ON TUBAGE AS ACCESSORY TREATMENT IN CERTAIN CASES OF SEPTAL DEFORMITY.*

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Deviations of the nasal septum are of such frequent occurrence among all civilized races, that we need not wonder at the number and variety of methods practised for their removal. Each method of operation is often eulogized by its advocates as superior to all others, and histories of cases are cited, as direct evidence of the truth of the statement. Still, while granting all that can be said in favour of the many ways of treatment, every operator will admit, I think, that cases sometimes occur in which mere operative measures are insufficient unless supported by accessory treatment of a more than ordinary character.

Judging from personal experience, I think this is particularly true of that class of cases characterized by extensive adhesions between the septum and middle and inferior turbinated bones. I do not refer to cases where synechiæ or cicatricial bands, due to inflammatory action, are stretched across the central nasal cavity binding the two sides together; but to those cases, usually traumatic in their origin, in which the anterior end of the vomer, the lower part of the perpendicular plate of the ethmoid, and the triangular cartilage, unitedly forming the central portion of the septum, are crowded over, and pressing directly against the turbinateds, have produced osseous and cartilaginous union. These are cases in which the patency of the entire nasal cavity, subsequent, to operation and during the process of healing, becomes a subject of the greatest importance.

In another class of traumatic cases, the injury is confined chiefly to the nasal cartilages. The vomer and the ethmoid may be unaffected, but the crushing of the external nose may be so severe that, during the process of internal repair, the mucous membrane is extensively destroyed, the resulting cicatrization producing almost complete stenosis.

In both classes of cases, we have in tubage a most valuable aid in the way of accessory treatment, and with the hope that other rhinologists will give it a more extensive and thorough trial, I append the histories of several cases, which have during the last two years fallen into my hands for treatment. I am satisfied that in these cases, had I resorted after operation simply to sprays, the use of the cotton tampon, the ordinary rubber plug, brushing and similar procedure, the results either to patients or operator would not, by any means, have been of so satisfactory a nature.

November, 1892.—Case 1. Miss F. McD., æt. 17 years. Her father and sisters had large Roman noses, and during childhood her own is said to have been of a similar type. At the age of ten years she had a severe fall, lighting on the bridge of the nose and effectually depressing it. This was followed by an abscess, which discharged a great deal of pus, and eventually healed. Five years later she was taken to a surgeon in Vermont to have the nose elevated. He made an incision from the left inner canthus down the angle of the nose adjoining the cheek, and across the left ala. Then dissecting the soft tissues back, he transfixed the nasal bones with needles, and

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