found the maxillary sinus filled with a fœtid sebaceous paste, similar to the contents of a suppurating wen: the opacity in each case was complete. In another case the sinus contained a number of mucous polypi.

OPERATION—1. *Simple Empyema: Nasal Route.*—The outer wall of the nostril is perforated at its most dependent part with a conical burr of 12 millimetres. If the orifice of the nostril will admit it, the cylindro-spherical burr of 18 millimetres is now introduced. The toilet of the sinus is then made, and the cavity is plugged.

2. *Polypus of the Sinus: Buccal Route.*—The buccal route is preferable for direct endoscopy of the cavity of the sinus and for extirpation of polypi therein contained. The labial commissures are drawn back with the special retractor represented in Fig. 1030, and the tongue is held with a tongue forceps.

First Stage: Exposure of the External Wall of the Sinus.—The upper lip is raised with a ringed forceps or a small retractor, and the gingivo-labial fold is incised for a length of 15 millimetres, starting from the canine fossa.

FIG. 1034. TREPANNING THE LEFT MAXILLARY SINUS.

Toilette of the sinus with a wick of gauze.

Second Stage: Perforation of the Sinus.—The external wall of the sinus is laid bare with the raspatory, and penetrated with the trepan *à cliquet* and flat perforator. The orifice is enlarged with the cylindro-spherical burr of 16 millimetres, which should be made to traverse the sinus and penetrate its nasal wall at its most anterior and most dependent point.

Third Stage: Toilet of Wound and Tamponing.—The cavity is emptied and sponged. A large wick is introduced, which traverses the sinus from side to side, from the corresponding nostril to the canine fossa, and is left in position for two or three days. We then tampon the two orifices separately.