

Nasal Obstruction from Deflection of the Septum.

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One of the most common of the numerous nasal troubles is that due to a bending or dislocation of the nasal septum, the partition which divides the cavity of the nose into two passages. This septum is a more or less quadrangular plate, formed partly of bone and partly of cartilage, the former portion being composed of the central plate of the ethmoid bone, together with an independent bone, in shape not unlike a ploughshare, called the vomer. This osseous portion of the septum forms the whole of the partition behind, but has in front a triangular deficiency into which fits a plate of cartilage called the quadrilateral nasal cartilage, which projects in front to assist in supporting the framework of the external nose.

When one considers the two nasal passages, with the projection of the turbinated bodies from their outer walls, one can readily understand how any deviation or bending of the partition between them will obstruct one or both of the nasal chambers, bringing with it all the attendant ills of nasal insufficiency.

The causation of this deflection of the nasal septum is by no means fully worked out, although, of course, the effect of blows or falls upon the nose forms one undoubted factor. Of the other facts which can be admitted, it has been proved by the examination of skulls that some 90 per cent. of civilised peoples suffer more or less from deflection of the nasal septum, whereas in savage races the percentage is somewhat less than 25. Secondly, that, putting aside deflection from traumatic causes, the condition is rare before puberty. Various other forms of nasal obstruction have been considered as determining factors in deflecting the septum, but it is probable that the most potent cause lies in the downward development of the face in order to accommodate the great frontal development of the brain in man. In the lower animals, in which the snout projects forwards, the nasal septum is much longer and narrower, and is therefore much less liable to undergo deviation. In man, the last on the ladder of evolution, the comparatively enormous brain development has necessitated the downward growth of the face, so that the nasal septum, in order to partake in this alteration of growth, has to become more broader in shape; being a thin plate of bone and cartilage it is conse-

quently much more liable to become bent to one or both sides as it grows.

The consequences of deviation or deflection of the nasal septum may be considered under two heads—obstruction and pressure. In the former it may cause a blockage in one or both nasal passages, according to the nature of the deflection. When only one passage is thus interfered with, it is usually only a question of time before the united effects of extra suction and catarrhal changes result in insufficiency in the opposite nasal chamber, the space becoming filled by enlargement of the middle or inferior turbinated bodies or both. The resulting effects of the nasal obstruction so caused—chronic catarrh, mouth-breathing, diseases of the ear, affections of the lower air-passages, etc., need not be dwelt upon here, as they are sufficiently well known, but it may be pointed out that these conditions are becoming recognised as potent factors in chronic pulmonary diseases, and especially of tuberculosis.

In the second group of cases, in which the deflected septum exerts pressure upon the middle turbinated bodies, the results are chiefly manifested in nasal headaches and nasal asthma. In quite a number of instances, a double deviation exerts pressure upon both middle turbinals, which may or may not become enlarged by congestion or hypertrophy. This pressure may cause recurrent attacks of asthma, increasing in severity, and rendered worse by damp weather or colds in the head, or the patient may complain of characteristic headaches, which commence at the root of the nose and radiate thence over the whole frontal region, with a dull, stupid feeling, and want of intellectual energy and concentration. This condition is due partly to the reflex results of pressure upon the branches of the fifth pair of nerves supplying the septum and middle turbinated bodies, partly to the interference with the circulation (especially the venous return) and lymphatic drainage of the frontal lobes of the brain. Such cases used to be (and still are by some rhinologists) treated by removal of the middle turbinals, in whole or part, but are now much better dealt with by the operation to be presently described.

Until the last three or four years, the methods of dealing with a deviated nasal septum were, to say the least of it, unsatisfactory. Numerous operations, devised and practised by such rhinologists as Gleason, Asch, Moure, and Walsham, were in vogue, and much was written as to the applicability of each method to different forms of deviation. Speaking generally, small deflections, especially when complicated by crests, ledges, and thickenings, were sliced off with a spokeshave; others were

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