



Mason (L.D.)

A CASE OF FRACTURE OF THE NASAL BONES TREATED BY
AN IMPROVED METHOD.

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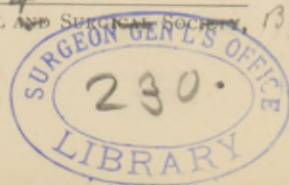
Since demonstrating my operation for depressed fractures of the nasal arch, before the Anatomical and Surgical Society, I have been enabled through the courtesy of my colleague Prof. Jarvis S. Wight, M.D., to test its merits on the living subject, and take pleasure in presenting the notes of the case as reported by Dr. Beasley, House Surgeon to the Long Island College Hospital.

John Grady, æt. 14, U. S., school-boy. On April 5, 1880, fell from a wagon, striking upon his forehead and face, sustaining in addition to contused and lacerated wounds of forehead, and upper lip, a compound and comminuted fracture of nasal bones, with fracture of nasal processes of sup. maxillæ. He entered the Long Island College Hospital for treatment the following day, April 6th, and was seen by Prof. Wight, then on duty, who requested Dr. Mason to take charge of the case and perform his special operation, for fractures of this class.

The patient was etherized, in the presence of the medical class and the resident staff of the hospital. A careful inspection of the fractured bones was made. The nasal processes of both superior maxillæ were involved. The line of fracture of left was near the base of the process, on the right side near its middle. The bridge was very much depressed and flattened. The right nasal bone was lateralized to the right, and made a small puncture through skin on that side. There was considerable œdema of eyelids, and the face was somewhat puffy. Viewed from either side the deformity was very great, the end of the nose seeming to be at right angles to the depressed bridge.

After elevating the depressed fragments, and overcoming the deformity as much as possible, in the usual manner, Dr. Mason passed an ordinary surgical needle (ground to a drill point) through the line of fracture on either side, thus supporting the nasal arch.

To complete the dressing and give it further stability, a piece of thin rubber about half an inch wide was slipped over the head and point of needle, and rendered moderately tense, so as to exert a gentle compression. Small pieces of cork were placed on the head and point of needle to protect the face.



The patient was placed in bed, head slightly elevated and evaporating lotions of an agreeable temperature applied to face and nose over the dressing.

With the exception of some suppuration from the wound upon the forehead, œdema of face, and a smart secondary hemorrhage from coronary artery of upper lip, the case progressed favorably until the eleventh day, on which date the needle was easily removed without an anæsthetic, and without pain to the patient. At this date there is a slight ulceration at seat of needle punctures, but of so slight a character, that the cicatrix if any, will be scarcely noticeable.

The contour of the nose is excellent over site of needle, a slight periosteal thickening renders the bridge of nose a line or so too prominent, but this is observed only on close inspection, and will undoubtedly in due time be absorbed.

At no time subsequent to the operation was there any pain or uncomfortable sensation at the seat of the needle. Nor did its removal cause any suffering. The result may be said to be perfect.

The boy remains in the ward for future observation, and has recovered entirely from his severe fall.

In commenting upon the notes of the case, I would lay stress on the fact that the presence of the needle was not at any time painful, nor even uncomfortable to the patient, and further that it was easily removed and without pain, ether not being necessary.

The ulceration at the site of the needle puncture was insignificant, although the needle remained in eleven days, a longer time than was probably necessary.

The ability to use evaporating lotions over the dressing is a valuable quality of this special method, and it afforded an opportunity to use intra- as well as extra-nasal applications with equal facility.

Finally I would call attention to the firm and efficient character of the appliance, as contrasted with the easily disarranged and usually inefficient dressing generally resorted to in this class of injuries.

At this date, April 21st, or fifteen days from the date of operation, the nose is quite shapely and firm.



