

the symptoms is diminished. The discharge may at first be serous or slightly blood-stained, becoming muco-purulent or purulent ; from the first it may be thick creamy pus. Cessation of the secretion may be followed by a return of the symptoms, which are often again relieved by a sudden return of the discharge. This alternation is always suggestive of the condition. Orbital complications are rarely seen in acute suppuration of the antrum. When the nose is examined, the mucus membrane is likely to be found red and swollen, and the inferior turbinated turgescent. Pus may be found in the middle meatus, especially after the head has been inclined forward. Transillumination with the electric lamp in the mouth will establish opacity of the cheek on the affected side. It may be necessary to diagnose between suppuration of the antrum and an acute periostitis of the upper jaw. In the latter case, swelling over the facial surface and the absence of the intra-nasal signs will assist in deciding.

Acute inflammation of the frontal sinus begins with symptoms resembling those described in connection with the antrum. The general disturbance is accompanied by intense frontal headache and a feeling of weight or oppression over the eye. Percussion over the inner third of the supra-orbital margin elicits tenderness. There may be redness and swelling of the skin and oedema of the upper lid ; but absence of these external signs may lead to a diagnosis of severe neuralgia. A sudden discharge of pus from the nose relieves the symptoms. If the ostium frontale is blocked more serious symptoms supervene. The thin bony floor of the sinus offers little resistance to pressure from within, and with increased secretion, expansion of this wall takes place, forming a fluctuating swelling at the upper and inner angle of the orbit. Exophthalmos, and a displacement of the eyeball downwards and outwards, with visual disturbances result. Some observers report assistance from transillumination of the frontal sinus, finding the affected cavity opaque or darker than that of the opposite side. If, in connection with such an examination, the maxillary sinuses are clearly illuminated, the diagnosis is certain.