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PART I.
ORIGINAL COMMUNICATIONS.

ART. I.—*Observations on Periostitis Synovitis, &c. &c.* By
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geons of the Richmond Surgical Hospital.

(*Continued from Vol. III. page 394.*)

CASE 7th.—For the following interesting case of Idiopathic Synovitis, I am indebted to my friend Mr. Adams.—Matthew Hayes, æt. 16, a labourer, was suddenly seized on the 21st of April, 1832, about 2 o'clock in the afternoon, with severe pain in the left ankle: while at work, it became so severe, as to compel him to take to his bed, and continued to increase during the night. When visited by Doctor Cuthbert on the following day, pyrexial symptoms ran high, but there was no headach: there was some swelling of the ankle joint; the pain, however, was reported to have been so severe, that he had not had a moment's sleep, or remission from it, from the instant of its first invasion. Besides general attention to the state of the skin, and digestive

2 Dr. M'Dowel's *Observations on Periostitis, Synovitis, &c.*

organs, a number of leeches were directed to be applied to the ankle : the degree of debility was such, as to forbid the employment of general bleeding. Indeed before the leeches had been long applied, the boy became evidently confused, and by the time they were removed, he became faint and weak, and his intellectual faculties were so disordered, that he did not know even his nearest relations. About 5 o'clock on the third day of the attack, he made a few convulsive sighs, and expired : his illness occupied a period of about 50 hours, and during this time, his only complaint was the agonizing pain of the ankle joint.

Post mortem examination.—The serous membrane of the pericardium whitish, and some fluid in its cavity ; an opaque white spot, of the size of a shilling, on the anterior part of the right ventricle. There was some fluid in the ventricles of the brain : the fourth ventricle was distended with fluid ; the viscera of the other cavities were perfectly healthy.

ANKLE JOINT. The extensors of the toes were displaced by the distention of the joint, with a turbid, oily, synovial fluid, in colour and appearance like weak broth. In the interior of the synovial sac, there was no false membrane, no trace of ulceration, nor any unusual vascularity of any of the surrounding structures.

CASE 8.—*Acute Periostitis of the orbit, terminating in inflammation of the brain, and of its membranes.*—Mary Spencer, æt. 22, admitted into Hospital February 7th, 1833. About a week before her admission, she was attacked suddenly and severely, with catarrh, followed by violent pain, deeply seated in the right orbit ; and in two days the upper lid became swollen. Two days previous to admission, she had a severe rigor, and has been feverish and almost sleepless since the commencement. On admission, the upper lid was enormously swollen, there was corresponding protrusion of the eye, and considerable œdema of the conjunctiva. An incision was made through the broad ligament of the tarsus, into the orbit, and

a considerable quantity of brownish-coloured matter evacuated. Ordered, an emollient poultice, and a purgative mixture.

9th. Inflammation and tension of the lid increased. Complaints of a dull deep-seated pain; tongue much loaded; thirst; nausea; pulse 100; but little discharge.—36 Leeches round the orbit.

℞ Sulphatis Magnesiae ℥ i.

Infusi Rosæ ℥ vii. ℥.

Sumat cochlearia duo ampla 2dis horis usque ad alvi solutionem.

10th. No improvement, bowels still confined; the incision is sloughy; some erysipelatous redness of the opposite lid. Ordered, a calomel bolus, and a purgative mixture.

11th. Bowels free, pulse 120; swelling stationary; discharge from incision scanty; tongue loaded; great thirst; less pain; slept some last night. Haust. anod. H. S. Twelve grains of Calomel, with one and a half of Opium, in 9 pills; one every fourth hour.

12th. Swelling less; troublesome short cough; rested better.

Vesicat^m. inter scapulas.

℞ Lactis ammoniaci ℥ vi.

Syrupi Scyllæ 3 vi.

Tinct. Hyosciami 3 iss.

℥ Sumat Cochleare amplum urgente tussi.

15th. Cough better; tongue white, bitter taste in the mouth; bowels free; nausea and vomiting occasionally since yesterday; rigors; skin hot; pulse 156, and very feeble; healthy and copious purulent discharge from the orbit, and subsidence of swelling. Pills of calomel and opium to be omitted. Ordered, saline effervescing draughts, an emollient enema, and a grain of the watery extract of opium, at bed time.

16th. Cessation of vomiting; pulse 140; rested well; complains of much debility.

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℞ Mist. Camph. ℥vi.

Carb. ammoniæ 3ss.

Spiritus ætheris oleosi 3 iii. = ℥ i. 4tis horis.

Repr. Pil. Opii. H. S.

17th. Fullness and swelling in the right parotid and temporal regions; raved last night; is very talkative; uneasiness in head; vertigo; aversion to noise; forehead intensely hot; pain in the left lid and eye-brow, slight swelling. Twenty-four leeches to be applied round the left orbit; a blister to the nape of the neck; sinapisms to the feet; to omit the mixture and pill.

18th. Raved all night; increased swelling of the left lid; left eye protruding; œdema of conjunctiva considerable; impairment of both vision and hearing; pupils dilated and sluggish; no pain in the head; increased fullness of the parotid regions from extension of superficial erysipelas. The leeches and sinapisms having been through mistake neglected to be applied, they are now ordered to be immediately employed.

19th. Raving; pulse rapid, thready, and irregular; breathing laborious; twitchings of the muscles of the face; dilatation of the pupils increased; blindness; a blister ordered to be placed between the scapulæ, and also one on the inner surface of each thigh. In the course of this day the stupor increased, and on examination of the forehead, a livid discoloration of the skin and a puffy tumour, were noticed about an inch above the right orbit. The periosteum was found separated from the bone for a short extent: the trephine was applied, and a quantity of matter was given exit to. The dura mater was unhealthy at this part, and somewhat sloughy. An incision was next made into the left orbit, and exit given to a considerable quantity of unhealthy matter. The operation was followed by a considerable improvement in the patient's condition. She became much more sensible, but in a short time relapsed into a state of stupor, and died early on the following morning.

Examination of body five hours after death. Some lymph

and purulent matter on the surface of the dura mater correspond to the right half of the cranium, inflammation and softening, with some purulent deposit on the extremities of both anterior lobes; an abscess of considerable size, occupying a portion of the left middle cerebral lobe, and containing a greenish and rather fetid matter. It was surrounded by an imperfect cyst, formed by lymph. The contiguous portion of the brain was vascular. Purulent matter was diffused over a considerable portion of the right cerebral hemisphere; pia mater pale; a little fluid in the ventricles. The periosteum separated from the roof of both orbits, but no corresponding detachment of the dura mater; lungs healthy; two ounces of fluid in the pericardium.

Inflammation of the fibrous tissues in the young and irritable habit, may be followed by synovitis of a distant articulation, as is exemplified in the following case:

CASE 9.—Anne Sheridan, ætat. 9, admitted Saturday, Dec. 1, 1832, into the Richmond Surgical Hospital, was perfectly healthy up to a period of five days before her admission, when she was suddenly seized with a severe pain a little above the right outer ankle. She passed a very restless night, and on the following morning, a small bright red spot appeared in the spot where she had felt the pain. The redness and swelling extended during the day as far as the knee, accompanied by much increase of fever. During the night she had a rigor, and vomited twice, next day a large gangrenous vesicle formed on the spot which first became red. On admission, there were ill-defined patches of erysipelatous redness as high as the knee. From the foot to the groin, the limb was much swollen and very tense, and without fluctuation. The inguinal glands were enlarged and tender; the dorsum of the foot was œdematous, and numerous small vesicles appeared about the ankle, containing a sanious fluid. The large discoloured vesicle had burst, the cutis was livid and gangrenous looking, the tongue loaded; much thirst, and bowels confined; pulse rapid and feeble; feet cold the countenance as usual in cases of acute

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synovitis, indicative of great suffering. The fascia of the leg was divided in two places, through the upper one the gastrocnemius muscle protruded; through the lower, which was made over the fibula, and carried below the plane of the ankle joint, a large quantity of tolerably healthy purulent matter issued. The sub-fascial cellular tissue was sloughy, a large poultice was applied, stuping directed, and a draught with castor oil given.

December 2nd. Much improved in every respect, the discharge from the lower incision was very copious and of two kinds; from the upper part, healthy matter was pressed from the fascia; from the lower incision, a thin, dark, serous fluid in considerable quantity issued, and had undermined the fascia to some extent. *Poultices continued.*

4th. Discharge copious; complains of *very severe pain corresponding to the patella of the opposite side*; no swelling or uneasiness on pressure. *Poultices continued.*

5th. Labours under diarrhoea; a considerable portion of tendon has sloughed away from the leg.

R Hydrargyri cum Creta gr. ii.

Pulv. Ipecac. Comp. gr. i.

Ft. Pulv. 4tis horis repetendus.

Rice diet.

6th. Diarrhoea has ceased; fever nearly gone.

9th. Complains of severe pain in the left knee, and is again feverish. On examining the left hip joint, it was found tender all over, swollen, the superficial veins were turgid; pressure on the trochanter or motion of the limb caused violent pain in the joint, and extending to the left patella; fulness in the groin and tenderness from irritation of the lymphatic glands, the thigh flexed on the pelvis; diarrhoea has recurred. Six leeches behind the trochanter; chalk mixture with tincture of opium. She was removed two days afterwards from the hospital by her friends.

March 8th, 1833. Visited at her dwelling in Manor-street, and the following report made of her state, viz. : flattening of the left nates, and some elongation of the limb, independent of obliquity of the pelvis, which exists to a considerable degree, much enlargement of the thigh, apparently depending on great thickening of the periosteum ; great pain complained of in the joint, and occasionally shooting to the left knee. The incision in the right leg, which healed after she left the hospital, ulcerated, and a portion of the fibula has exfoliated.

The following is another example of acute synovitis terminating fatally ; I am indebted to my friend Dr. Gordon Jackson for several particulars of the case :

CASE 10.—James Brett Crawford, ætat. 11 years, was thrown down by a school-fellow on the 20th of April, 1833. He, at the time, complained of being a good deal hurt ; on the 22d he was unable to kneel down. He was that evening placed in a warm bath, and passed a restless night. On the following day he found much difficulty in walking, from the exquisite pain in his right thigh and hip : he was again placed in a warm bath, and his bowels opened : he passed a sleepless night, and in the morning had much fever with headach, and hot, dry skin. The right thigh and buttock were swollen, and of a light red colour ; the symptoms increased till the evening of the 26th, when he was attacked with herpes of the face, chest, and arms : up to the evening of the 28th, he had not been submitted to any medical treatment. My pupil, Mr. Brabazon, saw him at this time ; his report was as follows : he appeared much emaciated, his countenance indicative of the deepest anxiety and suffering. Tongue dry, and brown sordes on the teeth and gums ; skin pungent ; pulse feeble, and so rapid as not to be counted ; frequent screaming and delirium ; the slightest touch on any part of his body seemed to put him to torture ; there was such tenderness on pressure over the entire abdomen, as to lead to the suspicion, that acute peritonitis was present. The right thigh and glutæal region were much

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swollen and very tense ; skin slightly reddened, and the foot œdematous ; the veins about the hip numerous and turgid. He complained of intense pain in the *left shoulder joint*, and here also the veins were much distended. He was distressed by an incessant short cough and dyspnœa ; he, at this time, had diarrhœa, the eruption had scabbed. He was directed to be removed to hospital, which was not done till the following morning ; he was taken from it in a few hours, and died comatose that evening. *No examination would be permitted.*

Inflammation of the brain or of its membranes frequently occurs in the progress of most acute diseases attended with fever. Cases were detailed in the observations on Synovitis, &c. published in the last number of the Dublin Journal, of similar affections occurring in the progress of acute inflammation of the synovial and fibrous membranes. Such affections, and also dangerous metastases, are of much more frequent occurrence in the young. For example ; in the fourth volume of the Dublin Hospital Reports, a case is given by Mr. Adams, of metastasis of acute rheumatic inflammation from the synovial membrane of the extremities, to the serous membrane of the heart ; and in the second volume of the same periodical, I have given a case of rheumatic inflammation of the synovial membrane of the knee, terminating in peritonitis. Inflammation of the brain or of its membranes occurs also in the progress of chronic articular disease, particularly in the strumous habit, and proves in general rapidly fatal, by causing effusion of serum or lymph, more rarely by suppuration and softening of the brain.

In the case next to be briefly noticed, suppuration of the surface of a portion of brain took place ; but the case is also of interest, on account of the unusual course which the matter secreted in a diseased hip joint took. I am not aware of its being recorded, that an iliac abscess may result from this affection, yet in four cases I have found it to occur, the fluid escaping through an opening on the inside of the capsular ligament passes upwards behind the psoas, and ascends into the iliac

fossa, detaching the muscles from the bone. In such cases we have considerable fulness in the groin, which can be traced upwards behind Poupart's ligament: from the stretching of the psoas and iliacus muscles the femur is flexed considerably, and from the stretching of the filaments of the anterior crural nerve, more neuralgic pain attends this case than we usually find in disease of the hip joint, accompanied with abscess extending in other directions. In general, the matter is prevented from passing into the true pelvic cavity, by the connexion of the fascia iliaca to the pectineal line, the iliac vessels are displaced, become flattened and adherent to the sac, from the compression of the vein, much more œdema of the limb is present than in ordinary cases. The cæcum or the sigmoid flexure of the colon may be considerably displaced, or united to the sac. The matter may, however, escape into the pelvis by ulceration of the fascia iliaca taking place. It passes behind the vessels, and accumulating may compress the bladder and rectum, which then form the inner wall of the abscess; or the bladder alone, the inflamed and thickened peritoneum, a portion of the small intestines, the side of the pelvis, and the abdominal muscles, anteriorly, may form its parietes.

In a very interesting case of iliac abscess, which occurred last year in the Richmond Hospital, and which I shall briefly notice, ulceration of a portion of the ileum, adhering to the wall of the abscess occurred, and its contents, after being poured into the abscess, escaped externally through a fistulous opening near the spine of the ilium; ulceration also of the external iliac artery took place, about an inch and a half above Poupart's ligament, and sudden death resulted from the blood escaping in large quantity into the cavity of the abscess, forming a large mass of coagulum, with a considerable quantity in a fluid state. This double lesion is very remarkable, the preparation is preserved in the Museum of the Richmond Hospital. The ulceration of the ileum commenced on the mucous surface, at least this may be inferred from finding a small oval ulcer of the

mucous membrane, in an early stage of its progress, contiguous to the perforation; the ulceration of the artery, on the contrary, appeared to have commenced on the exterior, the cellular and fibrous coats being destroyed to a greater extent than the internal; there was no other disease of the arterial system.

In two cases of hip joint disease that came under my observation several years since, the matter passing into the pelvis through the bottom of the acetabulum, accumulated, in such quantity as to compress the bladder, and cause retention of urine, requiring the daily use of the catheter. This route for the matter is not, however, uncommon, and in its progress it may form a tumour of considerable size by the side of the rectum, and it occasionally bursts into the cavity of the intestine. Sir A. Cooper mentions the latter occurrence, and in one instance I had an opportunity of observing it.

To my friend Mr. Speedy, a licentiate of the College of Surgeons, I am indebted for the following very interesting letter, respecting a case of psoas abscess, arising from caries of the hip joint:

“ On the 11th of January, 1829, I made an examination of the body of a soldier named Poultenay, in the presence of Mr. Adams and of Surgeon Gibson, Grenadier Guards. At the outside of the thigh and in Scarpa's angle, a large fluctuating swelling was perceived, which evidently had connexion with the abdominal cavity. On laying open the abdomen, the sheath of the psoas muscle was enormously distended with an unhealthy pus, it was also much thickened, the matter had burrowed under the pelvic fascia through the levator ani, and obturator internus muscles, and passed through the obturator foramen, among the adductor muscles of the thigh; considerable absorption of the muscular fibre had taken place; it had also passed out through the great sciatic notch. No disease existed in the vertebræ, which led to examination of the hip joint: the head of the femur and the cavity of the acetabulum were completely stripped of cartilage, and in a carious state.

The vena cava close to the iliacs was adherent to the anterior and internal part of the sac, and on being slit open, a communication was found between them ; a considerable quantity of pus was found mingled with the venous blood as high as the diaphragm ; the opening would have admitted a small sized quill."

The case was rapid, the symptoms obscure, and death occurred suddenly.

CASE 11.—*Hip joint disease, iliac abscess, and cerebral inflammation.*—Alexander Clarke, ætat. 17, admitted into the Richmond Hospital Dec. 19, 1829. Eighty days ill ; considerable swelling about the left hip joint ; integuments shining and tense ; much general pain and tenderness ; the limb shortened an inch and a quarter, inverted and flexed on the trunk ; swollen glands in the groin, and much tenderness ; pain shooting to the knee ; motion intolerable ; much constitutional disturbance. The disease commenced *suddenly*, with severe pain in the joint, which increased, and combined with frequent startings of the limb, has deprived him of sleep for several weeks : exposure to cold from lying on the wet grass caused the disease.

January 7th. By repeated leechings, perfect rest, and the use of colchium, bark, and opium, the local and constitutional symptoms were all benefited. At this time he fell on the diseased hip, and the injury he received was succeeded by an aggravation of all the symptoms.

21st. Deep abscess in the groin, extending above Poupart's ligament, now evident ; hectic symptoms with frequent diarrhœa and vomitings alternating.

April 2nd. The abscess in the iliac fossa much increased, tumefaction surrounding the joint lessened, shortening and inversion of the limb increased, with much œdema of the foot and leg. He became suddenly insensible, the left arm totally paralyzed, the right convulsed, and constantly in motion ; twitchings of the muscles of the face ; supine posture ; involuntary

discharges. He remained in this state for several days, when he died.

On examination, purulent matter was found on the surface, and between several convolutions of the right hemisphere; the neighbouring portion of brain *softened* and vascular; no effusion into arachnoid sac or into the ventricles. The left iliac fossa was entirely filled by an immense abscess, lying between the muscle and bone, passing down under Poupart's ligament, as far as the lesser trochanter; the iliac vessels and the anterior crural nerve were pushed forwards, half an inch below Poupart's ligament; a process of the abscess passed outwards and backwards, communicating with the hip joint; the muscles posteriorly were matted to the walls of the abscess, and thinned. The acetabulum was very much enlarged, the head of the femur was drawn to its highest part, and from the destruction of the capsule and of the ligamentum teres, was quite moveable; the cartilage of the joint was destroyed, the bones rough, vascular, and coated with lymph. The contents of the abscess were a very fetid, viscid, puriform fluid with flakes; the sigmoid flexure of the colon was much displaced, and the left extremity of the transverse arch had contracted an adhesion to the cyst of the abscess.

CASE 12.—*Hip joint disease, iliac and pelvic abscess, ulceration of the ileum, and rupture of the iliac artery.*—Patrick Kenny, ætat. 18, was admitted into the Richmond Hospital September 18, 1832. Six years since he received an injury of the right hip from a fall, in consequence of which an abscess formed in the upper part of the thigh; about two months afterwards, another formed in the groin, and burst at the nates and outer part of the groin, a little above Poupart's ligament. Here a fistulous opening exists, and a thin purulent fluid constantly flows from it; it leads into the iliac fossa; the other openings have healed. The limb is shortened and everted; great emaciation; a swelling extends from the iliac fossa into the pelvis, and

the abdominal parietes are matted to it; night sweats, diarrhoea, and a slight cough exist.

October 19th. A discharge of feculent matter (inodorous) took place suddenly to-day from the fistulous opening in the groin.

27th. Died suddenly this morning.

On examination, the peritoneum was found thickly studded with scrofulous tubercles of various sizes, and closely adherent to the intestines and other abdominal viscera; a large tumour was situated at the lower part of the abdomen, its walls formed by thickened peritoneum; on cutting into it, its contents were found to be chiefly coagulated blood; the sac was covered with a tenacious lymph-like substance, and also contained a bloody fluid mixed with feculent matter. The tumour extended into the true pelvis; the source of the hemorrhage was found to be a slit-like aperture, nearly half an inch in length in the external iliac artery, about an inch and a half above Poupart's ligament. Another opening, an inch in diameter, was found in the ileum; several small ulcers of the mucous membrane existed near it; a coagulum was found in the opening in the artery, and blood partly fluid and partly coagulated was found in the cavity of the intestines; the fistulous canal of the abscess passed behind the vessels. The cartilages of the hip joint were destroyed by ulceration, and granulations springing from either surface had partly coalesced; an abscess was found in the iliac fossa, where the sigmoid flexure begins; the colon returned on itself, formed a second transverse arch, and ended in the rectum which passed down on the *right side* of the middle line of the sacrum; a few scattered tubercles were found in the lungs.

The practice of opening abscesses, connected with the larger joints *particularly*, is, in general, decidedly objectionable; but when we consider the fatal consequences which may result from the unchecked progress of the deep iliac abscess, and take into account the very great sufferings of the patient from pressure of the anterior crural nerve and of its filaments, I believe

this to be a case in which surgical interference is called for. The puncturing of this abscess, however, requires much caution, in the superficial purulent collections in the iliac fossa; the peritoneum is detached, and pushed upwards and inwards sufficiently to permit of the incision above Poupart's ligament being made with perfect safety; not so in the deep collections, there is then no separation of the peritoneum, and the opening must be made below Poupart's ligament, and of course with great caution.

The following case illustrates the good effects of opening an abscess of this kind, even under, apparently, the most unfavourable circumstances.

CASE 13.—George Nugent, ætat. 12, February, 1833. Three months since received a kick in the right groin, which was soon followed by much swelling of the joint, and pain in the situation of the great trochanter, the leg became bent upon the thigh, and any attempt at extension caused severe pain. He was admitted into the Richmond Hospital, and in a few weeks, by appropriate treatment, all symptoms of disease were removed; he remained well till the latter end of December, 1832, when, without any apparent cause, he was attacked again with violent pain in the groin, at the inside of the articulation, which was afterwards moved to the site of the great trochanter, and he became unable to bear any weight on the limb, or even put the toes to the ground. The usual appearances of morbus coxæ were present, the pain however was confined to the articulation, and did not shoot down the limb or affect the knee, and some shortening was ascertained by measurement to exist. The inguinal glands were much swollen, and deep fluctuation was to be felt above and below Poupart's ligament, in the line of the psoas muscle. Hectic fever, accompanied with diarrhœa, alternating with night perspirations, developed itself.

Feb. 12th. Ordered two grains of sulphate of quinine, with two of rhubarb and two of the hydrargyrus cum creta, three

times daily ; a poultice round the joint, and three ounces of wine daily.

17th. The actual cautery applied behind the great trochanter. In three days after its application, all pain in or about the joint was removed.

21st. Diarrhœa continues ; directed twelve grains of sulphate of quinine with one of opium in nine pills, one three times daily.

28th. Swelling of thigh increased ; the iliac abscess extending itself upwards and laterally ; stinging pains in the thigh and about the knee, pain in the joint if the limb be moved ; no diarrhœa.

March 13th. For some days impairment of appetite, nausea, and tendency to tenesmus and diarrhœa, with occasional stinging pains in the abscess ; the sore caused by the cautery has become irritable ; it was directed to be healed, and the chalk mixture with opium directed.

21st. Iliac and crural abscess enlarging considerably ; health more impaired ; emaciation increasing ; kali purum applied to open the abscess below Poupart's ligament.

31st. Slough not separated ; abscess much larger ; severe suffering for several days past, from neuralgic pain extending from the groin down to the leg, caused by stretching of the filaments of the anterior crural nerve ; abscess opened valvularly, and upwards of eight ounces of thick purulent matter evacuated ; the wound was carefully closed, and immediate relief was obtained.

April 1st. Countenance much improved ; freedom from pain continues ; pulse 108 ; diarrhœa has ceased.

6th. Partial perspiration limited to head and neck ; integuments of the extremities dry and scabrous. The wound has ulcerated, and a quantity of thick matter was evacuated.

9th. Perspiration and diarrhœa ; matter still healthy, and in small quantity evacuated, both through wound and through the caustic opening ; pulse 116.

16th. Diarrhœa continues.

℞ Superacetatis plumbi gr. vi.
 Opii gr. ii. in pilulas sex æq.
 Sumt. unam ter in die.

Early in May the diarrhœa 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