served and the nose cocainized) in making an oblique incision from below upward about one-half a centimetre back of the movable edge of of the septum. This incision should pass completely through the mucosa and a little way into the cartilage.

The muco-perichondrium is then elevated over the convex side of the deviation; this being done, the cartilage is incised, care being observed that the mucosa of the opposite side be not injured.

Through the incision in the cartilage the opposite muco-perichondrium is now elevated; a special knife for cutting the cartilage is introduced between the separated muco-perichrondrium through the slit in the mucous membrane and the deviated portion of the septum is then removed.

If the bony septum is involved it is necessary to use cutting forceps for its removal. Bony spurs are removed with the chisel and bone forceps.

When all the deviated portions of the septum have been removed the muco-perichondrium of both sides are brought into apposition and both nostrils are packed with gauze strips, which are left in the nose for two days and then carefully removed; then, if the septum is not exactly in the middle, it can be put so by placing in the narrower side a tampon to remain for a day or two. The patient can be discharged after a day or two, but should be cautioned to observe care of the external nose that the union be not destroyed.

This article by Killian contains a number of illustrations of the instruments used by him, diagrams of the field of operation which assist materially in giving one a clear understanding of the operation in all its details.

To Otto Freer we are also much indebted for having introduced a modified method for this operation of the window resection of the septum, which in some cases is, perhaps, more applicable than that of Killian. He makes one incision vertically along the apex of the deviation, and another parallel to the floor of the nose extending backward to beyond the limit of the deviation and anteriorly beyond the anterior limit, passing through the lower extremity of the vertical incision. The mucous membrane is separated on the convex side forming an anterior and posterior flap, which may be pushed out of the way, leaving the field of operation clearly exposed to view.

For this operation he has invented a large number of instruments which answer the purpose admirably.

Ballenger, of Chicago, has also contributed an article on the submucous resection of the nasal septum, the main feature of which is the description of a swivel knife used by him for removing the cartilage.