

As regards the eye, it was my desire on my first seeing him to make an incision into the orbital tissues to evacuate the pus that was probably present, but he would not consent, nor would he submit to any external operation on the frontal sinus. When I saw him the second time, and taking into consideration the marked improvement and entire absence of pain, together with his wish that nothing more be done at present, I left him, as he was continuing the intra-nasal medication as before. I have brought the patient here in order that you may see his condition and give him, as well as myself, the benefit of your advice. I might say that the patient, living as he does one hundred miles away from my office, I have not seen him for three weeks until to-day.

The particular points of interest in this case are, I take it, as follows :

1. The entire absence of any nasal symptoms whatever, yet the appearance of the man at once suggested mouth breathing.
2. The absence of any pain, except referred to the frontal region, also absence of discharge and of odor.
3. The apparently gradual distension of frontal sinus and acute exacerbation of trouble following the preliminary twisting of the five polypi.
4. The rapidity of the loss of flesh, etc.
5. The predominance of the ocular symptoms, prominence of the eye, diplopia, displacement downward and outward of the eyeball and frontal pain.
6. Apparent immunity of maxillary sinus from infarction.
7. The immense relief following clearing the ostium to allow drainage.
8. The two sources of the orbital infection : (1) From frontal sinus ; (2) through orbital plate of ethmoid bone.