

position, the two longitudinal cuts should be so managed as to remove two long slips of the septal cartilage; and at the same time be made at an oblique angle, so that the cut edges can slide over each other. Second, that the cross cut of the H should be very decidedly oblique, cutting through both mucous membranes and cartilage with knife or chisel, so that in replacing the segments the posterior central segment of the septum will slide forwards over its fellow and the anterior one backwards.

It matters little how these cuts are made if the principle upon which they are founded is carried out. The long strips of cartilage might be removed either by drill, or swivel-saw, or knife, or ordinary saw of unusual thickness, or any improved instrument specially constructed for the purpose. The cross-cut can be made by either chisel or knife.

The immediate result of the combined cuts when made completely through both mucous membranes and cartilage is that all tension is removed, that two rectangular flaps are made by the H incision, the basic blood supply of each being retained, and that they can with ease be pressed into the normal position, their edges sliding over each other. When I first did the operation I imagined that I would require to forcibly fracture the posterior piece at its base; but this was entirely unnecessary. The pieces will bend easily, and, sliding over each other, are readily adjusted, to be retained in position by the use of the invaluable rubber splint, a single one on the convex side being the only one needed.

Through the kindness of a gentleman who came with me from Toronto, I can now present to you a case for examination after successful treatment by this method.

The patient, aged twenty-six, was referred to me for treatment on November 8, 1905. His history is briefly as follows: He was perfectly well until ten years ago, when he fell off a ladder from the height of twenty feet, striking his chin and injuring him severely. After his recovery he was troubled with mental irritability and lack of power of concentration, both being attributed to the effects of the fall. No one suspected that his nose had been injured. After several years, as partial alienation continued, he went to Texas with the hope that the climate might benefit his health. He remained there for three years, when his condition became aggravated, and in March, 1905, he found it necessary to return home.

He next went to England, and last June was referred to Lambert Lack for advice, who at once said that his nose was at fault and that an operation was urgently required. This, however, was deferred until he came back to Canada, when he was placed under my care for treatment.