

thickness of the naso-antral wall in many cases, inefficiency in drainage, and the impossibility of antro-irrigation, are among the points he emphasizes; and to these might be added the evil effects of a series of successive applications of cocaine.

3. By removing a tooth, if required, and opening into the antrum through the alveolus. This is Cooper's well-known method, and is warmly supported by such men as Zeim, Harrison, Milligan and Bosworth. When the teeth are sound Zeim condemns removal, and suggests perforating the antrum through the roof of the mouth in close proximity to the teeth, either between the second bicuspid and first molar, or between the first and second molars. The fact that the opening into the alveolus or floor of the antrum and the ostium maxillare are at the opposite ends of the same cavity, must be conceded as an advantage for purposes of irrigation, while the facility it affords for auto-irrigation should not be lost sight of. To keep the artificial opening clear, various silver and gold tubes have been devised for insertion during the period in which treatment would be required—the tubes to be attached by silver wire to the adjoining teeth, and plugged to prevent the entrance of food into the antrum. Zeim does not use tubes.

4. Desault's plan of opening the antrum through the canine fossa appears to be steadily gaining ground. It is claimed that the patient can treat himself equally well in this way as through the alveolus, and that it will frequently prevent the sacrifice of a sound tooth. A tube with plate to fit the adjacent gum can be retained just as well, or even better, than in the alveolus, and there is, if anything, less danger of the passage of food into the antrum. Some operators have gone much further in this direction. They chisel away enough of the external antral wall to admit of the insertion of the little finger, and thorough digital exploration of the diseased cavity. The antrum is then curetted and washed out, and packed with iodoform gauze. This is changed regularly, the cavity being open until thorough healing takes place. Still, although revived recently, this plan is not new, for we read of La Morier as early as 1740 treating a case successfully in this way.

5. The Robertson plan of combining the chiselling of the canine fossa with the perforation of the inferior meatus in one or two places has many exponents to-day. Scanes Spicer of London strongly favors this method as the only one securing thorough and effectual drainage in many of the most difficult cases. He makes large openings in both the anterior and the internal sides of the antrum, and these openings are intended to be permanent. He then irrigates