

tressing to him, being of a peculiarly sensitive and retiring disposition. He happened, however, to hear of a case in which I had remedied a somewhat similar defect, and determined to come to Montreal to consult me. On his removing the adhesive plaster with which he had concealed the deformity, I was struck with the peculiar shape and size of the deficiency in the nostril, which could hardly have been produced in any other way than that already mentioned, and in reply to my question, he admitted the fact. I recommended him to take a private ward in St. Patrick's Hospital, and stated my opinion, that an operation would remedy the defect. Accordingly on October 4th, assisted by my colleagues, Drs. David and Howard, and by Dr. Walter Jones, I proceeded to perform the operation in the following manner:—A small narrow bladed knife, (which I had found extremely useful in another rhino-plastic case, operated upon in the Hospital a few days before) was introduced between the skin and nasal bone, and carried upwards towards the edge of the orbit, care being taken to keep the blade close under the skin. When the point was felt in this situation, the edge was carried towards the mesial line so as to separate the integument from the bridge of the nose, which was rather prominent. The dissection being completed in this situation, the knife was carried downwards, still close under the skin, until it reached a level with the under edge of the nasal bone. The blade was then withdrawn, and entered under the remnant of cartilage before alluded to, as being still connected with the cheek, and pushed towards the ear, for about two inches, when the edge was turned upwards, the dissection carried on until it joined that before made. By this plan, the skin was detached off the subjacent parts, from the median line of the nose all over the cheek, and the scalpel passed freely about in all directions. Having thus made a large flap, the edges of the cicatrix were pared and brought together, and the stump of cartilage joining the cheek being brought into contact with the tip of the nose, was there maintained by a Dieffenbach's pin and twisted suture; two or three points of suture served to bring the remainder of the wound in apposition, and thus, what was before a semilunar cicatrix, appeared an incised wound, whose edges were in one line. To enable me to avail myself more fully of the flap detached from the cheek, an incision to the extent of a little more than half an inch was carried from the outer edge of the nostril, by which the tension was taken off the new ala nasi, and a plug of lint being introduced into the nostril, the dressing was completed: the loose integument being shoved from the cheek towards the nose, and there retained by means of compresses and adhesive plaster. The operation was in this manner performed, without making the least disfigurement of the face. Nothing remarkable ensued during the month the patient remained under