

Fig. VII.

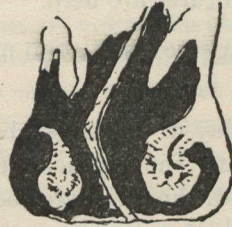


Fig. VIII.

(c) *Septal Irregularities in the Vestibule.*

- (1) Displacement outward of the lower border of the triangular cartilage.
- (2) Dislocation outward of the mesial crus with eversion of the triangular cartilage.
- (3) Dislocation of the mesial crus in the ventricle.
- (4) Combination of (1) & (2).
- (5) Vestibular spur usually a marked deflection of anterior end of triangular cartilage due to a blow on the nose.

Fig. I. Displacement of the lower border of the triangular cartilage into the left ventricle.

- (a) Cartilage.
- (b) Distorted margin of columnna.

Fig. II. Dislocation of the mesial crus with eversion of the triangular cartilage.

- (a) Triangular cartilage.
- (b) Mesial crus.

Fig. III. Dislocation of the mesial crus in the left ventricle.

- (a) Mesial crus.

In each of the foregoing cases of vestibular obstruction the treatment varies with the situation and the amount of obstruction. Generally speaking, the mucous membrane is cut and retracted, while the protruding mass is siezed and removed with scissors and bistoury. The mucous membrane is then trimmed and replaced.

While it seems theoretically desirable to suture the flaps of mucous membrane, it is practically impossible to do so with any attempt at



Fig. IX.

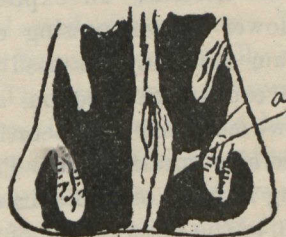


Fig. X.