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Original Communications.

ABSCESS OF ANTRUM.

Communicated by Dr. C. E. NELSON, of New York.

In bringing the following case before the readers of the RECORD, I wish to draw attention to two points: First, the grave mistake in the original diagnosis, and, second, the ingenious nature of the operation which was subsequently performed.

A gentleman in the prime of life suffered from an extensive swelling of the face with extrusion of the eyeball, caused by an abscess of the antrum. Believing that the trouble was mainly in the eye, he consulted a celebrated New York oculist, who advised immediate removal of the eyeball. Subsequently he consulted Dr. George P. Miles, a New York dental surgeon, who diagnosed abscess of the antrum from a diseased molar tooth. He believed the eye to be uninjured, and gave it as his opinion that, when the pus was evacuated and the swelling reduced, the eye would return to its normal situation.

Instead of extracting the decayed tooth and puncturing the antrum with a trochar, as is usually recommended in such cases, Dr. Miles drilled through the tooth and socket into the antrum, and through this small opening perfectly evacuated the abscess cavity, the swelling rapidly subsided and

the eyeball returned to its normal position. The decayed tooth was subsequently treated, and the patient eventually made an excellent recovery without loosing either eye or tooth. The importance of accurate diagnosis in such a case is self-evident.

Progress of Medical Science.

DIPHTHERIA.

By J. SOLIS COHEN, M.D., Physician to and Lecturer on Clinical Medicine in Jefferson Medical College Hospital, etc.

How are we to manage our cases of diphtheria? This is the all-important question. We cannot cure it. It has certain stages of evolution through which it must pass which no specific can arrest; and our duty is to guide the patient through them as safely as may be, and sustain him if we can. Some cases recover spontaneously, there is no doubt, but we can rarely trust to the unaided efforts of the system. The two main indications in my estimation are to keep up a supply of nourishment and stimulants, and to provide for the detachment and discharge of the morbid accumulations when they threaten to occlude the air-passages. Depleting measures, formerly recommended in croup, are no longer resorted to in diphtheria; another clinical point, to my mind, strongly indicative of systemic difference between the two affections. We must bear in mind, as I have indicated, that there is an adynamic blood disease to be resisted, and a local product to be watched. Let us discuss these two