when it occurs. It never reappears after the first or second instillation. It is well to begin with a 2 per cent. solution, and gradually increase the strength to 5 per cent. and even more. The powder itself has been used with great relief, only, however, after the eye has become thoroughly accustomed to it.

In 1 or 2 per cent. solution it is often successful in neurotic and neurasthenic patients who complain of ocular discomfort without discoverable disease or abnormality, as well as in ocular pain the result of eyestrain.

It has also a remarkable action in clearing up corneal opacities of recent origin, to which no other method can be compared; even in old-standing opacities improvement may result. Hinshelwood uses it here in an ointment. In keratitis with much infiltration he combines it with atropine. When the inflammatory symptoms have subsided the atropine is stopped but the dionin is continued for some time.

DISEASES OF THE LARYNX AND CONTIGUOUS STRUCTURES.

UNDER THE CHARGE OF

J. SOLIS-COHEN, M.D.,
OF PHILADELPHIA.

Frontoethmoidal Sinusitis with Spontaneous Evacuation upon the Face.—ST. CLAIR THOMSON (*Revue hebdomadaire de laryngologie, d'otologie, et de rhinologie*, June 30, 1906) reports three cases of frontoethmoidal sinusitis with spontaneous evacuation in the orbital region. The first case occurred in a woman, aged eighteen years, after an attack of influenza. The abscess pointed at the inner angle of the left eye. The symptoms were those of ethmoido-frontomaxillary suppuration. Incision and evacuation of the pus was followed by complete recovery without any other operation. The second case occurred in a lad only nine years of age, in an institution for boys, and had followed a cold; coryza and moderate amygdalitis were prevalent at the institution. The sinus was frontal and the abscess presented upward. Recovery followed incision of the abscess, and exposure and drainage of the frontal sinus. The third case occurred in a woman, aged thirty-five years, and was one of chronic sinusitis with acute frontoethmoidal exacerbation. A fistula in the upper portion of the right orbit communicated with an anterior frontoethmoidal cell. Contrary to expectation, serious radical measures became necessary to control the disease, and recovery required several months of subsequent treatment.

Fatal Osteomyelitis after Radical Operations for Diseases of the Accessory Sinuses.—CLAUQUE (*Arch. internationales de laryngologie, d'otologie, et de rhinologie*, May-June, 1906) presented to the Congress of the French Society of Laryngology, Otology, and Rhinology the cranium