body. In the cases he reported, the man had definite foci which might account for the condition especially as a large proportion of the buccal infections are due to streptococcus viridans or haemolyticus.

He believed that this man would recover if he would submit himself to the proper treatment and use vaccine in large doses. In all of his experience he had never seen such a remarkable change for the better as came over the patient while he was in the hospital. All of the text-books advise arsenic and quinin, but give no hope of recovery, so these were not tried at all. Salvarsan was not given, for that would be of no value in a streptococcaemia.

Stab Wound of the Frontal Sinus: Death from Meningitis: Necropsy Report. DR. W. W. CARTER.

(Published in the present issue of THE LARYNGOSCOPE.)

DISCUSSION.

DR. COAKLEY said he had seen a number of cases of meningitis, proved by lumbar puncture, following nasal accessory sinus disease. Some of these cases were operated, and others not. He had never seen any operative procedure carried on, where the patient had pus cells in the spinal fluid, benefit the patient at all. Such cases are beyond operative relief.

DR. CARTER, replying to Dr. Coakley, said that at the time both he and Dr. Zabriskie realized the hoplessness of this case and had no idea that operation would save the man's life, but the family had inquired if anything could be done for such cases and had urged an operation. Naturally they were not adverse to making an exploratory incision and doing what was possible, although it was believed to be a hopeless case from the start.

Simple Method for Estimating the Coagulation Time of Blood.

M. W. LYON, *Jour. A. M. A.*, March 18, 1916.

This consists of the Biffi-Brooks apparatus (collapsible aluminum cup with cover; two pairs of notches cut opposite one another in the top rim of the cup; two pieces of platinum wire each with four loops). The cup is filled with water warmed to 37° C. to within one centimeter of the top. The loops of the wire are quickly touched in succession to the blood from a freely flowing puncture, the wires are suspended in the notches at the top of the cup and the cover gently laid over. At the expiration of two or three minutes the cover is removed and one loopful of blood gently immersed in the water. The same procedure is gone through with the other loops at one minute intervals, the wire and cup cover being quickly replaced after each test. By noting the lapse of time from the start until a loop of blood fails to wash out the coagulation time of the blood can be easily estimated.

P. F.