Second Stage.—Exposure of the external wall of the sinus and breaking open and resection of that wall with the raspatory, chisel, and gouge-forceps; or even with the electric mortiser.

Third Stage.—Resection, with chisel and gouge-forceps, of the internal wall of the sinus, and extirpation of the tumour.

Fourth Stage.—Thermic electro-coagulation of all the surface of implantation of the tumour.

Fifth Stage.—Tamponing of the wound with a long wick of gauze.

Sixth Stage.—Suture of the skin.

This operation enables us to reach the ethmoidal and sphenoidal cells and the base of the skull, even as far as the vicinity of the basilar apophysis. The plug can be removed through the nostrils.

Enchondroma.—Enchondroma of the nasal fossæ requires ablation followed by electro-coagulation through the same cutaneous incision. The transmaxillary route is that which gives most light, and at the same time produces least destruction of tissue. We can, however, when the tumour is very localized, try to carry out curettage and thermic electro-coagulation through the natural passages.

OPERATIONS ON THE SINUSES OF THE FACE.

Frontal Sinus.

Traumatic Lesions.

Penetrating Wounds—Foreign Bodies.—There is usually a fistula which leads to the foreign body. In case of a metallic projectile, the exact position will be indicated by radiography. Operation is by the external route. The incision is made parallel to the internal half of the eyebrow.

Atheroma of the Frontal Sinus.—The sinus may be found filled with an atheromatous mass similar to that met with in sebaceous cysts. Evacuation of the sinus requires a long incision parallel to the internal half of the eyebrow. It is necessary to secure free communication with the superior meatus of the nasal fossa. This communication is easily established with the trepan *à cliquet*, furnished with a cylindro-spherical burr of 8 millimetres diameter.

Inflammatory Lesions.

Empyema of the Frontal Sinus.—Empyema of the frontal sinus is recognized by testing the local transparency with a small electric lamp, covered with an opaque mantle of cylindrical form, which is applied beneath the superciliary arch. This examination is carried out in a dark room. The affection is often indicated externally by an inflammatory swelling, with redness and œdema of the eyelid. The subacute cases produce only a persistent local pain, with purulent flow into the superior meatus of the nasal fossa, but without external signs.