over the spur and above it to a point beyond where the saw would come through, the cut is now finished with the saw and the osteo-cartilaginous piece is removed, leaving the muco-perichondrial flap hanging by its superior border. The wound is now freed from any clots and the flap is adjusted to the denuded surface and covered with a piece of sheet dental-wax, and the nostril packed to hold the wax in position. The same treatment is given to the other nostril. The packing is removed the next day, and the wax the second day. When the concave side does not dip beyond the median line, the simple technic of removing the spur is all that is necessary.

The great fault with the beginner in this work is that he does not remove the spur close enough to the median line, or cuts through the septum; however, in the latter case, the flap will cover the opening. But it is better surgery to elevate the concavity.

The points I have found in favor of this operation are: 1, that all steps are visible; 2, its simplicity; 3, the perfect healing without after treatments.

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The Use of Bismuth-Gauze in Rhinology and Otology. E. PISTRE
OF GRENOBLE. *Rev. Hebd. de Laryngol. d'Otol. et de Rhinol.*,
April 2, 1910.

Sterilized gauze is insufficient in most cases on account of the odor which develops in 24 hours. Iodoform gauze most generally used is disagreeable on account of its odor and its toxic possibilities. The majority of de-odorized gauze have proved unsuccessful. The subnitrate of bismuth has long been recognized as an excellent external antiseptic, and its microbicidal effects have been abundantly proven. It has no odor nor does it develop irritation of the mucous-membrane. The author has used it successfully in epistaxis and endo-nasal operations, operations on the sinus and the ethmoidal cells with all the benefits of the iodoform gauze, without its disagreeable effects. Also in dressing the cannula in tracheotomies. In his otological work he uses it entirely for otorrheas and he has found it of special benefit in the various modifications of the mastoid operations.

SCHEPPEGRELL.