drium, and the task of freeing the mucous membrane is quite easy.

The vertical incision should be made at least one quarter of an inch in front of the point where you intend to go through the cartilage; for if by chance you go through the mucous membrane on the concave side, there will be no permanent perforation in the septum when the two mucous membranes come together.

The other method is to make a small vertical incision far forward on the concave side, and through this incision free the mucous membrane on the concave side around the area where you intend to come through the cartilage from the convex side. One horsehair stitch closes the incision, and within forty-eight hours the mucous membrane on the concave side is perfectly intact.

Frequently there is a dislocation of the triangular cartilage of the septum presenting in one nostril, and a deflection of the septum on the other side further back: in such a case, operate on each condition separately, and through different nostrils.

Resection of the Cartilaginous and Bony Septum.—For freeing the cartilage above and below I prefer Killian's forked plough.

Ballenger's swivel knife has many advocates, but I usually have difficulty with it when I try to change its direction.

The posterior attachment is the most difficult to free. Many instruments have been designed for cutting it, but the method I like best, is to seize the deflected part of the septum with a pair of polypus forceps, after the anterior, superior, and inferior borders have been cut, and by two or three lateral movements, the deflected part of the septum comes out intact.

Frequently, one may take out in the articulated condition the deflected area of the septum, which consists of parts of triangular cartilage of the septum, perpendicular plate of the ethmoid, and anterior extremity of the vomer.

Some operators claim that fractures of the septum may be produced by this method, but I have had no indications that such occurred in my cases.

The incisive crest may readily be removed by Killian's bayonet-shaped gouge and a mallet; then if there are any remaining projections of cartilage or bone which require to be removed, this can easily be done with a Jansen-Middleton forceps.

There are some conditions where the submucous operation may be done with good results, other than to relieve nasal obstruction. A few of these conditions I shall briefly mention.

Atrophic Rhinitis.—Hopman thinks that there is a definite