purposes instructed her how to remove and return the tube at regular intervals. (Fig. 1.)

In March last, after an interval of more than a year, the patient's father called upon me to report progress. He said that for several months his daughter continuously wore the tube I provided. But, as it became loose, she took it to a jeweller and had another made after the same pattern, but larger. This she was now wearing. The choana was becoming more open, but she still required assistance in nasal respiration, and before having any further alterations made in the tube, he would bring her in for examination. This, however, up to the present he has not found necessary.

February, 1893.—Case 2. Mr. N. McM., machinist, æt. 38. Mr. McM. has had chronic nasal and throat catarrh for years. He dates his trouble to a blow, breaking and deflecting the nose to one side, which he received in boyhood.

The right nasal cavity was unusually wide, the septal cartilage presenting a deep concavity. The left naris was tolerably clear in upper portion, but not enough so to allow of respiration, except when the walls were held ajar, while the lower half of the front portion of nasal cavity was obliterated by cicatrization. It was evident that it would be impossible to afford relief to respiration without removing a portion, at least, of the dense cicatrix, and that the cicatrix removed would be followed by another, without a suitable instrument could be adjusted to the part, and worn continuously for a long time.

My first operation in this case was the reverse of successful. I excised sufficient of the dense fibrous tissue to make a free nasal opening, and adjusted an improvised silver tube. For a time it worked well, and the patient attended to it regularly and efficiently. By and by he disappeared, and I saw nothing more of him for a number of months. When he came back in December, he said he had spent the summer and fall in Winnipeg. The tube, after a time, had been troublesome to insert, and for two months he had not tried to put it in. On examination, I found that the whole wound had filled up again with cicatricial tissue. On consideration, I concluded to operate the second time in a somewhat different manner. Instead of excising down to the floor of the inferior meatus, and making a wound so extensive as to prohibit the possibility of extension of mucous membrane over its surface, I excised only the upper part of the cicatrix, with the hope that the healthy mucous membrane of the superior meatus would have sufficient vital power to gradually cover the raw surface of the middle region.

After the operation I inserted a part of a gum elastic catheter until I could get a suitable tube made. I had this variously modified until it assumed the shape of the accompanying Fig. 2. Through it the patient breathes more freely than he has done for years. He takes it out, regularly cleans it, and returns it. The concave side is the lower one. The bulge on the tube was placed to insure retention, and at the same time to give width to the passage; while it presses towards the concavity mentioned as existing on the right side of the septal cartilage. The hope is that by wearing this or a similar tube for a year or two, the passage will become so open and the parts so endowed with new mucous membrane that the patient will be able to breathe normally without any artificial assistance whatever. His throat catarrh has already greatly abated.

August, 1893.—Case 3. Mr. T., medical student, æt. 21 years. Had originally a Roman nose. Ten years ago it was broken and depressed by a blow from a cricket