semilunaris into the cup-shaped infundibulum, and, therefore, into the maxillary antrum, and this is how frontal sinus and maxillary antrum trouble should not surprise us by co-existing.

My endeavor then is to have the nose fulfil, as far as possible, these conditions. We might now consider the objections raised to nose operating:

(*a*) Destruction of mucous membrane. The mucous membrane is the functioning structure in the nose; by it the air is cleansed, heated and saturated. It is said we cut this off and rip it up with the cautery until it becomes atrophic, and the nose is unable to perform its physiological functions. But we are not to destroy mucous membrane unless it is redundant or hypertrophied, when it is not only unnecessary to the functions of the nose, but really hinders the rest of the nose from functioning.

Snare, scissors and saw are the best instruments for removing it. If the cautery point or knife is used it should be put right into the bone and no ripping done. Only a very small scar is thus necessary, and the effect is to be gained chiefly by forming cicatricial bands between surface and periosteum and not by destroying large areas. Superficial cauterization I believe to be useless and harmful.

(*b*) Crusty conditions are said to result. These undoubtedly happen sometimes, but are nearly always from leaving the wound rough. Smoothness is secured by massage of the healing septal areas.

(*c*) Septal perforations. These occur in the septal cartilage and always mean bad surgery. They do little harm, but bother the patient by bleeding and collecting crusts. If the perforation is not large, and a thickening exists near the opening, I sometimes perform the following minor operation with success: Cut the necessary cartilagineous flap from the thickened septum, which of course has two layers, and allow it to hang by a piece of mucous membrane at the anterior end. Twist it forwards, and apply it to the perforation, after scarifying the edges of the opening.

(*d*) Severe hemorrhage. All experienced rhinologists can give histories of severe bleedings, primary and secondary. I use adrenalin to keep the field clean during simple operations or the first part of an Asche. I believe it increases the tendency to secondary hemorrhage. Plugging is not helpful except in rare cases, unless the wound is pressed upon. Plugging the posterior nares retards the flow of blood from nasal veins and increases congestion, and I have seen two bad cases stop on having the plugs removed. The Simpson-Bernay's tampon is very useful, and presses on the bleeding area. The patient should sit up and hold head slightly forward, this prevents