate, the *roof* by the nasal bones in front, where it slopes forwards, and the floor of the brain pan in the centre. This centre part is quite thin, and perforated by numerous holes for the passage of nerves. Sticks have been known to be thrust right through it into the brain. The back part of the roof slopes downwards, and is formed by part of one of the bones of the skull, called the *sphenoid* bone. This contains a cavity called the *sphenoidal sinus*. I must tell you here that there are two kinds of "sinus" in anatomy that you must be careful to avoid confusing together. There are large veins inside the skull called "venous sinuses," and one of which, the "lateral sinus," I told you about when I was discussing the structure of the ear, and there are certain cavities in the skull bones, intended to give lightness to the bones, which are in communication with the nose, and are called "accessory nasal cavities," or "sinuses." This sphenoidal sinus is one of these, the others we shall see as we go on. This sphenoidal sinus may become the seat of an abscess, and, if not treated, disease of its roof may give rise to meningitis for, as you see in the diagram, it is part of the floor of the brain case.

The *inner wall* of each nasal chamber is formed by the septum, and there is nothing special for you to note about this beyond what I have already told you.

The *outer wall*, however, is very compli-

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