seemed to settle in and about the eye. When accompanied by a head cold very marked frontal pain ensued. Anteriorly could be seen a very marked enlargement of the anterior end of the middle tubinated body and a few small polypi bathed in thick creamy pus in the middle meatus. Posteriorly a large quantity of creamy pus flowed over the extremities of the turbinates. The anterior end of the middle turbinal was removed as a preliminary. On seeing the patient after a few days she informed me that her complaint had been entirely cured, but there was now a very disgusting discharge from the nostril, something she had never had before I operated. It was only after a good deal of talking that I was able to convince her that it was the same discharge flowing in a different direction. The antrum was washed through an opening made beneath the inferior turbinal and a large amount of very offensive pus was found. The frontal cavity was irrigated intranasally for several weeks, when the discharge stopped. No further irrigation or treatment was used for the antrum, which evidently had been filled from the sinus above.

Case 2. Lady, aged 33. This patient had been a sufferer from what appeared to be supraorbital neuralgia and nasal discharge. For many months at 11 o'clock each morning, with very marked regularity, she had a severe attack of pain in the forehead. The pain would nearly drive her wild, necessitating her going to bed for several hours. Morphine in large doses gave almost no relief. Both frontal and maxillary sinuses were quite dark on transillumination. The floor of the left sinus was exceedingly tender, but not bulging. A polypoid condition existed in both meatal regions. The unusual feature about this case was in the progress of healing after an external operation on the frontal sinus. The left frontal and left antrum were operated upon at one time. The temperature at the time of operation was 103°. Pus under pressure was found in the frontal sinus. This cavity was very large, extending quite to the outer end of the orbital ridge.

The patient was much better for the next two days, the temperature ranging from 99° to 100°. On the third day she developed a temperature of 103° and at night 104°, accompanied by marked distress in the head. The packing was removed from the wound, permitting a free flow of pus and giving immediate ease. It was now quite plain that I had missed some offshoot from the sinus, though I felt quite safe after the first operation. On mopping the cavity dry I noticed pus coming from above through a very small opening into which a fine probe passed a considerable way towards the junction of the front part of the forehead and the scalp. A general anæsthetic having been administered I laid open this cavity. It was quite large, and made with the sinus proper an L-shaped figure. Everything now progressed quite nicely, and when the granulations had almost closed the external wound a reinfection of the cavity