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## *Original Contributions.*

### CASE OF SEPTAL ABSCESS\*

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**HISTORY:** Toward the end of January, Cecil S., age ten years, was struck on the nose by the head of a boy while at play, producing free hemorrhage, much swelling and pain. He had always breathed normally until the accident. After this, nasal breathing was almost impossible. The external swelling and pain gradually became less, while, according to the mother's account, the nasal stenosis increased.

At last, although not until the twenty-fifth day after the accident, the parents of the boy became alarmed, and consulted the family physician, who referred the case to me.

On examination, I found the septum very much distended on both sides. Although both were red, the right was a little paler in color than the left, and also a little fuller. On pressure, both sides of the bridge seemed to fluctuate a little. There was very little soreness; the skin was pallid, the system anemic, but otherwise the boy felt well.

Under cocaine anesthesia, I at once removed with a narrow knife a perpendicular ridge of septal cartilage from the right side, at the same time freely opening the abscess. Discharge of pus and blood was very free, the abscess extending backward as far as the vomeric union. The cavity was antiseptically treated, and the mucous membrane retained in position by a small absorbent cotton packing.

The following day, as the left side had not been relieved by the previous operation, I opened it freely. This was followed by

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\*Read before the Academy of Medicine, March 23, 1909.