age closed and the external opening refused to heal. The discharge would sometimes almost cease and again for days come away more freely. Four months later the sinus was still open. Then, to secure more efficient drainage and lavage, the doctor inserted into the opening a short rubber tube, through which the cavity was washed out regularly. It was worn for nearly a year and then discarded. Subsequent to this the patient would sometimes probe the cavity to obtain a better outlet to the pus or the doctor would make the passage freer with the lance. Finally, after having almost continuous discharge for two years, a sudden aggravation of all the symptoms occurred, and the patient was referred to me.

Examination.—Left eye almost closed, the eye-lid swollen and inflamed, the swelling extending upwards over the superciliary ridge and including the inner canthus. The surface beneath the ridge was irregular, pultaceous, and darkly suffused in color, with pus exuding from a point immediately over the site of the sinus operation. There was a good deal of pain over the region, accompanied by headache. An x-ray picture, the one shown to-day, did not reveal much save a darkened shadow on the affected side, and the opening in the bony wall from the previous operation upon the sinus. There was no shadow in the maxiliary region.

Intranasally there was little if any pus visible, but the middle and inferior turbinals on that side closed up the passage. The patient was placed in the Western Hospital.

As preparatory operation, the anterior end of the middle turbinal and a portion of the inferior turbinal were removed. This had to be done under general anesthesia, as the young lady was too nervous to submit to any operative work under local anesthesia.

How to operate upon the sinus was the next question. I was unwilling to attempt a radical operation after Coakley's plan for cosmetic reasons. Killian had not yet visited the country and at that time I knew little of his operation. At the same time I was strongly impressed with Fletcher Ingals intranasal treatment and use of gold tubes. As in his cases, the desideratum of nasal drainage was secured, something which Killian now insists upon as essential; the thought struck me that a gold tube inserted from the frontal sinus downward through an enlarged fronto-nasal passage might be equally effectual. The external wound could then be closed, irrigation would be practised through the tube and the latter eventually removed through the nose. So an operation was done under general anesthesia. The eye-brow was not shaved. The incision was made through the centre of the eye-brow from the middle inwards to the median line. The periosteum was then raised directly upwards over the inner end of the sinus, and a rectangular piece of the outer table