

tical and horizontal cuts. When this is all done, a pair of flat-bladed forceps is applied, one blade being in each nostril, and by pressure the septum is put in the straight line. He then cleanses the parts with bichloride of mercury solution (1-4000), and inserts anti-septic dressing into the stenosed side, this being left for 3 or 4 days before removal. A second dressing is then done, first irrigating thoroughly, and the wound treated surgically until healed.

WATSON, Phila., claims that the operation should be considered as one of the most important in nasal surgery, when we think how many serious conditions of the respiratory tract depend on nasal obstruction, of which deflected septa are the most frequent cause. He reminds us that respiration may not be so much affected, as that secretions may be penned up in the lower meatus or upper nasal spaces, or it may be deflected enough to block drainage from the accessory sinuses. One or all of these conditions may obtain, and nothing but operation can remove them.

A correct operation should relieve obstructed respiration, ensure proper drainage of the nose and relieve any existing pressure. This author makes an incision on the stenosed side, beginning at the bony septum from behind forwards as far as the deflection exists, forming a bevelled cut, and avoiding if possible any cutting of the mucous membrane of the opposite nostril. Now the whole upper part of the septum is pushed over with the finger into the opposite naris. The bony deflection is moulded with forceps, and dressing is done with or without splints.

GLEASON makes a V-shaped incision to surround the deflection, either by knife when the cartilage alone is affected or by saw and knife if bone interferes. The flap is then pushed through into the opposite side and resiliency thus destroyed. Splints then keep the parts in place for a week or so, cleansing daily. The cut must be made around and not through the deflection.

ASH, of N.Y., devised an operation which meets the approval of most practitioners. He says that neither sepsis, hæmorrhage nor perforation has followed his couple of hundred operations, and the results were a satisfactory restoring