

and then only in exceptional cases, where scar tissue is adherent, due to some previous sawing-procedure. In the majority of cases, both sides of the septum can be elevated by the one introduction of the forceps, elevating the first side being unnecessary.

As the blades are working posteriorly the cartilaginous section is straightened by means of pressure on the handle, which obviates working around a corner when using the elevator. When complete separation is thus established the blades are brought forward and raised to the desired point at which the cartilage is to be removed, and by a to and fro lateral motion the entire cartilage is taken out. The same procedure is carried out on the plate and vomer if necessary.

The advantages claimed for the author's method is simplicity, in that very few instruments are used, obviating the constant change from one elevator to another, shortening the time of this operation often to eight minutes, never taking more than fifteen minutes; this being quite an important factor to the patient. There is less injury to the tissues from instrumentation, as the less handling the tissues get the quicker the union, and the less risk of infection.

There is always risk of perforation in elevating the opposite side when using elevators, more so when the concavity or convexity is large from a fractured or displaced cartilage. The forceps obviate this by straightening the cartilage and hastening the procedure.

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**Mucocele of the Sphenoid Sinus.** C. E. BENJAMINS. *Arch. f. Laryngol. u. Rhinol.*, p. 353, Bd. 24, Heft 3, 1911.

The author describes a case of mucocele of the right sphenoid sinus. The sinusoidal ectasia was filled with a brown, cholesterin, odorless and tasteless fluid. The walls were smooth. A cure was effected by opening the anterior wall and thus emptying the contents, after which all the aural and facial symptoms disappeared.

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