existing. Bleeding is now arrested and the iced antiseptic spray freely used, after which we introduce the sterilized nasal splints. A snugly fitting one is put into the stenosed side and a smaller one into the free side. After further spraying, the patient is put to bed, iced water compresses being applied to the nose externally, and an ice-cold antiseptic solution sprayed into the nostrils every half hour Twenty-four hours after operation the tube in non-stenosed side is taken out and not replaced, the spray and compresses being continued. Twenty-four hours later the tube in opposite side is removed, thoroughly cleansed and sterilized, the nose well irrigated and tube replaced. Cocaine may be necessary to permit of re-introduction without pain. The same tube should again be used if not too large for comfort. This tube must be taken out and cleaned by the surgeon every day while patient is in bed, which should be for four (4) days. At end of that time patient may be able to do this himself daily, and it should be kept up for 4 weeks, the patient coming once a week to the surgeon's office for inspection. After 4 weeks the straightened septum will be strong enough not to require support in its new position.

It sometimes happens that the lower segment remains thickened after tube is withdrawn, and projects into nasal cavity. This can be remedied by the electro-trephine, saw or cautery, though if left alone it will eventually disappear. The hollow splints permit of free breathing through nostrils, an improvement on other forms of solid supports which have been used after this operation.

In badly nourished, cachectic patients a perforation may occur, but if done when the patient is otherwise physically well, the result is satisfactory.

Instead of forcibly breaking bony deviations of either vomer or ethmoid, as recommended by various authors, Dr. Ash prefers to treat these parts with the chisel or electro-trephine, after the permanent removal of the tubes. He thinks such fracturing are liable to cause dangerous hæmorrhage, sepsis or meningeal complications.