

type of skull in Atrophic Rhinitis. Meisser found that in cases of Ozena, 97½ per cent. of them had heads of the brachycephalic type. At any rate, it is a well known fact, that a congenitally wide nose is one of the common predisposing causes of Ozena. From these facts, Parker reasoned that unilateral atrophic rhinitis with deflected septum should be cured by correcting the septal deformity. He operated on a series of such cases by the submucous method, and found that the ozena in these cases was cured, or if not cured, greatly relieved. I have had the opportunity of operating on three such cases. Two were completely cured at the end of three months, and the third was improving, although not cured, at the end of four months.

*Rhinitis Sicca with Epistaxis.*—A condition of rhinitis sicca frequently develops on the prominence of a slightly deflected septum, especially if the deflection is far forward.

In this region, the inspiratory air current first impinges on this mucous membrane, and the ciliated mucous membrane becomes gradually changed to the squamous type. Then dust and foreign bodies begin to lodge on this area, and soon crusts form. Every time a crust is removed the nose bleeds, and shortly, if the case is neglected, a perforation in the septum results.

Recently I have operated on two cases of severe epistaxis. In both cases, there was a slightly deflected septum, and on the most prominent part was a patch of rhinitis sicca. It was from this area that the bleeding occurred. In each case, a limited submucous resection was done, and the epistaxis has been completely cured. No doubt the epistaxis might have been temporarily cured by the use of the galvanocautery, but the cause of the condition would still remain.

*Deafness.*—Occasionally unilateral deafness is noted in patients with a markedly deflected septum. Possibly, the aurist wishes to pass an Eustachian catheter, but finds it impossible to do so on account of the nasal deformity. By correcting the septal deformity, it gives an opportunity for catheterization, but even if the deflected septum is corrected and no catheter used, a marked improvement in hearing follows.

The air currents are greatly interfered with in the obstructed nostril, and so the mucous membrane in the region of the Eustachian tube on this side is wet and sodden. Partial or complete stenosis of the tube follows, and deafness is the result. By correcting the deformity of the septum, the air currents are able to take their natural course, the diseased mucous membrane in the nose-pharynx becomes healthy, and in the course of a few months the hearing is considerably improved.