

stow upon his cases. Is there no way in which the profession can assist a confrere under such harsh and apparently unavoidable circumstances? Attempts have been made to form a Protective Association. What has become of it? We would suggest that those who have charge of the Association commission some practitioner in each centre to interview his confreres and lay the advantages of such an Association before them. In this way we are persuaded that most practitioners would readily be induced to become members.

THE DIAGNOSIS OF ACUTE SUPPURATION IN THE ACCESSORY SINUSES OF THE NOSE.

ACUTE inflammation of these cavities occurs more frequently with acute coryza, influenza and the exanthemata than is generally supposed to be the case. The onset is masked by the severity of the coryza, but the patient's attention is often drawn to the fact that the discharge is more than usually copious, especially from one nostril, and that it continues for a longer time than usual, and that it is offensive. The symptoms are modified by the closing of the ostium. If the ostium remains open the secretion drains away more or less freely; if it is closed the symptoms are aggravated by the consequent retention.

In acute inflammation and suppuration of the maxillary sinus, the coryza is aggravated by severe neuralgia in the cheek and forehead, accompanied by photophobia. There is some tenderness on pressure over the cheek or upon the gums. There may be a rigor with a rise of temperature. If there is a sudden and copious flow of secretion from the nostril, the severity of