

ciliary arch, and perforate the sinus in that position with the cylindro-spherical burr of 12 millimetres, mounted on the *trepan à cliquet*.

In one case in which suppuration had occurred in a woman of nearly sixty, I found a communication between the two sinuses beneath the nasal spine of the frontal bone. In another case in which suppuration of the frontal sinus had been of traumatic origin, I was obliged to extirpate the superior wall of the cavity in order to evacuate a purulent focus situated beneath the dura mater.

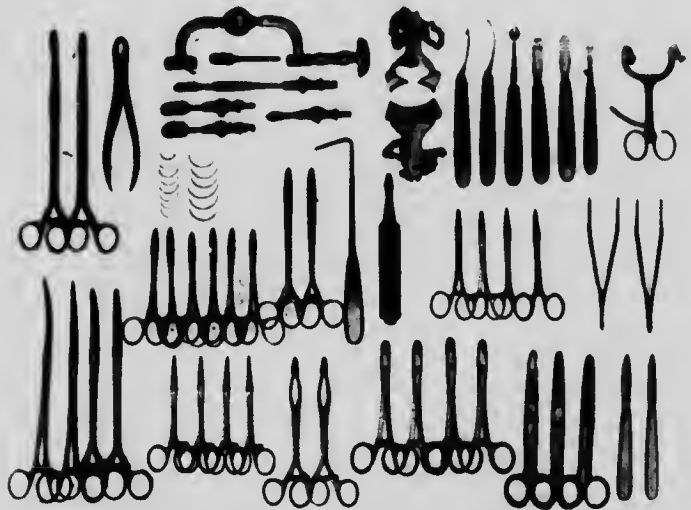


FIG. 1029.—INSTRUMENTS FOR OPERATIONS ON THE SINUSES OF THE FACE.

Below, and from right to left: Two bistouries, two strong straight scissors, one strong curved scissors, four artery forceps with short jaws, two forceps with oval jaws, four ringed and clawed forceps, four forceps with jaws curved on the borders. Above: Two clawed forceps, four *Champonnière's* forceps, one turn-screw, one retractor, two needle-holder forceps with eccentric plate, six needle-holder forceps with excavated jaws, and two types of curved needles. In the uppermost row: One gag, three raspatories, one curette, two needles mounted on handles, one bicommissural retractor, one *trepan à cliquet*, and numerous forms of perforators and cylindro-spherical burrs of 12 to 16 millimetres, one cylindro-spherical burr of 8 millimetres mounted on a supplementary rod for trepanning the frontal sinus and ethmoidal and sphenoidal cells, one gouge-forceps, two ringed forceps with eccentric jaws. (Reduced scale to one-sixth.)

Fistula of the Frontal Sinus.—When a foreign body is present, it must be extracted. When dealing with a simple purulent fistula, we establish a wide communication with the nasal fossa. This operation requires the use of a