The best anæsthetic to use is that one with which the operator is most experienced. Those familiar with septal operations, under chloroform or ether, may make a failure of a similar operation, if necessarily performed under gas. Cocaine 20 per cent. made with 1-8000 bi-chloride solution, followed by adrenaline, is generally sufficient. Cocaine made up with a 2 per cent. solution of sodium sulphate, Wingrave says, has a much more penetrating action. In neurotic individuals and where the projection is very large and bony, gas, given by a skilled hand, is preferable. Bases requiring moulding, breaking, and bending of the septum often require ether, or chloroform, in addition to gas. Bromide of ethyl is highly spoken of by some writers, but I have had no experience with it.

Hæmorrhage is occassionally very annoying, owing either to severing the artery of the septum, or is a tendency to bleeding inherent in the individual. Various preparations of the supra renal gland are used to prevent bleeding, as the watery extract, the dry powder, and Hazaline etc; but all are inferior to adrenaline. Not infrequently in the larger septal ridges, or spurs, very serious bleeding comes on five or six days after the operation. Strips of gauze, soaked in adrenaline, usually speedily control it. The after treatment of septal operations varies greatly. Personally, I am very much opposed to the use of plugs, following these operations. I my experience, hæmorrhage, in these cases, is usually slight; and, if troublesome, lasts, at most, an hour—a time advantageously employed in waiting, if it will avoid plugging. If the hæmorrhage is alarming, one may be forced to plug very extensively. In cases where the septum has been broken and a pressure splint is necessary, Moure's is by far the best, not requiring to be changed like Asch's, and, for some reason I cannot explain, causing much less discomfort.

Occasionally it is necessary to use small strips of rubber sheeting to prevent synechia forming. Some mild antiseptic ointment, or oil spray, is desirable after these operations, preventing sepsis and crusts. The patient is better in bed for a few days, and a mixture of Soda Salicyl and bromide of potash may be advantageously employed.

Hypertrophy of the mucous membrane, over the ventricle of the septum, is probably never *per se* a cause of nasal obstruction. It may, however, if well marked, increase an already present insufficiency.

I have omitted any reference to antiseptic preparations in these operations, as no surgeon of modern ideas should operate, without using the same precautions as he does else where. The avoidance of any operation, during an epidemic of influenza, or when the patient is forced to be in an undesireable atmosphere after the operation, is obviously essential to good results.