

of nasal respiration. As this operation is the one I purpose doing to-day, and the one that has given me most satisfactory results, I will outline it in detail so that you can follow my work. The instruments required are what I show you, viz.: a cutting forceps, a compressing forceps to mould the bony septum and straighten the cartilaginous one, blunt and sharp separators to break up old adhesions, and nasal splints of oval form in sets, made of vulcanite. You also require an atomizer, with some antiseptic solution, such as glyco-thymoline or Dobell's solution, kept in a bowl of cracked ice. The operation is better done with complete anesthesia. The instruments being sterilized, and the field of operation made clean by douches and sprays, the patient's head is drawn over the edge of the table and slightly lowered, to prevent blood entering the larynx. Then the blunt separators are used to free any adhesions that require breaking up. Now introduce the smaller blade of the cutting forceps into the stenosed side, bringing it over the point of greatest convexity. Cut through and extract instrument, then re-introduce the blades at a right angle to first cut, and exactly over centre of first cut make the second cut. There are now four segments, as result of the crucial incision. The forefinger of operator is now passed into the stenosed side, and the segments pushed through to the opposite side, effectually breaking them at their bases.

This part of the operation determines the success or failure as regards results. If the segments are thoroughly broken at their bases, then the resiliency of the cartilage is effectually destroyed, and deviation cannot recur. Here I would remind you that you must not expect these segments to break, as you would bony structure, owing to the elasticity of the cartilage, so that, if you double the segments each on itself thoroughly and press well down, you will have accomplished your object. This I have now completed, and with the compressing forceps proceed to further straighten the septum and force the broken segments to more completely override each other. Now, passing the instrument further into the nostrils, the bony septum is seized and compressed, judging of the force necessary by the amount of deviation