A Simple Method of Correcting Certain Deformities of the Nasal Septum.—GEORGE FETTEROLF (*Laryngoscope*, August, 1902).

This is another addition to the long list of methods advocated for the treatment of septal deviations. It is a modification of Kyle's plan. While the latter removes V-shaped sections of the protruding cartilage by knife cuts, after dissecting up the mucous membrane, Fetterolf has constructed a saw file, so shaped that without dissection or previous cutting, it will remove the required V-shaped segment of mucous membrane and cartilage combined.

An anesthetic is always required. After making one or two parallel cuts from before backwards, over the convex cartilage, as the case may need, he inserts the Adam's forceps down to the floor of the nose, and by it breaks the basal attachment of the lower segment and presses it over past the median line. The upper segments are then easily pushed over, and the operation finished by inserting a Kyle's tube.

The after treatment consists of watching the patient for six weeks after the operation. The tube is kept clean by spraying with a warm alkaline solution followed by a bland oil. It is first removed after five days. Subsequent to that, at intervals of two to four days; the regular daily cleansing still to be continued.

The advantages claimed for this method of treatment are the following:

1. No preliminary dissection of mucous membrane required.
2. A properly shaped strip of tissue is removed.
3. The strip is quickly removed, so that prolonged anesthesia is not required.
4. The margins of the cut are exactly parallel, and thus accurate coaptation and quick union are promoted.
5. The bony septum can be attacked as satisfactorily as the cartilaginous.

(If in following the Fetterolf plan, a rubber splint was used instead of a hard tube, it would not require removal until healing was accomplished—the cleansing by an oil spray, above and below the instrument, being sufficient to keep the parts in an aseptic condition. The irritation of removing and replacing the tube at regular intervals would thus be avoided.—ABSTRACTOR.)

The Controlling of Hemorrhage After Tonsillotomy.—HEERMANN (*Archiv. fuer Laryngologie*, Vol. 12, No. 111).

This is the report of severe hemorrhage following the removal of a tonsil in a man aged forty-six years. All ordinary methods of control failed. As a last resort, the writer passed silk liga-