A SIMPLE SUBMUCOUS LEDGE OPERATION.

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The operation of choice for ledges and spurs at the Presbyterian Hospital is one which I have never seen described in any book on diseases of the throat and nose. That an operation which saves mucous membrane is far superior to the saw or the spoke-shave, both of which tear and mutilate the covering of cartilage and bone admits of no argument in modern rhinology. After trying various operation for ledges and spurs, I devised one which I believe will be found ideal for thickenings on the anterior septum. According to the size of the ledge, Hajek's large, medium, or small chisel is selected. This is placed on the membrane in such a position that the cartilage, bone and membrane will be cut through below while the membrane above is left intact in the form of a hinge as it were. After the chisel is driven through the mass, it is withdrawn without making any attempt to force the ledge away from the septum. If the ledge is pushed away from the septum, the next step of the operation is rendered more difficult. We now have a flap consisting of bone, cartilage and mucous membrane, free below, and attached to the septum above. At this stage Freer's sharp elevator is used to lift the membrane from the cartilage, which is usually accomplished in a few seconds. With the flap pushed up and out of the way we are ready to remove the cartilage which is seized with strong forceps and twisted out. If a hump appears above after replacing the membrane a curette or rasp soon removes it, without endangering the membrane. The membrane is replaced, the nostril packed and in forty-eight hours the wound has healed. The operation is more quickly done than by using a knife to cut through the membrane first. The chisel makes a perfect incision of the membrane as far back as the ledge extends. By making use of this simple procedure, one is able in selected cases to dispense with the submucous resection of the septum. It is easy with the curette and rasp to remove all the septum below without injuring the membrane on the opposite side. Then by cutting through the septum above, it can be swung over and held in place by a splint until healing takes place.

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