there by packing the previously obstructed nostril with carbolised oakum. The cut edges over-ride each other, and after a couple of weeks are firmly united. The oakum plugs should be changed daily and both cavities sprayed with Dobell's lotion or a solution of permanganate of potash, gr. i ℥ i. Dr. Roberts, of Philadelphia, devised an operation in which a long incision is made obliquely or horizontally, as required, through the septum from back to front along the line of deviation or projection. This is done with a knife introduced into the occluded nostril. If the bony septum is deflected, it it is divided by a chisel in the same direction. A long steel pin is then introduced into the normal nostril, and its point passed, with about two-thirds of its length, through the septal cartilage, a short distance above and in front of the incision. This brings the pin into the occluded nostril. Pressing the end of the nose and septum, according to the character of the case, into its proper position, the "head-end" of the pin is brought close to the anterior part of the septum, thus causing the "point-end" or portion in the occluded nostril, to lie across the incision and adapt itself lengthwise along the surface of the septum beyond the incision. The pin is then pushed in up to the head, and its point is thus deeply imbedded in the soft tissues of the septum, and upper and posterior part of the occluded nostril. It doesn't make much difference where the point is fastened so that it is firmly fixed and holds the incised septum straight. Sometimes two pins will be required to correct deformity. In such cases the second one is inserted, not from the mucous surface within the nostril, but from the cutaneous surface of the dorsum of the nose just below the nasal bone. The operation is of course, a bloody one, because of vascularity of the parts, and because it will be useless unless the incisions are very free, so as to take away all resiliency of the cartilage. The pins are left in position two weeks. I have operated in several cases, by this method with favorable results. The patient is subject to but little inconvenience, and the cavities can resume their functions at once, with no disfiguring apparatus apparent. A small square of court plaster will cover the end of the external pin, which should have a flat head. The other does not show, as its head lies within the nostril.

Another method of rectifying deflection of the septum is to forcibly return it to its normal position by means of heavy forceps, as devised by Adams, of London; but never having looked upon this instrument with favor, I have not given Adams' operation a trial. In those forms of comparatively slight deflection with considerable thickening of the prominence causing partial stenosis, the simplest method I have found, in dealing with such cases, is that devised by Bosworth, of New York. It consists in cutting off with a saw, specially constructed for the purpose, the protruding portion, together with its covering mucous membrane. The saws are two in number—one cutting downwards and the other upwards. The steel portion is about five inches long, the anterior half serrated and probe-pointed, while the other carries a large wooden handle at the proper nasal angle. By this means the hand is kept away from the field of vision during the operation. The mucous membrane having been well cocainized with a 20 per cent. solution soaked in a tampon of absorbent cotton, the saw is introduced either above or below the protrusion as may appear more convenient, and rapidly cut through, care being taken to make a straight cut without bending the instrument. The bleeding is sometimes very profuse, though it generally ceases as soon as the operation is completed. It is of great importance in removing these projections, that a thoroughly smooth surface should be left, for when a jagged uneven surface remains, the result is unsatisfactory, and the period of healing occupies an unnecessarily long time. Recently, I have adopted a new operation for the worst cases of deflected septum, whether cartilaginous only, or bony and cartilaginous combined, and with very favorable results. The operation is that of Delstanche, of Paris, and the set of instruments consists of strong, crushing and cutting stellate septum forceps, septum clamps, and handle or tightener. The clamps are three in number, each consisting of two blades lined with rubber, and sliding on a square bar. The handle is also used to separate the blades of the clamp when removal is required.

The patient being under the influence of chloroform the stellate blade is passed into the open nostril to the required position, and the flat blade passed into the obstructed nostril to a point opposite; the blades are then locked as with obstetric forceps and pressure exerted, thus crushing and