

accuracy ; and the results, from non-suture, appear to be quite as good as when sutures are used.

II. OBSTRUCTION SITUATED BETWEEN THE VESTIBULE AND THE POSTERIOR NARES.

We may divide these obstructions into four classes :—(a) those connected with the septum, or inner wall of the nostril :—(b) those connected with the turbinated bodies and outer wall of the nostril ; (c) those in which both sides are concerned, as synechia ; and (d) cases in which the obstruction is due to a foreign body.

Fig. IV. Normal osseous nasal fossæ.

Fig. V. Hypertrophy of mucous membrane over inferior and middle turbinated bodies.

Fig. VI. Deflected and thickened septum in a contracted osseous fossa.

Fig. VII. Greatly thickened septum with deflection.

Fig. VIII. Deflected septum without thickening.

Fig. IX. Septal spur.

(a) part of saw.

Fig. X. Thickened septum and (a) Anterior synechia.

Before taking up the discussion of each region above mentioned, some remarks regarding the air currents in the nose are necessary. It has always been considered that the inferior meatus was the inspiratory channel of the nose. Mr. C. A. Parker, in the *Journal of Laryngology*, takes the view that the middle meatus is the inspiratory gateway ; and the lower meatus the expiratory channel. The method, employed for ascertaining the direction of the inspiratory air current was to blow lycopodium into the air the patient was breathing, afterwards noting the distribution of the powder in the nose. In the normal nares, the distribution of the powder on the mucous membrane, showed, without the least doubt whatever, that the current of the inspired air passes upward and backward through the middle and superior meatus, entirely missing the inferior meatus. It then sweeps over the vault of the pharynx to about the centre of its oral portion, whence it takes a straight course into the arytoids. For expiration, note was made of tobacco smoke, exhaled through the nostrils. In expiration, the air, as shown by the smoke, takes a lower course, passing chiefly through the lower meatus. This lycopodium test may be used to satisfy ourselves that the abnormality we see is causing obstruction, and also, according to the deposit of the powder, we may limit our operative measures to the obstructing part alone.

Generally speaking, Mr. Parker says any abnormality, situated or projecting in front of a line drawn from the floor of the nose, within the vestibule, to the anterior end of the middle turbinate, will cause difficulty of inspiration, and should, therefore, be removed. Whether Mr. Parker's