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As we approach the Millennium I thought it would be interesting to see what our forebears were writing about 100 years ago. The Journal of Laryngology, Rhinology and Otology was then published by Rebman Publishing Company, Limited, 11 Adam Street, Strand, London, W.C.—Editor

**AN OPERATION FOR THE REMOVAL OF DEFORMITY ARISING FROM FRACTURE
OF THE TRIANGULAR CARTILAGE OF THE NOSE**

By DR. PEGLER

The patient was a male, aged twenty-seven, who had received a blow from a cricket ball a year ago (July, 1897), the ball striking the nose from below.

He gave the following history:—

There had been a great deal of swelling, and also discharge from the nostrils in consequence of the injury. The swelling subsided, but the discharge continued; and he was admitted as in-patient in a provincial hospital. The ridge of the nose was at this time swollen (boggy?) and red. Some operation was performed, and an india-rubber split was placed in each nasal cavity.

When the patient consulted the writer in June, 1898, there was a scar along the dorsal surface of the nose from the root nearly to the tip. The bridge was thrown into especial prominence on account of the depressed and sunken position of the triangular cartilage, which, together with the lateral cartilages, were detached in some way from the nasal bones. The deformity was so considerable as to interfere seriously with the patient's prospects in business; and he was willing to undergo any operation that might be proposed for his benefit.

On examining the interior of the nose, a prominent cartilaginous spur, shaped like a spine, obstructing breathing considerably, was seen in the left nasal fossa, but there was nothing especially observable on the right side. The finger, introduced into the nasal cavities, detected what appeared like a splitting of the anterior margin of the triangular cartilage into two lateral portions, which could be squeezed together, but only to separate again when the pressure was taken off. Speculation as to the explanation of this was of little use, as it was evident that the dislocation of the triangular cartilage was accompanied by a general smash up of the non-bony structures; and, in addition, it had been followed by some surgical manipulations. The prominent and pointed cartilaginous spur in the left cavity bore testimony to the force of the original injury.

The patient was shown to the Laryngological Society at its June meeting, and some valuable suggestions were made by the members as to the best way of dealing with the deformity.

On June 17th, Mr. Walsham was asked to see the case in consultation; and in consequence, an operation was performed on June 22nd. Dundas Grant's suggestion as to the removal of the nasal prominence was carried into effect; but the writer has to express his obligations to Mr. Walsham for many others of great ingenuity, as well as for his valuable assistance at the operation.

Chloroform having been administered, an incision was made along the middle line of the nose, following the original scar, to within a quarter of an inch of the tip. The integuments were dissected back, close down to the bone and cartilage, and held aside by retractors.

The next step consisted in threading a rather stout silver wire through the depressed cartilages from side to side, incorporating the two surfaces that appeared to have separated, and taking care not to encroach upon the mucous cavities by feeling with the tip of the little fingers that the needle did not enter them. The cartilage was now under control, and could be raised by the wire at will.

The second half of the operation consisted in sawing through the projecting angle of the nasal bones from above obliquely downwards and forwards until the cartilaginous articular surface was reached, and at this point the detached piece (which consisted in reality of two portions, a larger on the right, chiefly cartilage, and a smaller, bony, on the left) was turned down, and made to assist in filling up the hollow below. A hole was next drilled through the nasal bone, above the sawn surface, with a centre-bit, and one end of the wire that had been employed to perforate the triangular cartilage was carried through it. In this way gentle upward traction could be made upon the depressed portion, so as to cause it to regain to some extent its old position.