DEVIATION OF THE CARTILAGINOUS NASAL SEPTUM. WHAT MEANS OF SUPPORT AFTER INCISION?

BY E. W. HELTMAN, M.D.

Diseases Eye and Ear, Toledo Medical College, Toledo, Ohio.

The attempts at cure of this distressing condition have not always been of the most gratifying nature. The tendency to recur and the discomfort caused the patient by the various means of support after incision, have made this class of patients not very desirable.

Diagnosis of deviation is easily made; readily distinguished from an enchondrosis by the presence of a concavity on the opposite side. It is quite common; occurring nearly as often in the female as in the male. The symptoms are the deformities and those resulting from the stenosis.

When a case presents for operation, the question naturally arises—what means of support shall be used to get the best result and cause the least annoyance to the patient? I have used oakum, the ivory plug, cork splint, Mayer's vulcanite tube, etc., etc. During the past eighteen months I have used the vulcanite tube entirely, and with much satisfaction. Its shape is well adapted to the nostril—made in various sizes—easily introduced and removed. Being hollow, it is more cleanly, and allows patient to breathe through the nostril, thus removing that feeling of discomfort of a plugged nostril. When the incision has thoroughly healed, we may allow our patient to remove, clean, and replace the plug. To the out-of-town patient this is quite an item, as it does not require a daily visit to the office. I have used the tube a number of times, and, though nine to twelve months is a short time to judge results, comparison with results of same period of time with other means of support is favorable to the tube.

I wish to report a single case: Frank U. was referred to me by Dr. Walker. The case was one of considerable interest, as, in addition to the deviation, the septum protruded from the nostril fully one-fourth of an inch. The young man sought relief more on account of the uncomfortable and unsightly protrusion than the discomforts of the deviation. He was a mouth breather, and had considerable discharge from the naso-pharynx.

Right nostril almost occluded about a half an inch from external opening; septum protruding from same side, the end of which was covered with a scab. It was tender and irritable, and would bleed if scab was accidentally removed. Nose was broken from being hit with a ball bat five years before; says he did not notice protrusion of septum for two years afterward. March 1st, 1896, assisted by Dr. Walker, I

operated on the patient; chloroform anæsthesia. Nose was cleansed, and a stellate incision was made in septum on convex side, avoiding as much as possible the cutting of the mucous membrane on the opposite side. The finger was introduced, and septum straightened as much as possible. The nostril was then cleansed with Dobell's solution, and an incision made through mucous membrane covering the protruding portion. Membrane dissected back, and a sufficient amount of cartilage removed, wound cleansed, and membrane stitched. The long nasal forceps were now introduced and septum thoroughly straightened. Nostrils again washed out, and a sterilized vulcanite tube introduced on convex side. In this case I used the tube on one side only, as the mucous membrane on concave side was not cut. After second day, tube was removed daily, cleansed, nose sprayed, and tube returned. After a week patient was allowed to remove the tube daily, cleansing and returning it. After first week, saw patient twice a week for four weeks, when he was dismissed. Patient was seen eight months after operation. Nostril large, and breathing perfectly. No deformity. Result very satisfactory. A number of others operated upon since, give promise of equally pleasant results.

HAY FEVER.*

BY W. F. STRANGWAYS, FLINT, MICH.

The author read a paper, over a year previous, entitled "Hay Fever, a Successful Treatment Founded on a New Theory,"† which attracted considerable attention. In this former paper it was claimed that while pollen, as a rule, played a part in this disease, it did not irritate the mucous membrane nor produce a naso-motor paresis by its direct influence; that the amount of pollen in the air was too small to act as an irritant. That in all probability a protoplasmic substance, found in pollen and elsewhere in the vegetable kingdom, acted as a ferment, causing the formation of a toxine which was the real exciting cause. The theory was advanced that the toxine or toxines could not be developed in acid solutions. The exhibition of a wash of

Acetic acid	m ij.
Resorcin.....	grs. iss.
Sodium Chloride.....	grs. iv.
Aqua dest	℥j.

gave complete relief in many cases, and the administration of large doses of muriatic acid, well diluted, increased the body's resistive forces, and inhibited the generation of the toxine.

*Read before the Forty-fifth Annual Meeting of the North-Eastern District Medical Society of Michigan. Original abstract.

†*Annals of Ophthalmology and Otology*, Vol. V., No. 1, and *THE LARYNGOSCOPE*, Oct., 1896.