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THE Cosmetic Surgery of the Nose.

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Presented by the author

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THE COSMETIC SURGERY OF THE NOSE.

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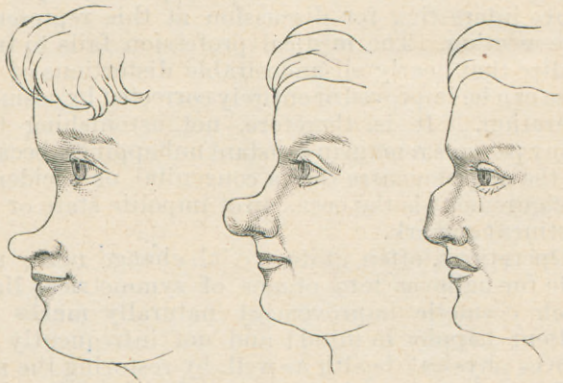
Operative surgery can do so much to relieve disfiguring nasal deformities that perhaps the topic will prove interesting for discussion at this representative meeting. The medical profession fails to fully realize that nearly all undesirable distortions of the nose can be improved or entirely corrected by cosmetic operation. It is, therefore, not astonishing that many persons remain in constant unhappiness because of the consciousness that a congenital or accidental disfigurement is the occasion of impolite stare or impertinent remark.

Operations, often quite trivial, change noses notable for ugliness into organs of symmetrical lines. Such cosmetic improvement naturally makes the patient happier in mind; and not infrequently improves physical health as well, by restoring the normal respiratory and vocal functions of the nasal chambers. Even when more extensive, such operations, if properly performed, carry with them no risk to life. Hæmorrhage of serious kind and violent inflammation are practically unknown; and unseemly scarring does not occur to be an impediment to radical surgical work. Much can be done to the

nose, through the nostrils or mouth, without making an incision in the skin of the face. Cuts on the cutaneous surface are inconspicuous, or even invisible, when made in selected spots and with oblique division of the tissues, and when so treated that primary union is secured. Such incisions should be made in the normal lines of the skin, not across them, or should be placed in the situations where shadows, rather than strong lights, usually fall. Careful asepsis or antisepsis, oblique incision of the skin, fine catgut sutures and iodoform with collodion as a dressing insure unnoticeable scars, even when the incisions are made in less desirable sites than those just mentioned.

The recognition of tertiary syphilis of the nose and the recollection of its frequency among the educated and refined are requisite qualifications for the



Saddle-back nose. Tuberous nose. Angular nose.

successful practice of this branch of general surgery. Many deformities, due to inefficient management of such curable lesions, have come to me for operative treatment. That physicians allow such disfigurements to happen is very astonishing. It should be

a rule of practice to give all patients with stationary or chronic ulceration of the interior or exterior of the nose, full doses of mercury and iodide of potassium. The therapeutic test carried on for ten days will usually clear up doubtful cases, if sufficient doses of these drugs are given. A third or a half of a grain of green iodide of mercury taken before meals, and twenty to thirty grains of potassium iodide taken after meals will cure many ulcerated noses. It is the neglect of this active treatment that furnishes the most frightful disfigurements that fall into my hands for cosmetic procedures.

It is useless to detail fully here the causes which may give rise to nasal deformity. Congenital imperfections, such as epicanthus and the flattened and dilated nostril accompanying hare-lip can usually be greatly improved. The Roman nose, the Jewish nose and the nose with an angular prominence on its dorsum can, in many instances, be satisfactorily modified by careful chiseling away of the angular projection of bone and cartilage.

Here a single incision along the edge of the dorsum allows the surgeon to stretch the skin open, so as to apply a sharp chisel to the whole breadth of the nose and shave the bridge into a becoming shape. I have found that the chisel often does best work when used with the beveled side of the cutting edge toward the bone.

Fractures make, of course, all forms of irregularity, and may be accompanied by such blocking up of the nostrils as to require quarrying with chisels and burrs to open the air passages.

I have seen ugly twists given to the cartilaginous nose by what seems to be an interstitial over-growth of the triangular cartilage of the septum. As this cartilage abuts against bone above and below, such over-growth causes marked curves in its outline, which secondarily displaces the cartilaginous por-

Twisted Nose.

tions of the external nose, giving it an ugly twist.

Efficient treatment of this abnormal shape of the organ must include excision of a considerable portion of the septal cartilage. Sometimes, but not always, this may be done by sub-mucous resection.

Tumors involving the tip of the nose can readily be removed by a V-shaped incision; the nasal lobule is afterwards reconstructed by bringing the flaps together in a judicious manner. The fact that the nares are laid open by the incision makes no difference. The wound can be protected from septic infection by thoroughly cleansing the mucous membrane before operation, and plugging with antiseptic gauze after operation.

The improvement in the patient's appearance made by excision of tubercular excresences of the nose due to acne is most astonishing. Yet, many patients go through life with these deformities, never knowing their remediable character. An insignificant operation will cure promptly the horrible and often disgusting disfigurement. Tumors involving the alæ will often require the surgeon to construct a new ala from the cheek after excision of the growth.

Bent Nose.

Syphilitic destruction of the bones and cartilages give us the most difficult cases to remedy because of the actual loss of substance. If the external tissues are intact, however, great destruction of the internal parts of the nose may be successfully neutralized. I have satisfactorily used the tissues of the forehead and upper lip for making a bridge and a columella respectively. In a somewhat similar manner I have propped up a sunken bridge in fracture by turning up a flap cut from the septal cartilage and changing its direction. Chiselling loose the nasal bones and pinching them together towards the middle line will elevate the bony dorsum in saddle-back nose, and by narrowing it at the same time, give it a relative height which will lessen deformity.

A Form of Syphilitic Nose.

After syphilitic ulceration of the internal structures, the external soft parts are often drawn into the nasal cavities by cicatricial contraction and respiratory suction. To elevate and to keep elevated the external nose, so as to restore the nasal projection and facial conformation, is sometimes quite a problem. If the alæ are pared from their abnormal deep connections, by means of a tenotome freely used through the nostrils, the cutaneous and subcutaneous tissues can be unfolded and drawn out so as to reconstruct the nasal elevation. There may not be sufficient rigidity in the tissues, however, to keep them in the desired position; and if the bony bridge has been destroyed, the problem is more difficult. It has been proposed to dissect up the nose by an incision from within the mouth, under the upper lip, and to insert a metal bridge or support. This can doubtless be done with success. I have accomplished a good deal with plugs

in the nares, used until the new position was confirmed; have used spectacles of special construction to pinch up the soft tissues into a bridge; and have employed plastic devices with much satisfaction.

The straightening of crooked noses can be accomplished only after very free separation of the cartilage and skin from the nasal and superior maxilliary bones. This is best done with a tenotome passed into each nostril in turn. With it the mucous membrane is pierced and the tissues freely cut away from their bony attachments. The septum is then divided by knife or saw, and the nose forcibly bent into the straight position. A great deal of force should be applied so as to twist the parts completely out of their abnormal relation. It is always well to over-correct the distortion because there will be a tendency of the old condition to return. If the nose is bent to the right, the surgeon should give it a marked twist to the left of the middle line, and similarly to the right in left deviations. After this has been done, steel pins, one and one-half inches long, are thrust through the skin just below the nasal bones, and through the columella at the margin of the anterior nares, and used as levers to hold the nose in its corrected position. The pins should be retained about ten days or two weeks.

I have not considered the more elaborate procedures for reconstructing new noses from the arm, finger and forehead, nor gone into the present topic in great detail, because this paper is only suggestive. A consideration of all the operations of a cosmetic nature practicable upon the nose would make this communication much too long. I have, moreover, in another place, discussed many matters pertaining to this branch of surgery ("The Cure of Crooked and Otherwise Deformed Noses," Philadelphia, 1889). At this time I especially desire to call the attention of the medical profession to the fact that much can be done to aid sufferers from nasal disfigurements, and

that those with bent, twisted, angular, tuberous or syphilitic noses should be given to understand that the condition is capable of great cosmetic improvement. The surgeon must use in this work his knowledge of plastic surgery, and adapt his operation to each individual case. Much more can be successfully done, in an operative way, to the nose than is usually believed.