cut through with scissors and forcibly rectified, various forms of solid or hollow splints of metal, rubber, or vulcanite being worn for from one to three weeks after, whilst deflections affecting the bony portion of the septum were sawn off or forcibly straightened by smashing with strong, broad-bladed forceps.

Although the various operations (all more or less barbarous and unscientific) gave fairly good results, they were never completely satisfactory, and in cases in which the symptoms pointed to pressure, operations on the middle turbinated bodies were generally to be preferred. A few years ago, however, Killian, of Freiburg, devised a procedure, which, modified by various other rhinologists, notably Otto Freer, of Chicago, is now known as the sub-mucous resection, or "window" operation. This operation, which I have now performed upon some 105 cases, is both scientific and conservative, and, in a large number of instances, obviates the necessity of interfering with the middle turbinated bodies, which have a very important physiological function.

The submucous resection operation is, briefly, as follows. With the patient sitting up in a chair, his nose prepared by repeated painting with equal parts of adrenalin and a 10 per cent. solution of cocaine, an L-shaped incision is made in the muco-perichondrium on the side of the deflection, and a large flap is stripped up from the septum, laying bare the cartilage and bone. A second vertical incision is then made through the cartilage at its front end, and, through this cut, the muco-perichondrium is separated on the opposite side of the septum without injury to the former. This done, a long-bladed speculum is introduced into the nostril, on the side of the deviation, between the two mucous surfaces, so as to isolate the rigid bony cartilaginous partition. With a special swivel-knife (devised by Ballenger), a large piece of the cartilage is cut out and the remaining cartilage and bone is removed by means of suitable forceps. Any bony thickening on the nasal floor is then removed with a bent gouge-chisel, the mucous flap made in the first incision is stitched in place, and the two nasal chambers are packed with gauze soaked in sterilised vaseline for 24 hours. On their removal the patient is often able to at once breathe through the hitherto obstructed side, and, when healing is fully completed, he possesses a membranous septum, formed of the two mucous layers, which is permanently straight.

The method of anæsthesia varies with different operators, some preferring to perform the operation entirely under cocaine anæsthesia. Judging from the description given me by those who have been submitted to this method, cocaine anæsthesia does not appeal to me as ideal. I always prefer to operate under general anæsthesia, induced by gas and ether, and continued by chloroform administered through the mouth by a Junker's apparatus. Provided the patient's nose has been properly prepared with the cocaine and adrenalin solution referred to above, he can be kept under light chloroform anæsthesia with perfect safety. Mr. Chaldecott, the anæsthetist to the Royal Ear Hospital, has now given over one hundred anæsthetics, after this method, for nasal operations in the sitting position, and I have never found it to be otherwise than satisfactory.

The after-treatment of the sub-mucous resection operation consists, after the removal of the plugs, in the instillation every four hours of peroxide of hydrogen, which helps to clear the nostrils, and acts as a mild antiseptic, and the daily use of a nasal alkaline douche after the second or third day. I usually prefer to keep the patient confined to the house for a week from the day of operation in order to avoid all risks, but the beneficial result of the method is soon felt. The chief points to be insisted upon are the applicability of the operation to all types of deflection, the uniformly good and lasting result, the speed with which the patient recovers, and the fact that it, in many cases, obviates the necessity of interfering with important physiological structures. Of course, when the middle or inferior turbinated bodies are also diseased they must also be dealt with.

The Territorial Nursing Service.

An interesting ceremony took place at the Sussex County Hospital, Brighton, last Saturday, when the Duke of Norfolk, who was accompanied by the Duchess, presented badges to the nurses who have volunteered for service with the Home Counties division of the Territorial Force Nursing Service. Amongst those present were: Colonel Turton (Administrative Medical Officer, Home Counties' Division), Mr. Scrase Dickins (Chairman of Governors, Sussex County Hospital), Major Donald Hall (Second Eastern General Hospital), Miss Szczpanska (Matron, Second Eastern General Hospital), Miss Scott (Matron, Sussex County Hospital), Captain Butler (Chairman of the Nursing Committee), Miss Frazer (Matron, Children's Hospital), and Miss Buckle (Superintendent, Queen's Nurses). Miss Peter, Organising Matron for the Home Counties, was unfortunately unable to be present, and other apologies were also received.

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