the junction of the skin and mucous membrane parallel with the edge of the membranous septum, carrying it well forward to the tip of the nose. Retract the skin downward, elevate the mucous membrane and the thickened parts as the subcutaneous and submucous tissues are carefully cut away, preferably using a sharp knife. The skin and mucous membrane are then united with fine silk or horse-hair sutures. Should the opposite side be similarly affected it will be necessary to treat it likewise.

We shall then be confronted with the excessive width of the skin that is left. It is recommended by the author of this method to introduce a mattress suture as follows: The needle, threaded with heavy silk, is passed through the skin-segment close to the lip, then brought forward over a piece of gauze to the tip, passed through here. Another piece of gauze is placed on the opposite side and the suture firmly tied. The edges of the now smaller septum membranaceum are thus firmly pressed together. The gauze pads prevent the suture from cutting through the tissues. The stitches are removed in three to four days. The results with this method are excellent.

If this brief exposition of a frequently overlooked but not uncommon condition should stimulate further development and study of the subject the purpose of this paper shall have been served.

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Early Symptomatology of Cancer of the Esophagus. HENRY H. JANEWAY, *Am. Jour. of Med. Sci.*, April, 1914, page 583.

The author dwells on the importance of the early recognition of cancer of the esophagus. He gives a table of twenty-one cases in which the symptoms in the early stages were of the most varied character and so vague as to be misleading. In the esophagoscope we have an easy and most reliable diagnostic measure which should be employed more frequently than is customary in the elucidation of symptoms referable to the esophagus.

PACKARD.