

chiselled out above the superciliary ridge, the long direction being upwards. The object was, while leaving a minimum of deformity to permit a straight drill to be passed downwards and backwards to destroy the anterior ethmoid cells. The incision and the removal of the bony wall being entirely above the site of the former surgeon's operation.

A quantity of pus and blood welled out on opening the sinus, the cavity was curetted and freely irrigated. Then the infundibular point being found, successive hand drills were used, until this larger one could be inserted and a free entrance made into the nose, external to the septum and in the region of the anterior end of the middle turbinal. A curved forceps was then passed downwards through the passage, and after repeated irrigations the gold tube was inserted from above.

The wound was at once closed. It healed in a very few days by first intention, but to my chagrin I found it impossible to irrigate the sinus through the tube as intended. The girl had passed through so many operations that she became hysterical the moment an attempt was made to pass any instrument, even the end of a syringe, into the nasal passage. Another point, while the discharge from the old fistula, which I had not disturbed at all, materially lessened, it did not cease; and still continued to be inflamed and tender.

Hence, twenty-three days after the insertion of the gold tube, I operated again. This time I made a similar incision to the former one, parallel to it, but below the eye-brow, and directly through the central point of discharge. From the opening two or three bits of dead bone were taken. The outer tissues were then raised over the entire extent of the original operation, the gold tube was removed from above and a large rubber tube inserted in its place; the upper end being curved on itself, to lie on the floor of the sinus, and the lower end extending beyond the nostril. The outer incision was then closed as before.

This time the result was all that could be desired. Although the tissues through which the incision had been made were inflamed, darkly suffused and spongy, the healing was again by first intention.

The sinus was for a time irrigated regularly twice a day with warm, sterilized water. The discharge gradually diminished, and in a few weeks it practically ceased, when the tube was removed.

From then until now there has been no return of the disease and the patient is quite well. This I think is due to the fact that the wearing of the gold tube for twenty-three days secured permanent and effectual drainage from the affected cavity.