CLINICAL REPORTS.

TWO CASES OF ABSCESS OF THE NASAL SEPTUM.

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In Kicer's article on "Hæmatoma of the Nose," in THE LARYNGOSCOPE for February, 1897, he mentions that this condition may occur spontaneously as hæmatoma auris does, but is usually traumatic. "The contents of the hæmatoma may vary; most frequently a suppuration will follow shortly after the tumor develops, so that when the case is presented for treatment a more or less developed abscess may be found. This may mislead us in the diagnosis, but the history of the case and the traumatic ætiology confirms these conclusions of hæmatoma."

When that paragraph came to my notice, I was in doubt whether the two cases which I here present were abscesses *ab initio*, or suppurating hæmatoma. My reasons for arriving at the former conclusion will be mentioned:

CASE 1. A boy of sixteen, son of a physician, was brought to me by his father, with the following history: One week before he had, in falling, struck his nose on a fence. The next day he had fever, lasting four days, and going as high as 103°. On the second day after the accident, the day following the rise of temperature, he found nasal respiration impossible. There was not, nor had there been, any nasal discharge. I found both sides of the septum bulging, occluding nares. The swellings fluctuated, but were not tender. The exploring needle showed pus, and I opened the left side of the septum, under cocaine, evacuating a good deal of pus. I irrigated the cavity, and passed in a thin strip of gauze. The swelling was sharply limited behind by the bony septum. The next day he breathed through his nose (both sides), and on the third day after the little operation I omitted the strip of gauze. He has had no subsequent trouble.

*The occurrence of fever before the swelling was noticeable, and is the principal point on which I rest the diagnosis of abscess and not suppurating hæmatoma in this case. The pathological explanation is the theory of *locus minoris resistentiæ*.

CASE 2. Was a woman, æt. 24, from Tunica, Miss., who gave the following history: Three weeks before coming to me she had facial

erysipelas. The nose and left side of face were swollen, and during the disease her nose became obstructed. In a few days there was a free spontaneous discharge from the nose, which became open. She did not know what the character of the discharge was. The nose promptly stopped up again, and remained so until I saw her. A swelling, sharply limited to the cartilaginous septum, occluded both nares. It fluctuated, and the exploring needle showed a thick, viscid fluid. With the help of cocaine anæsthesia I opened the septal swelling on the right side, and evacuated a fluid, at first thick and clear, but pusiform towards the last. I packed the cavity after irrigating, as I did in the other case. The next day both nostrils were open. The discharge was purulent, but lessened in amount from day to day. One week after I opened the abscess she had to go home, and as there was still some discharge I put a lead style in the opening, bent so as to be self-retaining, and directed her how to take this out and shorten it daily. A month later I saw her for the last time. She got rid of the style in a week, and has had no trouble. The septum is thickened symmetrically at the site of the abscess, and the bridge of the nose is depressed at the union of the bony and cartilaginous portions.

In this case I think the abscess was from infection by the streptococcus of erysipelas. Of Kicer's thirteen cases one was spontaneous, as my second one was. I may be mistaken in thinking these were not hæmatoma, but from the reasons given it seems more probable that they were abscesses.

In Burnett's "System of Diseases of the Ear, Nose and Throat," Jarvis dismisses hæmatoma and abscess of septum in a line and a half. While the diagnosis from the history and the presence of a (usually) bilateral, anterior septal swelling, sessile and fluctuating, is easy, and the treatment is simple, the most pretentious modern work has slighted a subject of at least some importance.

Dr. Fayette C. Ewing,

Of the staff, has been appointed Surgeon in charge of the Out-door Department for the Nose, Throat and Ear, at the Baptist Sanitarium of St. Louis.

Dr. W. H. Poole,

Of Detroit, has moved his office to the Cullen-Browne Building, 270 Woodward Avenue.