

Place a small electric lamp in the mouth, and the lips are to be firmly closed over it. It is now to be observed that in case the maxillary sinus of either side be filled with purulent fluid or solid tumour the rays of light are prevented from passing through, and that that side of the face is totally dark, whilst on the non-affected side a bright glow is seen on the cheek just below the infra-orbital margin. The translucency may be modified by certain conditions. If the walls of the sinus be denser than usual, or the mucous membrane be thicker, or the cavity of the sinus be small, then the light area may not be so bright as in conditions entirely opposite. In fair persons this light area is more distinct than in dark complexioned people. If the sinus contains a cyst, the bright area is especially distinct.

The course which an empyæma may take varies : (1) If only moderate in degree it may resolve, the pus undergoing absorption—an exceptional issue. (2) Or it may end in a chronic discharge from the nose. (3) Or it may break through on to the face and leave a discharging sinus in which necrosed bone may be detected. This condition was met with in two of my cases.

Organs which may indirectly be affected by empyæma of the antrum are the larynx and pharynx, exciting reflex cough, nausea and retching. The orbit has in a few cases been involved, producing, according to Schech, protrusion of the eyeball, with atrophy of the optic nerve, and, according to Ziem, narrowing of the field of vision and glaucoma. In a case related to me by Dr. Buller, keratitis was produced, which got better upon emptying the antrum of the pus contained in it.

Empyæma of the antrum may be confounded with—(1) Foreign bodies, including rhinoliths. From this it is differentiated by the fact that foreign bodies, such as peas, beans, buttons, etc., are found chiefly in children, whereas empyæma in the child is rare. Regarding rhinoliths, on the other hand, they are very rare in children and comparatively common in adults. Then the objective symptom as ascertained by the probe will reveal the presence of a foreign body. (2) Purulent rhinitis. This generally occurs in children of a strumous or syphilitic diathesis, the corroborative evidence of which is to be found in the