ment of the inferior turbinal pressing on these low situated spurs, they may well be sawn off.

Fig x is a representation of a modified nasal saw I have had made for me by Messrs. Meyers and Meltzer, London. Its advantages are that it will cut close to the septum, up or down, and will neither bend nor jam. Nasal saws have been made of thicker steel, to obviate the fault of jaming and bending; but in so doing, the cutting qualities of the blade have been markedly impaired. This I have obviated by having the blade triangular in section with the apex of the triangle parallel with, but away from the septum, and the cutting edge at one end of the base of the triangle. It therefore matters little how thick the blade is, as the thickness means an increase of distance between the apex of the triangle and the centre of the base, the cutting edge being always the same. This instrument has given every satisfaction at the Central London Throat and Ear Hospital. Frequently, in removing a thickening on the convex side of a diviated septum, a perforation will be made if we take away all that seems to us to be obstructing. It is a somewhat disputed question as to the necessity for causing a perforation. In very neurotic people, the knowledge that everything is not perfectly natural may cause the operator a great deal of unnecessary alarm and blame. Whether the production of the perforation should be conclusive proof of the error of the operator, I am not prepared to say. Suffice it to say, always avoid a perforation if possible; yet, if one has the choice between relief from the obstruction, with a small perforation, and partial relief with no perforation, the amount of relief desirable, and the state of the patient himself, must be the guide. I have read of cases in which the operator minutely describes the reflection of the mucous membrane from the projection, the removal of the exposed bony and cartilaginous portion, and subsequently the stitching of the edges of the mucous membrane together. It reads very nicely, but I venture to say it is one of the most difficult operation in surgery, and one rarely, if ever, *successfully* performed.

Owing to a certain amount of bactericidal properties being possessed by the nasal mucous secretion, it is obviously our duty to preserve, as much of it as possible; but we should not spoil our operation, by trying to preserve a portion of the tissue which, if removed, will in all probability be regenerated. The galarno-cautery has been used very largely, I regret to say, in reducing thickenings of the septum. Possibly in cases where there is considerable thickening, due mostly to increase in the thickness of the muscous membrane, some reduction may be gained by cautiously using the cantery. I think, however, except in very rare instances, the cantery is not indicated in septal work. Ulceration, perforation, and synechia too frequently follow its use.