antrum but by aspiration with a Politzer bag, patient at same time swallowing, I could increase the pus in the nose very materially.

My diagnosis was pus in the antrum and probable infection of the ethmoidal cells. Under cocaine anæsthesia and suprarenal extract, I removed a large part of the anterior end of the œdematous middle turbinal, and with cutting forceps, punch like, removed the remainder and opened the anterior ethmoidal cells. Here rough bone was encountered and with a curette I scraped away a good deal of dead bone and granulation tissue. At the patient's request I did not then open the antrum. One week following, he had free nasal breathing, almost no post nasal discharge and was able to sleep on the back comfortably. I again saw him. He informed me that no one could imagine how much better he was.

I now opened the antrum with a trocar, through the inferior meatus of the nose, under the inferior turbinal bone. Pus did not come as I expected but on syringing forcibly it began to come very freely. The amount was very large considering the usual size of the antrum.

I continued to irrigate the cavity daily for a week and throw into the antrum a 10 per cent. solution of protargol and at times 10 grs. to the oz. of zinc chlor. At the end of a week there was practically no discharge whatever, though I was satisfied it would collect again. The patient went home as he said, cured, but in two or three weeks the discharge again came from the nostril relieved by irrigation of the antrum. I wished to do a thorough operation through the canine fossa and scrape the cavity clean, draining through the nose, but he objects to that, saying he may have it done in the fall.

I did not drain through a tooth because I do not believe the abscess to be of an alveolar origin and did not care to sacrifice a good tooth when as good a result could be secured through the nose, though drainage will not cure a case of such long duration. Thorough curetage and packing I think is the only means of curing the case, though there will probably always be some discharge from the ethmoidal cells.