

is followed by a blocking of the nostrils. On the other hand, when he turns on the right side, the nose remains quite clear and the discharge does not give any trouble.

There have been almost constantly pains of a neuralgic character outside the left temple, in the spot referred to before, sometimes very acute, and accompanied by tenderness, the latter extending well over the orbit. At no time during the trouble has there been pain or tenderness in the left cheek, nor any symptoms referable to the superior maxilla.

During the past three years Mr. C. has consulted several dentists and doctors, one of our foremost rhinologists, and a medical firm in Buffalo, only to be told he had catarrh, the treatment for which proved to be of no avail. Meanwhile the general health had been greatly affected by the discharge, the fetor, and the constant swallowing of the pus, together with the broken rest. On examination, no tenderness could be detected at any point in the upper maxilla, but there was some above the outer part of the left orbit, the test being made by a heavy metal handle struck forcibly against the bone in all directions. Rhinoscopically, the upper part of the nose was found blocked by discharges, which closely resembled casein floating in milk, and which reappeared as fast as removed with the cotton holder.

The formation of the nostril did not allow of a satisfactory view of the middle turbinated bone, but examination with the probe and cotton seemed to point to the middle meatus as the source of the discharge, which evidently proceeded from one of the accessory nasal cavities, probably either from the frontal sinus or the maxillary sinus.

Feeling that the symptoms pointed as clearly toward antrum disease as to that of the frontal sinus, I resolved to open the antrum as a first step.

This was done at my request by Dr. Cæsar, dentist, under gas, a drill being driven through the alveolus in the molar region, and this gave exit to a large quantity of stinking pus. Examination with the probe through the perforation revealed the presence of dead bone in various directions. The cavity was washed with weak bichloride solution by aid of a fountain syringe, and hydrogen peroxide thereafter injected; a silver canula was introduced and held

in place by the plate, and the patient instructed to wash the cavity out regularly with a boracic solution, which was afterwards changed for equal parts of hydrogen peroxide and Seiler's solution.

When last seen, May 4th, two months after the operation, the discharge had practically ceased and no dead bone was discovered by the probe. The general health had improved wonderfully and all the head symptoms had completely disappeared, while the patient could sleep soundly on either side, indifferently.

The case is unusual, because (a) none of the usual signs of antrum disease, except a one-sided nasal discharge, were present.

(b) The pain and tenderness were confined to the frontal bone, outside and above the orbit.

(c) The patient was compelled to lie on the sound side, while the reverse is the rule in antrum disease.

(d) Discharge from the maxillary sinus is usually bright yellowish.

The locality of the pain complained of may be explained by the connection between the temporal branch of the orbital nerve which supplies the region above the temporal fossa and the posterior dental nerve lying in the outside wall of the sinus, both being derived from the second division of the fifth cranial.

As to the other points I have arrived at no conclusion.

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#### CAUTERIZATION OF THE NARES, AND ACCIDENTS THAT MAY FOLLOW.

BY E. FLETCHER INGALS, A.M., M.D., CHICAGO.

Although from time to time articles have been written to show that serious accidents often follow cauterization of the nares, I think that, when properly done, this operation is quite as free from discomfort or danger as any other minor surgical procedure.

I have occasionally heard of serious results following these operations, but have never had one in my own practice, and I believe that as a rule they are due to carelessness or inexperience upon the operator's part which induce him to make extensive wounds or to repeat the burnings too frequently. By this I do not mean that all accidents after cauterization have resulted from care-