
FISTULE OF THE FRONTAL SINUS. -Raphael Bois (Arch. Gen. de Med.) has collected thirty-six cases of this affection, when he deduces the following conclusions: Fistulæ of the frontal sinus are not rare, and can be divided into traumatic, inflammatory, and post-operative. They form the almost inevitable termination of certain lesions of the sinus, especially trauma, empyema, and cysts. The cause of their persistence depends on two factors, the cavity from which they lead having rigid walls, and at the same time communicating with the nasal fossae. There are a certain number of signs which, taken together, allow us to diagnose that a fistula leads into the frontal sinus, but no one of them is pathognomonic The sign which when taken alone. has been held to be most conclusive, the passage of air by the fistula, must be extremely rare, as it is not re-

corded in one of the accounts mentioned. The diagnosis is not always easy, and the history, together with the results of direct observation, catheterization, and the examination of sequestra, must be taken into account to avoid mistakes, particularly that of confusion with orbital periostitis. Only one treatment, that suggested by the pathology, is efficacious in the cure of these fistulae, and this consists in the complete scraping out of the walls of the sinus in its whole extent as shown by the operation. Frontonasal drainage is also essential to success, and the wound may then be expected to heal by the union of the soft parts by first intention.—British Medical Journal.

Doctor—" Are you feeling very ill? Let me see your tongue, please." Patient — "It's no use, doctor; no tongue can tell how bad I feel."

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