

In this instance, in which the tumour had branches (mucous) extending both into the pharynx and into the nasal fossæ, the pharyngeal part is fibrous, with a small mucous polyp on its apex—the nasal offshoots being mucous in character.

On July 9, 1888, came to hospital, and no trace either of fibrous tumour or mucous polypus, either in pharynx or nares, to be seen, being also quite well in himself, very cheerful and happy.

July 26, 1888.—This patient came again to the hospital to-day, and I regret to have to report that another growth had made its appearance, vascular and suspicious in its nature, on the left side of posterior nasal space, and also more nasal polypi in left nostril. These I removed at once, but I fear the other growth is of a more serious character. The boy looks very anæmic, dusky in countenance, and presents the aspect of malignant disease. I have, therefore, decided to send him into the country for a month before performing any further operation upon him.

Although this may be another form of fibroma, or fibro-mucous polypus, I have grave suspicions that it may turn out a true sarcoma.

1889.—On his return to me after being a month in the country, I found him in a much better condition, although the growth had considerably increased in size. I again operated, and brought away this large mass of fibrous tissue, with some mucous polypi attached, and extending from it into and along the course of the left nostril. This seemed to thoroughly and completely bring away the entire growths, and since then he has had no return of it whatever, and I trust it is perfectly eradicated. I have carefully kept him under observation up to the present time, having seen him during the last month, and am pleased to be able to state that there is now not the slightest vestige to be seen.

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## ON THE USE OF THE DENTAL DRILL IN THE TREATMENT OF DEVIATIONS AND SPURS OF THE NASAL SEPTUM.

By ADOLF BRONNER, M.D.,

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ON examining the interior of the nares by anterior and posterior rhinoscopy, we are struck by the large number of cases in which the septum narium is bent or thickened. Morell Mackenzie examined 2152 skulls, and found that in 1657 cases, or 77 per cent., there was a more or less unsymmetrical position of the septum. Zuckerkandl says that, out of 370 skulls, the septum was symmetrical in 123 cases and unsymmetrical in 140, and that it was irregularly thickened in 107 cases. He found that the septum was always symmetrical in the skulls of children under seven years of age. Loewenberg<sup>1</sup> found that the septum was perfectly straight in about 14 per cent. of the cases he had examined.

<sup>1</sup> "Anatomische Untersuchungen über die Verbiegung der Nasen-scheidewand": "Zeitschrift für Ohrenheilkunde," 13, p. 1.

The great importance of these deviations and hypertrophies, commonly called spurs, is that they, in many cases, impede the free passage of air, and thus prevent normal nasal respiration. They also give rise to reflex symptoms, such as asthma or frontal headache. They bring on diseases of the middle-ear and throat, and also prevent the introduction of instruments into the nostril, such as the snare for removing nasal polypi, the galvano-cautery, or the Eustachian catheter. The latter is, of course, very important in the treatment of catarrh of the middle-ear. We thus find that it is quite essential for aurists to be able to recognise and treat these abnormal conditions.

Many methods have been suggested for removing the spurs and deviations of the septum. I will, however, not go into all these details, but will, as briefly as possible, record the methods which I now adopt, in well-marked cases, in preference to all others.

I have had small trephines made of various sizes and lengths, similar to the trephine used for opening the mastoid-antrum, but with a smooth and cutting edge (made for me by Down Brothers). The trephine is attached to an ordinary dental engine. In operating on a spur, I paint the mucous membrane over the spur with a 20 per cent. solution of cocaine, and then inject five or six minims of the solution under the mucous membrane at several places with a Pravaz syringe. The external wall of the nostril is drawn outwards with a Jurasz or modified Loewenberg speculum. The engine is turned, and the trephine placed on the spur and pressed gently backwards, in a line parallel with the septum. The trephine cuts through the spur very readily, and little or no pressure is required. The operation is not nearly so painful as when an ordinary knife or saw is used. In cases of exostosis (which are very rare), I should use the ordinary trephine with a saw-edge. An anæsthetic is never necessary, except when the patient is extremely nervous. There is very little hæmorrhage—much less than when cocaine is not used. This fact seems to me to be of great importance, as it makes the operation much easier, and also shorter. After the operation I plug the nostril with cotton-wool, soaked in glycerine and iodol, and leave the plug in for five or six days. In speaking of the operations for spurs, I should like to contradict the assertion, which is to be found in most of the text-books, that you can easily remove the spur with the ordinary galvano-cautery. This is quite contrary to my experience. You can of course remove the thickened mucous membrane, but not a spur in the proper sense of the word.

In treating deviations of the septum, in which the deviating part is thickened (and this is very often the case), I apply the trephine in the same way as for the removal of a spur. Great care must however be taken not to perforate the septum. In cases of deviation in which there is no local thickening, I follow to a certain extent the suggestion of Hartmann.<sup>1</sup> After having injected cocaine, I make a U shaped incision through the mucous membrane on the convex part of the septum, cutting, as it were, round the deviation. The open end of the incision is directed backwards. I then detach the mucous membrane and perichondrium, and throw the flap backwards. The trephine is then applied to the anterior end of the

<sup>1</sup> "Deutsch. Medicinische Wochenschrift," No. 51, 1882.

wound, and pressed gently backwards and inwards, till it reaches the base of the flap. It is then withdrawn, and the detached piece of the septum cut off with the scissors or knife. The flap is drawn forward to cover the wound. A thin, flat piece of wood or metal is then pressed against the flap, and the nostril plugged with cotton-wool. The wood is then withdrawn or cut off. The plug is left in for several days, and then carefully withdrawn and renewed.

I also use the trephine, with cutting edge, in cases of synechiæ of the turbinated bones with the septum or floor of the nares.

I am perfectly well aware that the methods suggested are not entirely new or original, although they have never been fully described in any text-book or journal. The advantages which they seem to me to have over the methods generally adopted are, that an anæsthetic is never necessary; that the operation is practically painless; is over in a few seconds, and that it is attended with very little hæmorrhage or discomfort; and last, but not least, that the operations are attended with much better results than those obtained by other methods.

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## REPORTS OF MEETINGS.

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### British Laryngological and Rhinological Association.

DR. GORDON HOLMES, *Vice-President in the Chair.*

FRIDAY, JUNE 13, 1890.

MR. LENNOX BROWNE exhibited a series of photographs of a child, aged ten, whom he had shown at a previous meeting of the Association. The tumour then examined was thought by most members to be of sarcomatous nature. This had since been successfully removed, and the growth, which weighed eight and a half ounces, was shown, along with microscopical sections. The sections showed the tumour to be a fibro-cystic goitre, involving the left lobe and isthmus of the gland. He stated that this was the eleventh case in which he had effected the removal of a portion of the thyroid gland. All the patients had recovered, and in only one had recurrence taken place.

Mr. Lennox Browne also showed a microscopical section of an alveolar sarcoma of the tonsil and palate, which there was reason to believe had arisen as the direct sequel of an attack of diphtheria.

He further exhibited an ingenious saw, devised by Mr. Ward Cousins for nasal, and another for palatal, operations, the same handle serving for both saws.

Dr. GORDON HOLMES showed a case, which he considered to be one of *lupus of the larynx and pharynx*. The patient was a very thin, anæmic-looking girl, eleven years of age. The affection dated from about nine months ago. She was at first under treatment at a hospital