

(4) Antrum of Highmore. Through the natural opening is quite possible, but often fails. It is not a scientific method of treating chronic discharge but may be of value in acute disease. I never use it at all.

Puncture through middle meatus is easy but as will be shown on the screen may be dangerous.

Puncture through the alveolus, I never now use at all.

Puncture through inferior meatus of the nose under inferior turbinal is at once easy and practically painless. It has the advantage of irrigating the cavity at one point, and having the fluid gain exit at another distant point.

In conclusion, I wish to say that I have merely touched the fringe of the subject. The various operations, indications and complications have not been mentioned. I have tried to speak more of the difficulties one finds in managing chronic nasal suppuration.

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DISCUSSION.

J. Price Brown, M.D., Toronto. In the absence of Dr. Royce, Dr. Price Brown opened the discussion, limiting his remarks to maxillary sinus disease. In all acute cases, in which irrigation was called for, he believed that it should be practised, by passing a suitable trocar and canula through the inferior mental wall into the sinus, and washing the cavity out through the nose. But in chronic cases, particularly in young people, he preferred operating through the canine fossa as it enabled the operator to handle the whole of the interior wall of the sinus, and remove all antral polpi much more readily than by any other method. The sinus could then be irrigated as long and as freely as required; after which the opening would gradually and permanently close, leaving a cured case. On the other hand, if the anterior end of the inferior turbinal were removed, and a wide opening made through the inferior mental wall into the sinus, as was now strangely recommended by some rhinologists, although you might cure the disease, you would deform your patient by leaving an abnormal and permanent opening between the nasal cavity and the antrum.

In old people, however, the lower part of the nose-antral wall has a constant tendency to become thinner. It is readily perforated, and as a permanent opening can do little harm in such cases, it is the better side for operation. Hence the method might readily be: "Canine fossa operation for young people; intranasal operation for old people."

John Hunter, M.D., Toronto. What I am going to say has not been said by any other speaker, and perhaps will not be accepted by