

the outer wall of the middle meatus. This secretion was found also lying on the upper surface of the soft palate, in the posterior wall of the pharynx and in the inter-arytenoidean space. The vocal cords were much thickened and congested. Pressure over antrum elicited no tenderness—no dental caries present.

After having removed the polypoidal thickening, the first upper molar on the left side was extracted and an opening effected into the antrum through the posterior socket. A small spiral wire drainage tube was inserted and the cavity syringed out with hydrogen-peroxide three times a week, and with Listerine three times daily. Three months afterwards the secretion of pus had greatly diminished and the voice had become stronger. The ultimate issue of this case I have not learned, as the patient left the city suddenly and for parts unknown.

CASE II.—*Empyæma due to Acute Rhinitis*.—Miss C. G. came to me in August, 1890, complaining of a severe neuralgic pain on the left side of face, with a discharge from nostril on the same side, which had existed for the past ten days, having been preceded by a severe cold in the head. The senses of smell and taste were markedly obtunded for six days during the attack of acute cold. Examination of the left nostril revealed pus coming from space between the middle turbinated bone and the outer wall of the middle meatus. The mucous membrane of both nostrils was moderately swollen and hyperæmic. Left side of the face noticeably swollen and decidedly tender in the canine fossa. No dental caries was present, as the patient had had her teeth extracted several years ago and wears an artificial set. An incision down to the alveolar edge was made, and about the situation of the first upper molar the drill was entered, opening the antrum and allowing of the escape of a teaspoonful of horribly fetid pus. The cavity was irrigated with solution of bi-chloride (1:5000) and subsequently a solution of Listerine used. Four weeks from the date of opening all discharge had ceased. A month later, when seen, the opening had firmly closed and the patient was perfectly well.

CASE III.—*Cause—Dental Caries*.—Mr. F. F. E., age 36,