

when he had a severe attack of grippe, terminating in pneumonia. His nose had been broken in youth. It is flattened externally and pushed to the left. Internally, the septum is deviated to the right, making that side very narrow. Rhinoscopic examination revealed an abundance of pus in the right side, which appeared to come from high up under the anterior end of middle turbinate, and also from further back near the natural opening of the Antrum of Highmore. Transillumination showed the right cheek and right brow dark. He brought an almost unbearable stink into the office with him. The source of this was in part revealed when the Antrum of Highmore was washed out, bringing away foul-smelling pus.

A week later, under general anæsthesia, I did a Coakley frontal sinus operation. This is a modification of the more radical, or at least extensive, operation of Prof. Killian of Freiburg.

It consists in making an incision through the brow down to the bone one-eighth of an inch above the margin of the orbit. The upper flap is then retracted and the whole front wall of the sinus removed with chisels. This gives free access to the sinus which is thoroughly curetted so that not a vestige of mucous lining remains. The naso-frontal duct can be enlarged by curetting the anterior ethmoid cells. The posterior ethmoid cells cannot be reached in this way. The sinus is then packed and the incision closed except one angle. This operation failed to entirely stop the flow of stinking pus, on account of the diseased condition of the maxillary sinus. On November 4th, this sinus was opened freely through the anterior naris under local anæsthesia by removal of the anterior and of the inferior turbinate, and as much of inner wall of the sinus as possible.

Since this last operation, there has been no discharge and no odor. The frontal sinus was slow in granulating—dressings being continued until January 15th (three months). The only deformity is a slight pitting at the inner angle of the brow, which can be remedied by the injection of paraffin. Through the nasal speculum can be seen at present, under the inferior turbinate, a fair sized opening into the maxillary sinus with clean dry edges.

An illustration of ethmoid disease is furnished by Miss O—, sent to us by Dr. Bartlett, Port Leyden, on October 16th. She stated that she had had a bad cold since last spring. The right side of her nose was occluded; mouth dry and sore. She had been doctoring for catarrh and had spent all summer in the Adirondacks, as her failure in weight, poor appetite, want of ambition, etc., had led to a diagnosis of tuberculosis. Examination revealed a large polyp springing from