proceed without any further trouble. Such is the valuable information obtained from an antero-porterior view. Equally valuable is the view taken laterally, when it enables one to form a definite opinion regarding the thickness of the anterior wall and the depth of the cavity, thus helping us to form an idea as to how much deformity may result after the radical operation. Naturally, the greater the depth, the greater the deformity.

One point regarding the seat of puncture in antral disease. The reader of the paper selects a point underneath the inferior turbinated body. Now, Mosher of Boston, has recently shown that the floor of the antrum is often below the level of the inferior meatus, and in such cases, the inner wall is apt to be of considerable density at this point. I think therefore, that the method adopted by Killian of Freiburg is preferable. He punctures immediately over the attachment of the middle third of the inferior turbinated body, and it is shown that the inner wall is thinnest at this point. There is little danger, in my experience of a puncture made as thus described, of the orbit being entered.

NOTES UPON TWO UNUSUAL FRONTAL SINUS CASES.*

By J. PRICE-BROWN, M.D., Toronto.

FIRST. Case of chronic purulent frontal sinusitis with external fistula for nearly two years—operation—recovery.

Feb. 28th, 1907, Miss M. F., age 19, was referred by Dr. Black, of Paisley, for treatment.

History.—In September, 1904, two and a half years previously, while attending college in Toronto, she had an attack of fever, resulting in frontal abscess on the left side. This was lanced by the attending physician in consultation. There was a free discharge of very foul pus. Under treatment healing took place in a month and she went home to Paisley. Toward Christmas swelling of the forehead returned, and Dr. Black re-opened it. From that time until the following March discharge was almost constant, and she was brought to the city again for further advice. The consultants decided that it was a case of frontal sinus disease requiring immediate operation. Consequently, under general anesthesia it was opened through the floor, the excision extending up into the superciliary ridge. An opening was also made downwards through the region of the fronto-nasal passage into the nose, and an attempt was made to secure nasal drainage. The result was not satisfactory. The fronto-nasal pass-

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