

wires before the surgeon commences his work, and, when they have been used, fresh wire should be fitted with as little delay as possible and the snare sterilised ready for another case. The snares we use here are Krause's, in which a short loop of wire is threaded on a carrier. There are three important points to recollect in fitting this snare. First, the ends which hook round the carrier should be sufficiently long to avoid their giving way when the snare is used. Secondly, the carrier should not project beyond the sliding finger holder behind, or it may wound the surgeon's thumb, and thirdly, the loop should be so made that it will return completely into the tube; if this is not done, the wire will not cut completely through the tissue it encircles.

In the removal of portions of the turbinal bodies, snares, nasal scissors, and forceps are used. Nasal scissors are of various shapes, and I show you two patterns here. Forceps for the removal of the whole middle turbinal are Doyen's, whilst Luc's are better for taking away parts of that body. The spokeshave invented by the late Carmalt-Jones was originally intended for the removal of the inferior turbinal (an unsurgical and, save in a limited number of cases, unjustifiable operation), but is useful sometimes for the removal of the middle turbinal body. For the removal of the anterior end of the inferior turbinal, scissors and snare, or, Luc's forceps, are used, whilst its posterior end, when enlarged, can be taken away with a snare, or, better, with a Lake's posterior turbinatome.

Operations upon the septum are for its correction, when deflected, or for the removal of spurs and outgrowths. We will take the latter first. Spurs may be removed by means of the spokeshave, or with a nasal saw. Occasionally it may be advisable to raise the mucoperiosteum from the spur before removing it, in which case a nasal knife and rougine, such as are used in the submucous resection operation, are required. After the removal of spurs, it is sometimes necessary to put a splint into the nose, so that the rubber tissue we use for making splints, with scissors to cut it, should be put out. The rubber tissue makes excellent nasal splints, which are sufficiently unyielding and yet sufficiently soft, and which can be made perfectly aseptic by boiling.

Operations for the correction of deflections of the nasal septum are numerous. Until lately they consisted chiefly of cutting through the septum, and so adjusting the edges and keeping them in place with splints that a more or less straight partition resulted. Or, if the deflection affected the bony septum, it was forc-

bly straightened by smashing with forceps and adjusting splints until healing had occurred. This operation is still required occasionally in special cases, but the favourite method to-day (and the most scientific one) is that known as the "submucous resection" operation. This consists essentially in the raising of the mucoperichondrium from the underlying cartilage, cutting through the latter, and separating it from its mucous covering upon the opposite side, and then removing a large part of the cartilage and bone, containing the deflection, so that the final result is a straight septum formed of membrane only. The instruments required for this operation are specially designed for the purpose, and consist of knives, rougines, and the special knife known as Ballenger's swivel knife, for cutting the cartilage. Nasal specula and forceps, Luc's turbinate forceps, Thomson's long speculum, and Jansen's forceps for removing the bony ridge at the base of the septum are required.

Before doing any of these operations upon the nasal chambers, it is necessary to have the nose quite clean. I have so far not mentioned those operations, which are likely to be done when the nose contains pus, I am reserving those until later. Unless there were some very special reason for doing so, one would not touch a septum if there was any serious nasal suppuration.

The cleansing of the nose should be done by means of an alkaline nasal douche, used from half-an-hour to an hour before the operation, and administered in the manner detailed in an earlier lecture. Then, 20 minutes before the operation, the nasal chambers should be carefully plugged with strips of gauze soaked in equal parts of adrenalin, and ten per cent. cocaine solution. This is to render the operation as bloodless as possible, a very important matter is intra-nasal surgery. When the submucous resection operation is to be done, a supply of this cocaine and adrenalin solution, with a sterilised camel's hair brush, should be ready for painting the septum.

The after-treatment of these operations is important. If the nasal passages have been plugged with gauze, the plugs should not be allowed to remain for more than 24 hours, but should be carefully removed by means of peroxide of hydrogen. Nasal plugging is, however, the exception. Most intra-nasal operations are best treated by the three hourly instillation into the nostrils of a few drops of adrenalin.

Rubber splints should be left in for seven days before changing them; they can then be removed, boiled, and reinserted if necessary.

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