

dependent on so many combinations of causes that it calls into play, not only the qualifications of a throat and nose specialist, but it makes the training of a general practitioner a necessity before specialism is adopted.

Lleonard says that by far the larger number of cases of nasal suppuration are confined to the antrum of Highmore. General purulent rhinitis is not a sufficiently exact diagnosis. With few exceptions inflammation of the antra is caused by bacteria, and influenza, scarlatina, measles and erysipelas were the diseases which most commonly gave rise to suppuration of the accessory sinuses. Transillumination is looked upon, by Grunwald, as of comparatively little importance, but is in the hands of most authorities an undoubted aid in diagnosis.

DeHavilland Hall advances the theory that ordinary nasal polypus is essentially a simple localized patch of œdematous mucous membrane, and that this œdema is a result of disease in the underlying bone. This theory is supported by both clinical and microscopic examinations. Cordes has confirmed this theory by some investigations but has not always found bone changes in mild cases of polypi. If this theory of the pathology of nasal polypi be accepted, the whole question of treatment must be reconsidered, for it follows that our efforts must be directed towards the eradication of the bone disease and not simply towards the removal of the polypi, one of its effects.

Ingals gives his experience of the new preparation of supra-renal capsules, adrenaline. He reports thirty-three cases where the preparation was used in the strength of 1-1000, 1-5000, and 1-10,000. The solution was a chloride dissolved in the normal salt solution. The results were most satisfactory, being both hemostatic, anesthetic and antiseptic.