

of the eye or upwards and outwards at the base of the nose. Dr. Carl Theodor of Bayern, Germany, reported a case in which the bulging appeared at the inner angle of the eye and was of a hard ivory-like consistence, and it was not until after operation that empyema of the cavity was recognised. Meningitis is not an infrequent sequela of closed empyema of this cavity.

Very little is known regarding the symptoms of distention of the walls of the sphenoidal cavity, but pressure on the optic nerves, which lie on either side of the cavity, may be followed by atrophy and consequent limitation of the field of vision. It is also possible for perforation to take place through the vault of the pharynx in such cases.

One could enumerate many other evil effects caused by empyema of the nasal cavities but those mentioned will suffice to impress upon the practitioner the importance of an early diagnosis.

#### REFERENCES.

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