

mercy. They keep away from the clergyman, and he practically knows them not; they conceal themselves from the world, and the world regards them only as strangers, and smiles and gossips when it discovers one of them. If all cases were treated publicly, the conditions would be better than they are now, for not only would the victims be saved physically, but I imagine that so many families would have the record of a black sheep at some time or another that they would forgive others that they might themselves be forgiven."—*N. Y. Medical Journal*.

LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF J. PRICE-BROWN.

The Diagnosis and Treatment of Chronic Empyema of the Frontal Sinus.

W. Milligan (*Jour. Lar., Rhin. and Otol.*, November, 1899) gives a valuable contribution upon frontal sinus disease. In addition to the ordinary symptoms, he lays great stress upon the presence of pain or tenderness, when pressure is made directly under the supra-orbital arch over the floor of the sinus, as a diagnostic sign. To elicit this symptom, the finger must be introduced well within the supra-orbital arch, and not merely under the arch, bringing the pressure to bear upon the floor of the sinus at its thinnest part. In some cases tenderness may be found in this situation, when none can be induced by pressure or tapping over the anterior wall. To make the diagnosis certain, a comparison of the two sides must be carefully made.

In reference to treatment, when there is no actual pain, but persistent fetid discharge from the region of the infundibulum, he advises securing free intranasal drainage, by anterior middle turbinectomy, cauterization of polypoid and granular tissue, and the free use of appropriate sprays, including sprays of cocaine or ichthyol. He thinks that attempts at washing out the sinus intranasally by the use of Lichtwitz's cannula should be discouraged.

When cases of frontal sinus disease are accompanied with recurrent attacks of pain, indications of cerebral irritation, failure of general health from septic absorption, obstinate neuralgic pains about the head and back of the eye, or failing vision, a radical operation becomes necessary. Whichever way the sinus is opened, great care should be taken: 1. To scrape away all edematous, polypoid, or hypertrophied mucous membrane. 2. To establish a free communication with the interior of the nose.