

profuse bleeding, but no pus. After the contusion subsided, a large ridge was discovered on the lower left border of the triangular cartilage, and several days later a portion of this was removed.

Improvement was uninterrupted. The two passages have healed and nasal respiration is normal again. There is still some curvature of the septum to the left—probably as the result of the injury—but it is not sufficiently marked to warrant further operative treatment.

*Remarks.*—1st. The fact that the development of the abscess was sub-acute instead of acute.

2nd. That in this fact lay the danger of delay in operating. It was not on account of pain or illness that the boy was sent for treatment, but simply for relief of the complete stenosis. From appearances, the abscess might have gone for another week before opening spontaneously, and in that week the triangular cartilage might have been destroyed, with depression of the septum as a result.

I know that the older writers do not refer to abscess of the septum as one of the causes of saddle-nose, but the modern writers do. Among these I might mention Kyle, Coakley and Richardson, all well-recognized authorities.