

this takes two weeks or four, or even longer. Still for some time the patient should be under the daily observation of the surgeon, and the nasal passage regularly cleansed by the use of the cotton holder dipped in a weak solution of cocaine or mentholated albolene or other medicament, as the exigencies of the case might require.

For a day or two there might be a slight rise of temperature and some pain; but these would soon pass away; and after a week or so I have always been able to allow the patient to go to his home, usually at a distance, with instructions to keep me informed of the progress of the case, and to return for examination, etc., at a certain time.

The advisability of moderate tightness on the part of the splint is instanced in several ways: First, by its elasticity it maintains its position, giving immovable support to the septal cartilage during the process of healing. Second, it promotes absorption of the overlapping edges of the cut cartilage; for on removal, if allowed to remain until healing takes place, the septum on the side operated upon will present a uniformly smooth surface.

I know that I run the risk of opposition to this method of treatment, on the ground that such prolonged retention of the splint might favor the occurrence of sepsis. This has not proved to be the case. As I said before, when fever occurs at all, it is due to irritation, arising almost immediately after operation and quickly subsiding. During the long process of wearing the splint there is no fever whatever, and no symptoms save those that arise from the occlusion caused by the presence of the instrument; and which is usually less than that previously experienced from the simple existence of curvature.

The operation in regard to hands and instruments is done antiseptically. Within the nasal passage is placed a smooth compressible aseptic body, which, as stated by Lake, cannot become septic; and the nasal passage above and below this harmless body, being kept clearer of secretions than it was before the operation, it is difficult to believe that the retention of the instrument during the process of healing can be productive of evil.

As illustrative of these facts I will briefly quote the history of the following cases:

Case I.—A boy, aged 6 years, was brought to the outdoor clinic of the Western Hospital for treatment on account of entire inability to breathe through the right nostril. The occlusion had been increasing for several years and was occasioned, the mother thought, by a fall on the face which flattened the nose somewhat when he was two years old. There was a