apply, in large measure, to foreign bodies of whatever character. Even after this, exclusion, to ascertain positively which of the accessory sinuses is diseasedi is not easy. Still, it is satisfactory to know that the large majority of cases of chronic sinusites are those of antral origin. Some consider the presence of a drop of creamy pus in the middle meatus, just external to the lower border of the middle turbinated, to be of diagnostic value. If the pus is further back, and visible in the posterior nares, it is likely to be from the diseased sphenoid. If further forward, in the neighborhood of the infundibulum, it may arise from the ethmoid cells or frontal sinus ; but in either of the latter the external orbit may likewise be affected, which is rarely the case in antral disease alone. When the quantity of pus is large, whatever its origin, it may extend to all these locations, and accuracy of diagnosis can only be obtained after thorough cleansing and shrinkage by cocaine ; then by bending the head forward the exit of the pus from the ostium semilunaris, beneath the middle turbinated, can often be verified.

In my own experience, however, a serious difficulty arises here. During the last three years I have not had a single case of antral disease which was not complicated with chronic hypertrophy of the middle turbinated, and, with one exception, I had good reason to believe that the hypertrophy was the cause and not the effect of the sinusitis. In every case the turbinated was bathed in pus, and the enlarged body so pressed upon the ostium maxillare that it was impossible to find it until, by operation, a section of the hypertrophic enlargement had been removed.

The neuralgias which arise from sinusites, wherever located, are not of much diagnostic value. Still, there is an uncomfortable feeling, a sensitiveness on pressure and a tenderness of the affected jaw in closing the teeth during mastication, which sometimes arises from antral disease, but not from suppuration of the other sinuses.

Moreau Brown, of Chicago, gives one sign in diagnosis which in my own experience has been of little value. He says that after cleansing the pus away by a pledget of lint, pressure on the facial wall of the maxillary sinus would produce its reappearance. The maxillary bone I found to be too dense to be influenced by any pressure which it seemed safe to make.

Irrigation is also recommended as an aid in diagnosis ; but it may be remarked that when the ostium is sufficiently available to admit of the introduction of the catheter, the pus can usually be seen issuing from it without the use of the instrument.

Perhaps the greatest aid to diagnosis is that of transillumination, introduced by Voltolini. It is of undoubted value, but the amount of