

marked curvature of the cartilaginous septum to the right with a longitudinal ridge at its base. Under chloroform the ridge was excised. Then an incision made over the centre of the convex curvature from behind forward, the course of the knife being guarded by the little finger in the left nostril. Notwithstanding this, the knife accidentally penetrated the mucus membrane into the left nasal cavity. Hemorrhage was free; but a one-eighth splint long enough to extend beyond the triangular cartilage was at once pressed into the nostril. Bleeding ceased as soon as the splint was in place; and after the first hour or two there was no suffering. Nothing whatever was done afterwards except to wipe away any discharge that might exude. The splint was removed two weeks later, revealing a perfectly healed, smooth, straight septum. After cleaning the splint it was replaced and worn another week; when it was taken out and the little patient discharged cured.

Case II.—A carpenter, aged 28, had his nose broken when a child, by a fall, partially depressing the bridge. For years he had suffered from almost complete stenosis on left side. Examination: Right nasal cavity enlarged, presenting concave book-notched septum on that side. On left, large curvature with thickened tubercle and ridge along Jacobson's cartilage, filling the passage. After cocainization an osseous ridge was discovered on same side, extending to near the posterior choana; while in the centre a bony synechia connected inferior turbinated with septum.

The first operation was to excise a portion of the enlarged tubercle and Jacobson's ridge and put in a rubber splint. Four days later the synechia and osseous ridge were sawn out; and after hemorrhage had subsided a long rubber splint, extending to the posterior nares, was inserted. This was left in for a week; then taken out daily, and, after being cleansed, returned. The excisions in this case were extensive, although there was no linear cut into the septal cartilage. In six weeks the healing was very satisfactory, resulting in a clear chink from end to end of the passage with re-formation of mucus membrane.

Case III.—A boy, aged 7 years, was brought to the hospital as a mouth breather for treatment. He had been stunned by a blow on the forehead when four years old, since which time, his mother reported, nasal breathing gradually became more difficult and finally ceased. There was curvature of cartilage to left with ridge at base. Columnar cartilage curved to right. Adenoids in nasopharynx. Under chloroform this ridge was excised; then two bevelled incisions from behind forward were made through the cartilage on the curved side, the finger being placed in the right nostril to act as guide and protect mucus