

observation will be endorsed by all rhinologists, or not, remains to be seen ; but a partial confirmation is frequently seen in practice, when a markedly enlarged inferior turbinate body causes no noticeable obstruction ; and, in cases of normal nasal chambers, when the person has been, for some time, working in the dust, it will be noticed that most dust is deposited on the anterior end of middle turbinal. Furthermore, one is sometimes surprised at the apparently small improvement in breathing, ensuing from the removal of a large ridge from the septum, situated low down and well back.

(a) *Obstruction Connected with Septum.*

(1) There are some rhinologists who insist that all irregularities of the nasal septum should be removed, and the septum left plane. Almost every septum has some irregularity, and to operate, simply because there is a prominence, would bring rhinology into disrepute. The septum may require to be operated upon for the following reasons.

- (1) Impediment to nasal respiration (inspiration and expiration).
- (2) Interference with nasal drainage.
- (3) Cases of eustachian catarrh, kept up by the associated rhinitis, due to septal spurs, etc., or inability to catheterize owing to septal irregularity.
- (4) Cases of chronic laryngitis due to or kept up by nasal obstruction.

If the septal irregularity be slight, and no pathological condition is produced by its presence, it had better be left alone. On the other hand, if it produces or tends to keep up, any pathological state, removal should be undertaken. The means to be adopted, in removing the obstruction, depend, for the most part, on the character and location of the obstruction. Those cases, in which there is deflection alone, had best be treated by some such method as Asch's, or forcible straightening, and subsequently using intra-nasal splints. If there be, in association with the deflection, considerable thickening, removal of the projection, with saw or bistoury, is desirable some weeks previous to the correction of the deflection. Frequently one may gain the desired amount of space by removing the anterior half of the inferior turbinated body. The spokeshave is an admirable instrument for removing ridges and cartilaginous spurs. The instrument must, however, be very sharp, and be used very rapidly and firmly. The saw is probably most often used. The situation of the spur, or ridge, makes considerable difference in the question of operative interference. Spurs, situated low down and projecting into the inferior meatus, probably cause no nasal obstruction. They may, however, interfere with nasal drainage, particularly if associated with hypertrophy of the inferior turbinal. In cases of asthma and hay fever, owing to the sudden engorge-