

matous material, free vent was given to the pus in the frontal sinus. The patient was made quite comfortable for some months, but within a year died of secondary involvement in the liver.

There is also a class of cases which cause me a great deal of worry as to the ultimate outcome and in which a deflected septum appears to be the cause. The after-treatment is here made easier by use of Killian's specula, but even then I experience great difficulty in reaching all the diseased tissues. I feel sure one is not justified in correcting any septal deviation in the presence of suppurative accessory sinus disease.

Case 5. A case showing the intimate relationship existing between the eye and frontal sinus. A man, aged 41, complained of having caught a very severe head cold which caused him very great distress in his eye. Apparently he was suffering from a severe attack of conjunctivitis with iritis. The eyeball was tender, tension quite full, but not plus 1, conjunctiva intensely injected and iris somewhat muddy and reacting feebly. There was but very slight tenderness in the floor of the frontal sinus. Intranasally was seen a deflected septum which, when straightened by Killian's long speculum, showed an enlarged middle turbinal pressed well against the bony septum. I was fortunately able to probe the fronto-nasal duct quite easily, and while doing so was surprised to notice a little stream of muco-pus running along the probe. The patient was immediately much more comfortable, and by using menthol inhalations was rapidly well. The ocular condition rapidly subsided without treatment.

I wish here to mention a device which has served me well in clearing a sinus of its diseased membrane with the least injury to any healthy tissue. I refer to the use of felt or cloth burrs. Mayer and Meltzer have made for me felt burrs of various sizes, which, when attached to a dental engine, will facilitate very greatly the cleaning of the cavity, as well as assist very materially in checking the hæmorrhage. Stout linen wound around a large dental burr does very well indeed, and I have found it of very great service in cleaning the walls of the maxillary sinus and checking what is sometimes a very troublesome oozing.

In conclusion, I feel like apologizing to you for taking up your time in presenting these few notes on cases which to me seem difficult and unusual, still to many or most of you may seem simple and commonplace. I cannot help thinking, however, that the status of the surgery of the accessory sinuses of the nose would be on a surer and more rational foundation if each of us would write rather of his failures and difficulties than of his success.

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