

lini to differentiate solid tumors from accumulations of fluid, but Henry Heryng pointed out that a pus cavity is practically opaque. Under conditions of health, when the light is turned on, it produces a rosy, red suffusion of the face, cheeks, lips and inferior eyelid. If pus is present the light is not transmitted and the cheek and lower eyelid remain dark. In cystic disease of the antrum the affected side is more brilliantly illuminated than the other. This method is, however, not always satisfactory, for, in the examination of a number of students, I have found some in whom there was no suffusion of the cheek or lower eyelid. This absence of trans-illumination in some is no doubt due to the anatomical peculiarities,—e.g., a small antrum and correspondingly thick walls. McBride uses a tube of dark metal with an eye piece, the other end being applied like a telescope to corresponding areas over the two antra, and estimates more exactly the amount of light transmitted. If the patient's eyes be shut when the light is in the mouth, a luminous impression is received through a healthy antrum but not when it contains pus. As to the differential diagnosis from the conditions mentioned, it is often easier to exclude them than to make an absolute positive diagnosis.

Polypus is readily determined by the nares. When polypi are accompanied by purulent secretion, pus may be found in the antrum at the same time.

Atrophic rhinitis or ozæna is known by the extremely foetid breath which is appreciated by everyone except the patient to whom it is not perceptible.

Foreign bodies may cause an offensive discharge from one nostril, but they are to be detected by careful examination of the interior, with the assistance of a probe. Rhinoliths are to be classed with foreign bodies. When they are situated outside the field of vision and accompanied by a foetid discharge a positive diagnosis is often difficult.

Simple caries with the exposure of small portions of bone does not produce any foetor, unless the exit of pus is interfered with.

Syphilis in the nose produces an offensive odor and excessive discharge and is sometimes limited to one side. The sequestrum