septum returned to its normal plane. Any definite method by which this could be accomplished in a large percentage of cases would have been accepted, it is safe to say, by a majority of surgeons with open arms as the ideal operation; and they would not have turned so enthusiastically toward the removal of the cartilaginous septum as the best method of treatment, particularly when such treatment is a contradiction to the rule already mentioned, namely, to replace and not to excise normal tissue. I refer to the window operation, or submucous resection of the cartilaginous septum, which during the last two or three years has been widely accepted as the operation *par excellence* for the removal of extreme septal deflection.

I cannot believe that when Nature has placed a large triangular or quadrangular septal cartilage in every person's nose, separating with a firm wall the one nasal cavity from the other, that it can be removed in a wholesale manner with impunity, a membranous septum being left in its place. Yet this is the ideal operation of to-day, so ideal that several operators with marvellous technique have each removed from fifty to a hundred septal cartilages already. Being skilled men, the large majority of these operations have been successful; that is, the surgeon dissected back the mucous membrane with more or less of the perichondrium from each side and then removed the cartilage without perforation. Still, all the operations of these skilled men have not been without failures. We are told in the *American Journal of Surgery* for June, 1905, that the originator of the modern method had 12 per cent. of permanent perforations, that another operator had 20 per cent., and that yet another, and he one of the most brilliant surgeons of the day, had six perforations out of his first fifteen cases.

In the *Laryngoscope* for April this year the statement is made that the flap operation is often attended by perforation, and that Killian, one of the most skilful and successful of operators, had declared that the management of the lowest part of the septum is "most difficult"; also that in the Hajek operation "the columna is entirely unsupported and may be drawn up into the nose by the contraction of the membranous septum with very noticeable deformity."

Yet the submucous operation has been so widely practised, and so much has been written upon it, that every rhinologist is dreaming of his first ideal operation; and if our established men—surgeons who have been operating for many years—can so frequently, though unintentionally, make successful punches through the septum, what may be expected of the new man, who is simply rubbing his palms together in hope of the opportunity of displaying his brilliancy?