

dle turbinate to facilitate drainage from the frontal sinus, and enlarged the natural opening of the sphenoidal sinus. Fifth day—less pain—V:—20/30. Sixteenth day—no pain—no discharge. V:—20/15 and remained so.

On November 11th, as the result of a cold in the head, this patient developed pain in the left side of face. Purulent discharge followed from the left nostril. Examination revealed pus in the middle meatus. Transillumination of the right maxillary sinus was clear and bright, with a bright pupillary reflex, but on left side it was dark and there was no pupillary reflex.

By means of a curved trocar and canula the left Antrum of Highmore was entered below the inferior turbinate, and much pus washed out. There was no recurrence and the cold speedily subsided. This illustrates the sudden onset with pain and discharge in an accessory sinus, and the prompt and permanent relief from irrigation in these acute cases.

In March, 1907, I saw another such case, with Dr. Glidden in Little Falls. This was a boy of eighteen (18), who had had grippe for a few days. He was in bed suffering with pain in left side of the face and left ear. There was a profuse discharge of pus from the left nostril. I had seen this boy before with a mild involvement of sinuses occasioned by a large spur which obstructed the drainage on that side of the nose. I therefore went prepared to irrigate the Antrum of Highmore, which was done, bringing away fully an ounce of creamy pus. The membrani tympani which was red and bulging was incised, hot irrigations were instituted, and recovery soon followed.

A few days later his brother came to my office with unilateral pain and discharge from the left nostril. Transillumination confirmed the diagnosis of acute Empyema of the maxillary sinus. One washing was sufficient to cure this by means of trocar and canula through the inner wall and under the inferior turbinate.

All such cases do not respond so promptly—possibly because the acute condition has been preceded by a chronic condition of which the patient was oblivious.

Such a case was Miss M——, brought to me by Dr. Frost, October 8th. One week previously she complained of indefinite pain in the right shoulder and neck. Later, there was dizziness on turning over in bed, or at any time if she moved quickly. It was not exactly dizziness, but a feeling of something going around in the right side of her head about the ear which forbade the recur-