

enlarged the opening slightly and curetted the antrum, putting in a new silver tube in place of the old one. In May last, as I was afraid of the development of tuberculosis, I advised the patient to spend the summer in the North-west. This he did, faithfully following out the treatment during his absence. He returned in September much improved in weight and general health, but without apparent improvement in the antral disease. I removed the old tube, and again thoroughly curetted the antral lining, once more putting in a new tube similar to the previous one. This time I prescribed a solution of resorcin as a wash. The improvement has been very marked. The discharge has greatly decreased, and there is a probability of complete cure, though no positive certainty, as the case has now been in active and regular treatment for over seventeen months.

Case 2. July, 1894. Miss A——, aged about fifty years. Operation by drill in canine fossa of left side. She had been troubled for several years with left antral and ethmoid disease. The former could be traced to dental caries. To relieve her, a dentist at the time had removed all her upper teeth. He told her that she was suffering from disease of the antrum. Nothing positive, however, was done beyond this until she came to me for treatment, in 1893. I then removed part of the middle turbinate, and by liberating the ostium maxillare from pressure—together with the regular use of sprays, she was greatly relieved. The discharge diminished, and at times almost disappeared. It finally got worse again, and she came for further treatment in July, 1894. One reason for operating in the canine fossa in this case was the impossibility of an alveolar operation on account of the absence of the teeth. On the first irrigation a considerable amount of pus escaped through the ostium. The solution used was potass. chlor., about blood temperature. At each sitting the amount of pus discharged was less than at the preceding one. The patient was unable to perform the irrigation personally, and came once a day to the office for treatment. In the course of a month, by daily washings, the pus had entirely ceased issuing from the antrum, and in two more weeks the opening was allowed to close. A tube similar to that made for case No. 1 was used with this patient also. There was still some discharge from the ethmoid cells, of which the patient was relieved by the use of mild sprays. I saw her again in January of the present year, and there had been no return of the antral suppuration.

Case 3. April, 1895. Miss L. G——, aged thirty-three years; teacher; several members of her family had died of pulmonary tuberculosis. Has had catarrh of yellowish pus from left nostril for years. I found enlarged middle turbinate of left side completely