

cutting the septum. This is repeated in two, three or more places, until all resiliency of the septum has been overcome, when the index finger can be easily passed up the occluded side, and the clamp then adjusted in position. In tightening the clamps, care should be taken not to exert too much pressure as it would interfere with the nutrition of the seat of operation and would probably give rise to sloughing. Frequent cleansing should be carried out, by means of a spray of Dobell's solution or other antiseptic wash. The clamp should remain in position for three or four days, after which I use plugs of carbolized oakum, as they are more cleanly than hard plugs of ivory or wood, and exert sufficient pressure to hold the part in the required position. They should be changed at least once daily. In some cases it will be sufficient to plug only the formerly obstructed side with the oakum, after removal of the clamp. The evening temperature may rise above 101° on the second and third days after operation, but soon subsides. The three following severe cases of deflected septum, all in male patients, and of traumatic origin, which I have recently operated upon by Delstanche's method, with the most favorable results, both as regards the nasal stenosis and the facial deformity, have satisfied me as to the efficiency and value of this operation.

CASE I.—A. W., æt. 21, consulted me, October 26th, 1892, for complete obstruction of the right nostril and catarrh, and expressed himself as desirous of undergoing any operation that would give him relief from the distress he experienced at not being able to breathe through the right side of his nose. At about five or six years of age a severe fall upon the face had broken the nose, nothing having been done at the time to set it, so from that time he could not breathe through the right nostril properly, and this difficulty increased in after years, until almost complete obstruction existed. Upon examination I found the right nasal chamber almost entirely occluded by deflection of the septum, in both its cartilaginous and bony portions, and of undoubted traumatic origin. The left inferior turbinated body was greatly enlarged by puffy hypertrophy, yielding easily to pressure of the probe, and it almost filled the large concavity caused by the deformity of the deflected septum. In this case, as there was so much inflammatory thickening of the projecting portion

into the right nostril, I removed a piece about an eighth of an inch in thickness with the saw, in order to obtain space for the introduction of the flat blade of the forceps, as well as with the view of obtaining a better result after crushing. The blades of the forceps being placed in position in their respective nostrils, the anterior portion of the deflection was crushed and cut; this was repeated in two or three places back to the posterior part of the deviation, after which all resiliency was overcome, and the finger could be passed into the occluded nostril. The clamp was then placed in position, and firm but not tight pressure exerted. The temperature rose to 101.2° on the evening of the second day after operation, but soon fell to normal. On the morning of the fourth day I removed the clamp, and plugged both nares with carbolized oakum which was renewed daily. After two weeks' treatment the plugs were abandoned, firm union having taken place, and the patient could breathe freely through both nostrils. The facial deformity was also markedly reduced, the nose now being fairly straight. This patient returned by appointment in about a month from date of discharge when the relief of the stenosis was found to be permanent, and the catarrhal condition had nearly subsided. At this time the left inferior turbinated body was cauterized two or three times by galvano-cautery, and the patient has since remained free from any obstruction or inconvenience from catarrh.

CASE II.—F. M., æt. 30, consulted me, February 3rd, 1893, for almost complete obstruction of the left nostril, very marked facial deformity and catarrh. About seven years previously he had received a severe blow on the right side of the nose. Upon examination I found the left nasal chamber almost entirely occluded, and post-nasal catarrh existing. The deviation was both cartilaginous and bony, and of unmistakable traumatic origin. I operated by Delstanche's method with the result that in two weeks the patient was breathing as freely through the left nostril as the right, and upon inspection there was almost as much space. In this case also the deformity of the nose externally was decidedly improved, and now, in appearance, is comparatively straight.

CASE III.—G. H., æt. 17, consulted me, April 6th, 1893, for obstruction of the left nostril, which was causing him great discomfort. About five