# RHINOPLASTY BY A NEW OPERATION.

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The wise Solomon of old made a startling discovery, and with intense self-gratulation proclaimed to the world that there was nothing new under the sun. This was real fresh news to his cotemporaries, no doubt, and hailed with as genuine enthusiasm as the Marconi achievement, the latest wireless message from Europe. Desperate efforts have been made to prove that Solomon's assertion is false, but blasted hopes and blanching bones betray the sad results

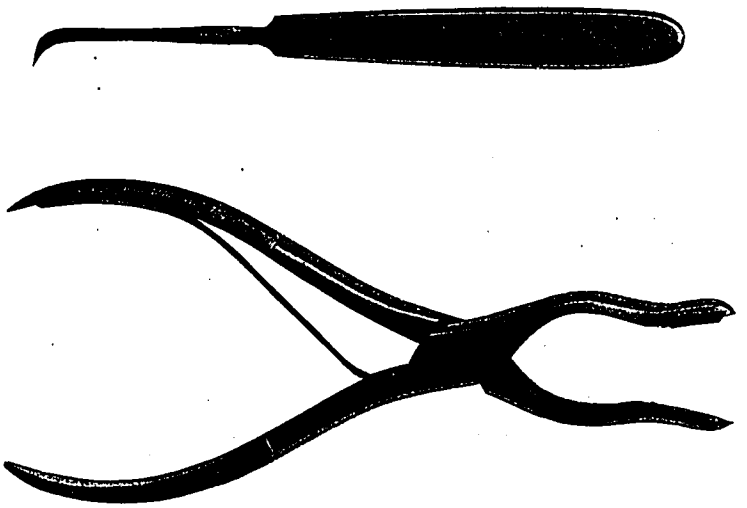
and mark the fields of conflict and defeat. Now, if I fail to show a new method for correcting a certain type of nasal deformity I know my fate; my pretentious effort will be relegated to that recepticle which has entombed the hopes of so many other aspirants for fame, and—I will not be lonesome. I am persuaded, however, that he who may have anticipated my operation did not publish it extensively, at least I failed to discover any traces of it, and I claim for the operation a degree of usefulness in a certain class of cases.

But with such an array of brilliant writers as our programme presents, with so much to discuss and digest as lies before us, I will proceed in the shortest time and briefest manner to describe the case which caused me so much anxiety and afforded so great pleasure.

Miss J—, aged 17, came to me from California, August 2d, 1902. The history of her case she related as follows: Seven years ago she was thrown from her bicycle, landing on some wooden steps, her

nose striking the edge of a plank. She was taken up unconscious, bleeding profusely. For two weeks her recovery was thought to be impossible, and no effort was made to restore the nasal bones and ethmoidal plate, which were crushed, and nothing was attempted toward correcting the deformity prior to her coming under my care.

Examination revealed a marked separation of the nasal bones and a partially obstructed left nostril by a deflected septum, though she could breathe fairly well through both nostrils. I decided that I could not support the depressed bridge from within the nose, as that



would increase the separation of the nasal bones. I had, therefore, to devise other means for holding the parts when brought to the desired position. After studying the cause and requirements this plan occurred to me: I could take a plaster cast of the face and have a silver mask or frame made to fit it, with a bar extending from the part running over the tip of the nose to that across the forehead. To this bar I could attach sutures and supports that would hold the parts when elevated. The mask would fit the face, of course, and could be worn as long as might be necessary.

When all was ready for the operation, and before etherizing, I packed the nose with pledgets of cotton saturated with adrenalin

chloride solution to prevent hemorrhage. An as anæsthetic I gave first in the inhaler two drams of pure alcohol, inhaling this for two or three minutes, then chloroform was added in about the same quantity, and when the patient was quieted I gave her ether to complete anæsthesia. The tampons of adrenalin were removed, the posterior nares were plugged, and with special forceps—one blade in-

serted in the naris and the other outside—I broke the nasal bones from their attachment to the superior maxillaries. Then, working within the nose, I dissected off the soft parts from the septum, from tip to top, along the bridge, punctured each nasal bone and inserted strong silk sutures through the bones, bringing them out at a common puncture at the center of the nasal bridge.

With these sutures I lifted the bones and soft parts to the position that seemed desirable, and as approved by a member of her family. When all was satisfactory, I tied the sutures to the bar on the mask, which held the parts firmly in place.

The time occupied by the operation was less than an hour, bleeding was very slight, and the patient made a good recovery from the anæsthesia. I dressed the wound externally with a weak solution of formaldehyde, and at no time was there any suppuration. Plugs in the posterior nares caused the patient a good deal of annoyance and I removed them in the morning following the operation, no hemorrhage or trouble followed their removal. The temperature did not rise more than a degree above normal at any time, and there was very little suffering complained of. The patient remained in bed and wore the mask for seventeen days. Each day I had the parts under the mask bathed with dilute alcohol. No noticeable scars resulted from the operation. A slight facial paralysis occurred at about the time I removed the mask, which could be accounted for only by the patient's hyperjubilation at being freed from her restraint and taking a long walk on a windy morning. She took cold and suffered pain in her left ear and along the distribution of the fifth nerve; the facial nerve was also involved, but the paralysis soon subsided.

In reviewing the case and its results I would suggest that more time be given to repairing the wound within the nose, that is, I would require that the mask be worn longer than seventeen days. The cicatricial tissue there contracted more than was anticipated, and final results—though seemingly satisfactory—were not quite as good as appears in the photograph which I show you.