thoroughly with boracic solution, and follows this by packing the antrum tightly with creolin gauze. This is left in for forty-eight hours and then removed. No form of tubage or mechanical drainage is used, but the cavity is syringed out thrice daily with a similar warm solution. The patient is also directed to blow out the cavity frequently from the mouth to the nose, and also from the nose to the mouth. He claims rapid healing by this means, and although the perforations contract, they usually remain permanently open to some slight extent without producing inconvenience to the patient.

This multitude of methods of treatment of antral disease, all practised to-day by leading rhinologists, each one preferring his own special plan as the best, while utilizing one or other of the remaining ones in exceptional cases, seems to prove that the results are not on the whole as satisfactory as we would like them to be. A few cases are cured quickly. All are relieved, but the treatment requires to be carefully, systematically and persistently followed to obtain a good result. Often the routine has to be changed and more direct efforts applied, and even then a complete cure does not always follow. As the last four cases taken from my own case book differed materially from each other in several important points, I will close by briefly relating their history.

Case 1. July 27th, 1894. Mr. G. L., aged twenty-five years, lecturer. Operation by drill in the canine fossa for left antral disease. Previous history: Three brothers and mother had died of consumption. I had previously treated him for nasal polypi and hypertrophy of the middle turbinated on the same side, accompanied by a large amount of purulent discharge. The removal of the two former did not produce any material improvement in the latter. I then tried to wash the antrum through the ostium, but the result was imperfect, and as the teeth were sound I concluded to operate on the date mentioned in the canine fossa. After the operation I irrigated the cavity and then plugged the artificial opening with cotton wool until I could get a silver tube made to fit. On the tube a flange cap was attached to the lower side to fit the gum. This kept the tube from slipping into the antrum, while the upper lip pressing the surface of the flange, retained it in position. A plug in the tube itself was never found necessary. From the first the patient practised auto-irrigation successfully. The relief was marked, and the pus for a while diminished materially in quantity, but when winter came on it increased again. From time to time the drug used was changed. Am. mur., pot. chlor., perox. hyd., boracic acid were all tried in succession, each failing in turn to suppress the pus formation. Once during the winter I