

filling central part of nasal cavity, and pressing upon the septum as well as the outside wall. The enlarged body was bathed in creamy pus of that peculiar odor indicative of antral disease. On transillumination the umbra could be seen beneath the left lower eyelid. Although antral suppuration was evidently present, it took some time to sufficiently remove the turbinated to be able to irrigate successfully through the ostium. By June, however, the mucous membrane was healed, and on the 28th I washed out the antrum through the ostium semi-lunaris with a warm solution of resorcin. I used a Eustachian catheter, with the point bent to a right angle and attached to an ordinary rubber syringe. There was at once a very free discharge of offensive pus of a creamy color. The amount of fluid used at the time was nearly a quart. and before the whole of it had passed in and out of the ostium it was entirely clear of pus. 29th.—Irrigation repeated; fluid passed in and out freely, but contained less pus. 30th.—This time irrigation required more force; there was very little fluid pus discharged, but a number of small bodies resembling polypi were washed out. July 1st.

—Removed with forceps a small slough from anterior border of ostium; washed antrum as before, bringing away some polypoid tissue with very little pus. After this I irrigated the antrum daily through the ostium with resorcin solution, with similar result. On the 8th, a very large mass, which I here present preserved in alcohol, was washed out, with absolutely no fluid pus. The accompanying microscopic slide is a section from the same. You will find on examination that it is not polypus at all, but consists of little else than a mass of pus cells, or what Garel calls a "mass of gelatinous muco-pus." Why under such circumstances it should assume such a peculiar form I will leave to the pathologist to define. In the case of this patient this was the last purulent discharge from the antrum. Although the cavity was washed out at intervals until the 25th of the month, nothing more came away; the antrum had been healed and treatment was discontinued. Three months later the patient returned, as there was again a slight discharge, though of a mucous instead of a purulent nature. It arose from a small angiomatous mass at the ostium, and on its removal, followed by two or three washes, the discharge ceased. With regard to the practicability of washing the antrum by the natural opening in this case, I may say that I inserted the point of the instrument in the reverse way to the one recommended by Garel. Instead of passing the catheter up to the ostium with the point downwards, as advised by him, I found that the best and easiest way was to slip it in with the point upwards until it reached the ostium, and then by turning it gently outwards to the angle of ninety degrees it became