followed a few minutes later by large quantities of equal parts of glycothymoline and water, in order, if possible, to flush out the cavities and prevent any possibility of untoward effects from the cocaine.

A large amount of pus came away in the return fluid. Twenty-four hours after this treatment was instituted the headache and other unfavorable symptoms had disappeared, and the temperature and pulse were almost normal. From the history and symptoms of this case I regard it as one of attenuated meningitis caused by extension of infection from the right ethmoidal labyrinth.

Reports of Huguenin's, Ogston's, and Warner's cases of meningitis following infection from one or more of the cavities are instructive, and a synopsis of the case of the last-named authority may prove interesting:

A man, aged thirty-two, a gardener by occupation, presented himself for treatment, complaining of intense pain in the frontal region, which, however, soon became general. The patient was unable to sleep, and vomited twice during the first twenty-four hours. On the second day coma and convulsions supervened, and death occurred the beginning of the third day. The post-mortem revealed acute meningitis, involving both halves of the basal meninges; the lateral ventricles were full of pus; the dura mater at the base presented a healthy appearance, with the exception of that portion which covers the lamina cribrosa, which was slightly thickened and easily separated from its attachment. The lamina cribrosa was covered with exuda+e. The frontal cavities were completely filled with pus, as well as the mucous membrane of the olfactory portion of the nose and that of the ethmoidal labyrinth. No bony caries was found.

In Dreyfuss's tables, which show the relationship existing between empyema of the different cavities and inflammation of the meninges and brain substance,