

these cases, while the tubercle on the concave side will shrink away into less than normal development, the tubercle on the convex side, lying in the region of the union of the vomer with the perpendicular plate of the ethmoid, will enlarge sufficiently to interfere with normal breathing; and together with the general curvature of the whole triangular cartilage almost occlude the passage. Projecting backwards from the tubercle along the union of the supra-vomerine cartilage with the vomer, the hypertrophy may continue forming, in old cases, the long osseous ridge so often met with. On the other hand, anterior to and below the tubercle, along the line of union of Jackson's cartilage with the anterior end of the vomer a similar hypertrophic ridge may form, complicating and making larger the general curve.

Upon the etiology of septal deviations I will not enter, except to offer a mild protest against the idea that the method of handling the olfactory organ has nothing to do with either the cause or increase of the deformity. It cannot be the chief cause; but I believe from my own professional experience, that in many cases of septal curvature, the habit of wiping the nose toward the concave from the convex side—which is habitual in all these cases—has a serious effect in aggravating the deformity.

If a dentist in a young adult can attach a chain to a tooth, which is blocked behind the adjoining ones for want of space, and by constant traction, in the course of a few weeks, draw the two apart, and pull the laggard one into line, it is reasonable to believe that the oft-repeated twiggling of the nose in the one direction will have a serious effect upon the softer cartilage. These curved noses are always weeping; and pulling them many thousands of times each year to the one side, acts upon the principle of bending a green stick. The more frequently you apply the pressure, the more curved will the bow become.

My own experience differs also from some clinicians, who claim that when the bony septum is curved to one side the triangular cartilage is usually curved to the other side. The rule I have found to be the opposite. It is possible when the chief deflection is that of the vomer that the septal cartilage may curve the other way; but when the main deformity is of the cartilage, and septal ridge extending backwards has been almost invariably on the same side, as though the whole septum had formed a bow-like protrusion into one or other nasal cavity.

Sometimes these deformities are confined entirely to the cartilaginous region, the concavity on the one side being book-notched in form and ending abruptly at the commencement of the bony septum—the convex side being rounded and hypertrophied in the region of the tubercle. In the treatment of