

might be pressing upon or obstructing the ostium semi-lunaris. The direct treatment of the suppuration may be conducted in one or other of the following ways :

1. By direct irrigation through the ostium maxillare. Garel of Lyons is the great apostle of this method of treatment. He claims that it can be accomplished in a large majority of cases, and that the antrum can be washed out regularly and completely without any artificial opening whatever. Out of forty-four cases, he succeeded by this method in twenty-eight, or 66 per cent. ; and of the twenty-eight, in only six did he require to resort to other treatment to obtain a successful result. The larger number were cured in a short time ; some of them by only a few days' treatment. The fluid used was usually a warm solution of boracic acid. He uses a Heryng's catheter, and inserts it, with the point turned downwards, between the middle turbinated and the outside wall. Passing the instrument upwards to a position above the ostium, he turns the point outwards and gently engages it in the mouth of the cavity. This requires careful manipulation, as the point of the catheter is in close proximity to the orbit. At the first washing the discharge is purulent and fetid, and sometimes caseous ; but before the irrigation is over the fluid returns from the nares perfectly clear. On each succeeding washing the pus decreases in quantity. After a very few, nothing comes away but a mass of gelatinous muco-pus, the water itself being quite clear. At each sitting the semi-solid mass discharged becomes smaller, and finally disappears—the patient being cured.

2. By opening through the inferior meatus, or Jourdain's method. Of this plan of reaching the antrum, Dundas Grant is a strong supporter. He claims that as the antrum communicates with the respiratory passages, and not the digestive, the more natural opening will be by the nose. After applying a 15 per cent. cocaine solution to the mucous membrane, he uses Krause's trocar and canula, penetrating the antrum through the wall of the inferior meatus. Withdrawing the trocar and leaving the canula *in situ*, he attaches to it the point of a syringe, and washes out the cavity with a warm solution of boracic acid, the fluid escaping through the natural opening. After each treatment the canula is removed. At the next sitting cocaine is again applied, the canula reinserted and the treatment repeated. Grant claims that although this treatment is somewhat difficult, yet the number of irrigations required being less than by the other methods will justify its use. Zeim of Dantzic, as late as October of this year, in a paper published in the London *Journal of Laryngology*, criticizes this method very severely. The difficulty of operating in this region, the