brane to be pierced, a tightly wound cotton applicator is pressed against the mucous membrane at the point opposite the site of the needle until the latter pierces the membrane. In supporting the membrane in this fashion no traction is exerted upon the membrane, and the frailest of tissues can be sutured. When the needle has thus perforated the membrane, the point is seized with a hemostat or other suitable forceps, and pulled on through the flap and out of the receptacle in the end of the needle-holder. Then, without rethreading, the needle is again inserted into the holder, as illustrated in Fig. A, and the needle-holder is again placed into the nose (this time between the cut flap and the side wall); and the anterior flap is pierced in the same manner as the posterior. If several sutures are needed, the process is repeated as many times as necessary.

The method of starting the needle through the posterior flap is sometimes more easily accomplished when approached from the naris side of the flap. For instance, instead of placing the instrument between the flaps, preparatory to making the puncture through the posterior flap, the needle is inserted into the nostril and the point engaged with the nostril surface of the flap in the order reverse to that outlined above. When this method is used, the cotton-wound applicator is used to evert the incised flap as well as to exert counter-pressure against the needle point; also the needle is inserted into the receptacle, as illustrated in Fig. A.

Mercantile Bank Block.

AN INSTRUMENT FOR MAKING DRAINAGE INCISION ON THE FLOOR OF THE NOSE, OBVIATING THE USE OF PACKING FOLLOWING RESECTION OF THE SEPTUM.

DR. LAWRENCE GATEWOOD, New York City.

The instrument shown here is a rotating knife which the writer uses to incise the floor of the nose, thus permitting dependent and proper drainage of the septal membranes, making it unnecessary to pack the nasal cavity after resection of the septum. The elevation of the mucous membrane and periosteum during the preceding steps of the operation is extended well on to the floor of the side of the initial incision. To use this instrument the rotating blade is placed

on the floor of the nose a little to the septal side and about one-quarter of an inch posterior to the vertical incision through which the septum has been removed. From this point the instrument is pushed to the limit of the septal removal, sufficient pressure being exerted to carry the rotating blade through the membrane and underlying periosteum down to the bony surface. A small piece of cotton is now placed in the anterior nares of the corresponding side. The patient is cautioned not to push the cotton too far in the nasal cavity, as it may disturb the flap. Many unsuccessful attempts to make this incision properly with the scissors and scalpel created in the writer's mind the necessity for a different instrument. In applying scissors for this purpose the incision would necessarily

Fig. 1.

have to begin at the vertical incision, leaving no membrane to hold down the antero-inferior angle of the flap. It was also difficult with the scissors to get the incision on the floor of the nose. The scalpel was unsuccessful because in so many cases the irregularity of the nasal floor would not permit its use, besides the great difficulty of incising a detached membrane with a straight cutting edge. Having performed more than one hundred consecutive cases by the above described method, the writer is convinced of its great advantage over the usual method when packing one or both nasal cavities is practiced. No complications have occurred, such as hemorrhage, hematoma, congestion of the sinuses and acute otitis media. The postoperative bleeding is decidedly reduced, there being no intranasal pressure to create venous oozing, and the patient's comfort is greatly added to.

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