

anyone present, but I am going to say it just the same. Thousands of people are going through life handicapped on account of a delusion held by general practitioners that it was such a difficult matter to make an intelligent examination of the nose and throat, whereas the fact is that it is far easier to make an examination of the nose and throat than it is to examine the lungs. If every young practitioner would take the trouble to carefully examine the nose and throat of all the children in the homes where he is family physician, the discovery and removal of adenoids and enlarged tonsils, and the children taught how to breathe properly, how to blow the nose without forcing foreign material into the eustachian tube, to attend to all discharges in the nasal passage there would be no hypertrophy to obstruct the openings leading into the sinuses. Sinus disease would be exceeding rare if every general practitioner would always carry a reflector and use it. Another stupid mistake we as general practitioners are continually making; we hand our nose, throat, eye and ear patients over to the specialist. The specialist may know a good deal more about the special trouble, but if we do not know a great deal more about our patient than he does we should leave our profession. Call on the specialist to treat the eye, ear, etc., but keep absolute control of the patient. The care of the general health of the patient is often of far greater importance than the treatment of the special trouble.

And as no such report has been made in regard to chloroform anaesthesia in similar cases, it is natural to believe that the latter drug is the preferable one to use in operating upon cases of lateral sinus thrombosis and cerebellae abscess.

H. S. Birkett, M.D., Montreal. I wish to congratulate the reader of this paper upon the very tolerant views expressed regarding the treatment of accessory sinus disease. It is really refreshing to find one taking such broad views, especially in these days of extreme ideas.

As regards the use of X-rays as a means of diagnosing accessory sinus disease, it has been my practise since a very instructive visit to Killian of Freiburg, to X-ray all cases of accessory sinus disease, and its application to diseases of the frontal sinus may be said to be of a special value, for not only does it give one the knowledge of the existence or non-existence of a frontal sinus, but if present, the exact limitation and size of the cavity. Moreover, it shows the disposition of the dividing-septum, which is also of great importance, as it proved to be so in one of my cases in which it was found that the septum deviated extremely to the right, the result being that the left frontal sinus was found by an inadvertence in opening, to have passed well beyond the middle line to the right. In this particular case, it was a suppurative affection of the right frontal sinus, but the X-ray plate enabled one to