imperfectly accomplished. This state of affairs accounts for the frontal headaches and fullness of the nose in an ordinary cold.

In chronic purulent conditions, the flow of pus is frequently an aid to diagnosis. In disease of the anterior cells, surgical treatment should be applied, if antiseptic measures are not successful. The author does not believe that surgery offers much relief where chronic suppurative disease of the posterior cells exist. He thinks that in the future, electrolysis will be the means of resolving hyperplasias of the middle turbinal in a safe and efficient manner.

LEDERMAN.

The Purulent Diseases of the Nasal Cavities and their Importance to the General Practitioner—JULIUS VEIS—*Weiner Klin. Rundschau*, Skptember 3, and September 10, 1899.

This paper is a very good résumé of the symptoms, course, diagnosis, etc., of the diseases under consideration. Nothing new is given, and the paper professes to be only a hint to the general practitioner. The author advises that in all cases recourse be had to the endonasal operations, where this is possible.

VITTUM.

A Case of Apparent Congenital Eburnification of the Superior Maxillary Bone—Operation and Cure—CARL SEILER—*Internat. Journ. Surg.*, November, 1899.

An unmarried woman, aged twenty-three, on examination was found to have complete stenosis of both nasal cavities, both anteriorly and posteriorly, caused by a bony growth. The left antrum was completely obliterated, and the left eye protruded. The patient had never breathed through the nose nor had any sense of smell. The author concluded that probably a congenital bony growth was the cause, and operated. An incision was made, commencing at the inner canthus of the left eye, down the side of the nose, around the *ali nasi*, across the lip to the columnar cartilage, and then down through the middle of the upper lip. The whole side of the face was laid bare, the flap being pinned to the ear. On exploring, bony protuberances seemed to be scattered all over the upper portion of the widespread and irregular growth which invaded and obliterated the antrum and pressed upward toward the lower orbital plate. With chisel and hammer the author chiselled away the growth to form a new antrum, a very difficult task, as was also the making of a passage through the anterior nasal cavities, still preserving the natural contour of the nose. Nasal respiration was established. The external wound healed by first intention and the patient has been able to breathe continuously through her nose, and has even acquired the sense of smell to a considerable degree. The scar on the face is barely visible, and the disfigurement of the growth has disappeared.

EATON.