

℞ Superacetatis plumbi gr. vi.

Opii gr. ii. in pilulas sex æq.

Sumt. unam ter in die.

Early in May the diarrhoea had almost ceased, when he was severely attacked by the prevailing influenza, for which it was necessary to blister his chest twice; he was discharged on the 13th of May at his own request, suffering with a frequent short cough, pain in the right side of the chest, with dullness on percussion of the right infra-clavicular space, feebleness of the respiratory murmur, and imperfect pectoriloquy.

June 28th. General health perfectly good; has become fat; the diseased thigh is one-fourth of an inch longer than the sound one; all the soft parts at the upper and anterior part of the thigh are matted together; the superficial veins are turgid; some flattening of the nates; no pain whatever; very slight lameness.

ART. II.—*Observations on certain Affections of the Septum of the Nose.* By CHRISTOPHER FLEMING, A. M., Member of the Royal College of Surgeons in Ireland, Surgeon to St. Anne's Parochial Dispensary, &c. &c.

(Read at a Meeting of the Surgical Society of Ireland, March, 23rd, 1833.)

THE frequent occurrence of diseases of the nasal fossæ, and the malignant characters which many of them possess, render their consideration and diagnosis of much importance to the surgeon.

In the present communication it is intended to direct the attention of the Society to some particular affections of the septum, different from those to which it is liable in common with the other portions of the nasal apparatus. These affections present themselves under the appearance of tumours, possessing different characters; some contain blood, others pus, others a gelatinous fluid, and others again have somewhat of a cartilaginous consistence. The remarks I have

to make, will be confined to the two first of those tumours ; the remaining shall be reserved for a future occasion, as the opportunities I have had of witnessing them have been too limited to entitle them to present notice.

The bloody tumours of the septum are, I believe, always the result of injury. They resemble common ecchymosis in other parts of the body, and are often as quickly formed, generally within the first few hours from the occurrence of the accident : they usually occupy both sides of the septum, but may be confined to one ; their extent and form are very variable, the mucous membrane in some cases presenting only a flattened elevation, appearing as if raised by an uniform effusion underneath, and in others being distended to a greater or less degree. There is considerable resistance in their feel, and this, combined with extreme tension, and surrounding hardness, renders it proportionably difficult to ascertain the existence of a fluid within. I have been always able to see them, by gently pressing the tip of the nose, and dilating the nares ; their colour is of a dark purple, and they present a smooth and glossy appearance : their connexion with the septum is by a broad base, with abrupt boundaries. The principal symptoms complained of by the patient, are a general fulness and stuffing of the nares, proportioned to the extent of the effusion. The following case is selected from those I have witnessed, as a remarkable example of this affection.

A gentleman, about 25 years of age, in hunting, when riding over a fence, was struck by his horse's head on the nose ; at the moment there was considerable hemorrhage from the anterior nares, which, after a short time, ceased, and feeling comparatively little uneasiness, he continued the day's sport. Towards evening, and during the night, a most distressing sensation of fulness and stuffing took place, which gradually increased to such an extent, as wholly to obstruct the nostrils, and produce great annoyance. I was called to visit him the following day ; the outer parietes of the nose were generally swollen, slightly

red, a little tender on pressure, but free from any appreciable contusion of the integuments. All uneasiness and complaint were referred to the state of the nares ; the existence of some obstruction, in which the peculiar expression of countenance as well as tone of voice, manifestly indicated. On throwing back the head, and gently pressing the tip of the nose, each opening of the nostrils presented a tumour, tense, shining, and of a dark, purple colour, nearly filling its calibre ; each tumour could be distinctly traced along its outer side, with a probe passing insensibly, by a broad base, upwards and backwards towards the septum : this appeared to form a partition between them, although a communication was suspected from the effects produced by the alternate pressure of the finger passed into either nostril, for by this means, the tumour on the opposite side was rendered fuller and more prominent. By the same manipulation, the existence of a fluid within was clearly ascertained, particularly if the nose, at the same time, was grasped at its upper part, by the fingers of the opposite hand. From the extreme local suffering which was experienced, I felt myself justified in making an opening, and accordingly punctured with a lancet the tumour in the right nostril, having first rendered it as fixed and as prominent as possible ; the result was satisfactory, being attended with almost instantaneous relief. A quantity of blood, half fluid and half coagulated, escaped, and by pressure, both tumours were evacuated through the same opening, and subsided considerably : a good deal of diffused hardness and tumefaction yet remained, which prevented any accurate examination of the septum. Cooling applications, leeches, rest, and the use of some gentle saline aperients, were directed. For many days a fulness and tenderness on each side of the septum existed, in other respects no remarkable occurrence took place in the progress of the case towards its ultimate cure.

This is an extreme case, and, I should think, one very rarely to be met with. Less extensive effusions, however, occur not unfrequently, and it appears to me, that the attention of the sur-

geon is diverted from their possible existence in injuries of the nose, by the general distress complained of under such circumstances in the nostrils. Their existence immediately after the accident, escapes observation; the extravasation of blood in the nares adds to the difficulty of detection, if the effusion be inconsiderable, and absorption effects its total removal, before the general obstruction subsides. I could state many cases, where great fulness of the mucous membrane, with decided fluctuation, existed on either, or both sides of the septum, the day after a blow on the nose, with or without a wound of the integuments, or injury to the nasal bones, although no particular complaint was made by the patients: this subsided in the progress of the cases towards cure, and this, probably, is the termination of such bloody effusions under ordinary circumstances, so that the particular interference of the surgeon is not called for. Again, the diffusion of blood through the superficial structures of the nose, the existence of a wound of the integuments, and the possible laceration of the mucous membrane, may either prevent or conceal any local congestion. These different considerations do not satisfactorily explain, how the very intimate union which naturally exists between the bony and cartilaginous septum and the pituitary membrane is destroyed. When we reflect, however, on the very great extent of the septum, the extreme delicacy of its structure, and the numerous alterations in direction to which the cartilaginous portion of it, particularly, is exposed, under the violent and varying accidents which may affect it, we must admit the possibility of equally varying injuries, from its simplest contusion to its laceration, fracture, and even dislocation. The existence of any of the three last injuries, without laceration of the mucous membrane, will at once explain the cause and nature of those bloody effusions, and these latter, on the other hand, if at all poured out equally on each side of the septum, will excuse the apparent oversight of the surgeon in not discovering the exact nature of the injury. Indeed his too minute examination might derange the process

which nature had set up for the reparation of it. That such an accident may occur, even with laceration of the mucous membrane, the following case appears to me to afford a satisfactory proof.

A young man, about 23 years of age, labouring under ordinary catarrhal symptoms, applied for relief at St. Anne's Parochial Dispensary. Observing some lateral deformity of his nose, and an extensive cicatrix on its dorsum, I inquired into the cause of it. He stated, that when a boy he fell down a flight of stairs, and struck his nose against some vessel which happened to be in the way, by which it was severely wounded. On examining the nares, I found that the septum had been torn up or dislocated from its inferior attachments, to the extent of about an inch and half, that the mucous membrane had been also ruptured, and that the septum, forced to the left side, had formed an intimate adhesion below, leaving the line of its natural connexion marked by a prominent bony and cartilaginous ridge.

In the treatment of those bloody tumours of the septum we must be guided by the rules which direct us in that of similar tumours elsewhere. The principal objects to have in view are, the prevention of inflammation and the promotion of the absorption of the extravasated fluid. The remedial means to effect these are familiar to all. The necessity for evacuation by an incision is very rarely called for, and it is satisfactory to know, that it can be had recourse to without unpleasant results. I would defer it, however, until all other means had failed, and I would consider the delay favourable, inasmuch as it will allow time for the effusion of lymph, the effect of which will be to circumscribe the injury.

I beg next to direct the attention of the Society to another class of affections closely allied to the preceding, and frequently arising from the same cause ; so intimate, in fact, is the relation, that in many cases one may be considered the second stage of the other : I allude to abscess of the septum.

Abscesses of the septum are then occasionally met with as the result of injury. As such they may be acute or chronic. They may also arise independent of that cause, in which case they appear frequently to be connected with some scrofulous disposition in the constitution, or with the presence of some of the exanthemata, as variola, measles, scarlatina. The nature of the injury to the nose likely to produce abscesses of the septum varies. I think, however, they occur often where there is an accompanying wound of the integuments, and where that wound is situated near the lower extremities of the nasal bones, with or without injury to them. It usually happens, that the abscess is fully formed when the surgeon is applied to, or (if he have had an opportunity of watching the case from the commencement) that the exact situation of the inflammation escapes his observation, until it has advanced too far to prevent suppuration. In those abscesses the integuments of the nose generally partake of the inflammation. Though not always discoloured, they are œdematous and tender on pressure. The pituitary membrane is inflamed throughout, and that portion of it covering the septum is particularly turgid. Its natural secretion is also suppressed, and should any external wound be present, it looks angry and irritable. The constitution generally sympathises, and ordinary feverish excitement prevails. At an earlier or later period matter is formed under the mucous membrane, occupying either or both sides, usually both; and in proportion to the extent of the effusion, there is a tumour more or less prominent, in either or both nostrils, producing corresponding obstruction. The pain, as we might have anticipated, spreads along the mucous membrane to the frontal sinuses and lacrymal passages; hence the lacrymation and uneasy sensations in these parts complained of by the patients. It likewise occasionally spreads downwards; hence tumefaction of the upper lip, and lower margin of the septum. The appearance of these tumours is remarkable. They are smooth and shining, and of a bright red colour; very tender on pressure, and give

a distinct sense of fluctuation. They are somewhat fixed, and do not appear influenced by the ordinary acts of respiration. Their connexion with the septum is by an extensive base, and in every case I have seen there has been a communication between those on opposite sides. The following remarkable case occurred at St. Anne's Parochial Dispensary.

Michael Kavanagh, a coachman, about 40 years of age.—A fortnight previous to his application, while running across a street, and attempting to reach the flagway, he slipped, fell forwards, and in the fall struck his nose against the edge of the flagging. When he got up, he found a wound on the dorsum of the nose, which bled profusely; he had also considerable hæmorrhage from the anterior nares. The wound was dressed at some adjoining apothecary's, and for the first eight or ten days he suffered no extraordinary uneasiness in it, living intemperately, and paying little or no attention to the accident. At the expiration of this time, the wound became remarkably tender, the pain increased gradually, and extended around, particularly to the root of the nose, the eyelids, and the lower part of the forehead. The nostrils felt stuffed and obstructed, and ultimately became so much so, as wholly to prevent respiration through them. These several symptoms were accompanied with general febrile disturbance. Under these circumstances I saw him for the first time. The nose, naturally large and prominent, was rendered still more so from a general œdematous state pervading the integuments, which were tinged with a diffused dusky red hue, and were peculiarly tender on pressure; in fact he winced, at the slightest attempt to touch the nose. There was much lacrymation, and the eyelids and the lower part of the forehead partook of the general œdematous and erysipelatous disposition, which appeared also to engage the upper lip. On the dorsum of the nose, about the junction of the lower extremities of the nasal bones with their corresponding cartilages, in the site of the original wound, there was a painful ulcer about the size of half a sixpence. Its edges were

tender and much swollen, its surface excavated and irregularly granulated. On examining it with a probe, the lower ends of the nasal bones were found bare, and by altering the direction of the probe, it passed without any resistance on each side of the septum, to a considerable distance upwards, backwards, and downwards. In front two highly vascular tumours blocked up each nostril, and projected considerably beyond its margin. Those tumours were tense and polished on their surface, and so fully occupied the nostril, that they were almost fixed and unaffected by the ordinary act of respiration. By firmly compressing the nose at its lower part, a thin sero-purulent fluid could be expressed through the ulcer; by having recourse to the same means of compression at the upper part, the tumours below were rendered more tense and projecting, and by alternate movement no doubt could be entertained as to the existence of a fluid within them. The outer boundary of each was defined, and could be traced with a probe towards the median line, where the septum separated them. I made an opening with a lancet into the tumour in the right nostril. In doing so, I found the mucous membrane much thickened and œdematous: a large quantity of a thin purulent fluid escaped, and on its evacuation both the tumours subsided, leaving the pituitary membrane in loose sacculi on each side of the septum. By every means I adopted, I could not find any communication from one side of the nares to the other, although no doubt of its existence could be entertained from the disappearance of the contents of both tumours through the same opening. The man felt great relief from the operation; a dossil of lint was introduced into the opening, and the ordinary general and local remedies were directed. It would be uninteresting to note here the daily progress of the case. The most remarkable circumstances connected with it, were, the extreme difficulty found in keeping the incision made in the mucous membrane free, the almost daily necessity of tearing up its adhesions for the removal of the collection of a greater or less quantity of fluid on



each side of the septum, the slowness with which the pituitary membrane recovered its original condition and connexion, and the tediousness of the original wound in healing. About six weeks elapsed before this was effected, and it may be remarked that no exfoliation of bone then took place. It is now more than twelve months since this case occurred. I accidentally met the man about a fortnight ago, and had an opportunity of examining the nose, no exfoliation had taken place, but occasional uneasiness is felt in the cicatrix of the original wound. The central portion of the cartilaginous septum appears to have been absorbed, and to have admitted of the adhesion of the opposite surfaces of the mucous membrane to each other. This has produced a change in the form of the nose, the dorsum having fallen in in a slight degree between the tip and the extremities of the nasal bones. No other peculiarities are to be observed.

In the case which has been just now read, we have the most leading features of abscess of the septum, as the result of injury, admirably well marked. Its extent exceeded that under ordinary circumstances to be met with, and the projection through the nares was so considerable, that its character might have been mistaken, had not the wound on the nose, and the recent injury, attracted attention. My colleagues at the dispensary and Mr. Colles saw this case at the period of its occurrence, and assented to the views which I have just laid down as to the nature of it ; and further, I am happy to be able to adduce the respectable testimony of Mr. Liston of Edinburgh, in confirmation of their truth. In a work published by him since that period, one of the cases recorded bears much resemblance to this now related, not alone in its causes and symptoms, but also in its treatment and termination.

Abscesses of the septum are always to be looked on by the surgeon with anxiety. He ought to have recourse to every means in his power from the date of the injury to the nose, to prevent their formation, and when the slightest grounds exist

for suspecting the presence of matter, he should not lose time in making an opening to evacuate it. This is the only chance the patient has of escaping a tedious disease, and ultimate deformity, from the bones or cartilage partaking of it. The thickened state of the mucous membrane is to be borne in recollection in puncturing those tumours, and in their future treatment. They should be rendered as tense as possible, by firmly grasping the upper part of the nose, and in the subsequent visits the opening should be freed, as the fulness of the tumours may indicate the fresh accumulation of fluid. The discharge is generally of a thin sero-purulent nature, and in the progress of the case I have remarked, that it assumes a glairy consistence. The mucous membrane is slow in recovering its healthy condition. It is, however, materially assisted by different lotions: in the inflammatory stage, those containing lead and zinc are grateful; in the chronic, the black and yellow mercurial washes, and the diluted citrine and zinc ointments, will be found beneficial. The general local or constitutional treatment does not require any particular comment.

The Society will observe, that the preceding remarks refer solely to acute or symptomatic abscesses, but cases that have fallen under my observation have led me to imagine another form, which, in contradistinction, I would suggest to call, the idiopathic or spontaneous. These abscesses require on the part of the surgeon particular discrimination, and as far as I have been able to ascertain, they have not been described by any author. So latent is the inflammatory stage preceding their formation, that in the majority of cases the patient is not aware of their existence until they are fully formed, and even then, applies more from the distressing sensations produced in the nares, than from actual pain, unless when from their great extent and tension, they excite some in the distant portions of the Schneiderian membrane. In those abscesses, I have never seen the outer parietes of the nose engaged. Their appearance is natural, and unless deformity exist from the extent of the ab-

scess, we are obliged to examine the nares for their detection. Here the only peculiarities they possess different from the symptomatic or acute, are, that there is a less shade of redness in their colour, that they are less tense, and that they bear more pressure without pain. I think also, they are much more extensive, and more likely to occur singly on either side of the septum. I have met with the case of a countryman, where not only each cavity of the nostril was occupied by a tumour, but there was considerable protrusion of the upper lip, and on everting it, an abscess exactly resembling in appearance and situation a common gum-boil, was found at the root of the septum, which, on being opened, gave exit to a large quantity of thin purulent fluid, and caused the subsidence of all the swellings. Again, I have had under my care a young lady with an abscess about the size of a Spanish nut, occupying only one side of the septum, about an inch, or an inch and half from its anterior margin. The history of the first of these cases was most confused and unsatisfactory. The obstruction in the nose had been felt for an indefinite period beforehand, and with so little uneasiness or pain was it accompanied, that I really believe, were it not for the deformity, no application would have been made for relief. It had been considered in the neighbourhood of the character of polypus. Its termination I am not aware of, I am only satisfied of its nature. The account which the lady, who was the subject of the second case, gave of herself, was as follows: when travelling in England, about a month before, without any previous uneasiness in the nose, she suddenly perceived a most disagreeable noisome smell, which, at the moment, she was inclined to attribute to some accidental cause in her apartment, at the hotel at which she stopped. She could not however get rid of the sensation, and although it varied in its pungency, it was more or less constant. Under those circumstances she applied to me. In the examination of the nares, I could only observe the tumour I mention in connexion with the septum. It had a fistulous open-

ing, through which oozed out a thin fluid, having the foetid odour complained of. Some time elapsed before it subsided. It ultimately, however, did subside, and was most benefited by the occasional injection of a strong solution of the nitrate of silver, and the administration of mild alteratives.

The apprehension that I have already taken up too much of the time of the society, and encroached on that usually allotted to each paper, prevents my entering into the details of any more cases. Indeed there is great similarity between those to be comprehended under each class of tumours.

Our prognosis in abscesses of the septum, whether symptomatic or idiopathic, must be very guarded. The great danger to be apprehended is disease of the bones or cartilage, or both, and this may occur at a period very remote from the apparent cure of the abscess. We may, however, have more favourable expectations, where the case is acute and early attended to, than where the reverse occurs: an early opening appears to me to constitute one of the first steps to improvement, and in the progress of each case, a variety of local and constitutional remedies will suggest themselves, which it would be superfluous on my part to particularize. I fear that in the majority of cases, whether symptomatic or idiopathic, we must expect destruction, to a greater or less extent, of the cartilaginous septum. This may be effected by absorption, without ulceration of the mucous membrane, in which case the mucous membrane of one nostril adheres to that of the other, or ulceration may arise, and then an opening of variable extent admits of a communication between them. Although I have seen many such results without subsequent deformity, yet we are not to lose sight of its possible occurrence, and should by every means in our power endeavour to limit the extension of the disease.

I will now conclude with those diagnostics, which will enable us to distinguish each class of tumors, as well from one another as from any other of the diseases which may occur in the neighbourhood.

The immediate connexion with recent injury, its rapid for-

mation, its peculiar colour and feel, and its direct union with the septum by a broad base, are strong characteristics of the *bloody* tumour.

The presence of a wound or other contusion of the integuments covering the nose, their swollen and inflammatory condition, the distress in the nares, and the formation of the tumors within a specific time, accompanied with more or less acute symptoms and general febrile excitement ; their peculiarly red and smooth appearance, with distinct sense of fluctuation ; their perfect freedom of connexion on their outer side, and marked extensive base in contact with the septum, all serve equally to characterise the *symptomatic* or *acute* abscess.

The *chronic* again has some peculiarities in contradistinction to the acute, and there is no possibility of its being confounded with the *bloody* tumor. The absence of injury and all other marks of inflammation are to be borne in recollection, and the little uneasiness also felt in its formation is not to be lost sight of. In other respects some analogy exists between them.

The natural malformations and varieties in the direction and form of the septum being considered, the diseases which it appears to me at all probable, that those affections now described might be confounded with, are a thickened or elongated condition of the mucous membrane, covering the septum and polypus. I really think it only necessary to allude to them. When the mucous membrane is affected as I have mentioned, it is enlarged more in the shape of a fold than a distinct swelling, and there is no sense of fluctuation. The history of the case will assist in forming the diagnosis. In polypus also, no matter of what nature, we have, in an accurate knowledge of its characters and connexions particularly, sufficiently strong distinguishing marks, to render a mistake on the part of the surgeon inexcusable. Indeed we might hazard an opinion, founded on the connexion of those tumours with the septum, as I believe it will be admitted, that polypus seldom or ever arises from this portion of the Schneiderian membrane.

(*To be continued.*)