took place. At first I suspected that the dressings might be at fault, so I asked the patient to again come to me. The source of infection was then found to be an acute exacerbation of the disease in the other sinus, there being a small perforation in the septum between the two cavities. The other sinus was then operated upon, and without any unusual features both healed promptly. In the first sinus at the junction of the two lines forming the L there was a very marked disfigurement. I was unable to make any improvement by using a paraffin syringe, as the skin constantly gave way. I therefore adopted Paget's method of dissecting up a large flap consisting of the entire scar and tissues over the bone, and then plastering the depression with solid paraffin and suturing the flap in place. The cosmetic effect was excellent.

Case 3. A case of pan-sinusitis in a woman 64 years of age, all the sinuses undergoing radical operation, and complicated with a severe attack of facial erysipelas which infected the antrum, pharynx and larynx, but not the unpacked frontal antrum.

This heading contains practically all I have to say regarding this case. The cellulitis began twelve hours following the external operation on the frontal sinus. The attack was exceedingly severe, and the constitutional disturbance was very marked. Antistreptococcic serum was freely used, but did not appear to have any beneficial effect. The temperature was invariably higher for a few hours after the injection. The sinus packing was kept wet with a 25 per cent. solution of argyrol, and was not removed for two weeks, as I feared to expose the venous channels in the temporal bone to such virulent infection. Ultimately the case did fairly well, though the infected antrum never became perfectly clean, and some ethmoidal disease was not eradicated. The sphenoidal sinuses were not very thoroughly cleaned out, as the age and constitutional condition of my patient seemed to me to call for milder measures.

Permit me here to remark that I have very great difficulty in curing the ethmoiditis in all these cases. Killian's operation on the frontal sinus makes exposure of the ethmoid more perfect, still I feel I do not have that degree of success with suppuration in these cells that my reading makes me think others have.

Case 4. A case of frontal sinusitis, orbital phlegmon, and displacement of the eyeball downward and outwards, due to a primary sarcoma in the right nasal fossa. (Reported at Canadian Medical Association in Ottawa.)

In this case the only complaint my patient made was dipiopia and a swelling of the eyelid, as if stung by some insect. The pus was evacuated in the orbit, and after clearing out the nose of a large mass of sarco-