crooked septa that cause stenosis on one or both sides should be straightened.

In structure, the septum, you will remember, is composed of bone and cartilage covered by mucous membrane, and liberally supplied with blood vessels, nerves and lymphatics. The broad, thin plate of cartilage is known as the triangular cartilage ; behind it and partly below it is found the bony vomer and perpendicular plate of the ethmoid. The cartilage is of rubber-like resiliency, while the bone is brittle. On account of the thinness of the upper and central parts of the bone, it can be easily moulded into shape. The posterior portion of the osseous part of the septum is rarely deflected, but it is generally recognized that more or less deflection of the anterior portion is associated with deflection of the cartilage in about one-third of the cases. The cartilage cannot be changed in form without destroying its resiliency. That is the first and most important proceeding in this operation. How can this be best accomplished ?

In a paper read before the N. Y. Academy of Medicine last April, this operation was discussed in extenso. *Bosworth* advocated the use of a saw to remove the projecting part of a deflected septum. The advantage claimed was, that the operation was done at one office sitting ; that a new septum was sawed out of an old and crumpled one, the same as a straight board was sawed out of a crooked log. The objection to this procedure is apparent to you by glancing at the various deformities shown on this plate, the septum being as a rule too thin to admit of the "log-cutting" principle without many perforations resulting.

ROE, of Rochester, said : that nearly always the anterior portion of the bony septum is out of line with the cartilaginous part ; he therefore advocates straightening both at one operation. This he does by fracturing the bone at the point of junction, so that a change may be made in the direction of the septum, at the attachment of the cartilage. It is especially desirable to do this without laceration of the tissues, and Dr. Roe has devised special forceps for this purpose. The cartilage is then incised subcutaneously by ver-