I insert the nose-piece of the instrument and connect the exit with the Bier's suction pump. The patient is then instructed to say "k," "k," "k," which act forces the palate against the post-pharyngeal wall and with the opposite nostril closed one is able to obtain a vacuum in both nasal chambers and in the sinuses emptying into the nasal fossae. When a complete vacuum, or, at least, a sufficient vacuum, is obtained, the stop-cock to the Bier's suction is shut off, the stop-cock to the medicine chamber is turned on, and by means of a needle valve at the distal extremity of the chamber, a bubble of air is admitted, permitting the liquid to be drawn into the nostril to fill the vacuum spaces produced by the suction. I have obtained the greatest success in the employment of the lactic acid solution or the bacillus Bulgaris, and while I do not feel that this is the only medication by which beneficial results may be obtained, I, nevertheless, am prepared to state that the sinus cases in which I have employed this preparation have recovered in less time than from the use of any other medicaments, such as argyrol, etc. I do not believe that the medication is the most important factor of this form of treatment, as the hyperaemia induced by the suction is unquestionably of great value.

Demonstration of an Apparatus for Applying Either a Negative or Positive Pressure to the Nose and Its Accessory Cavities. DR. LEWIS H. COFFIN.

By way of demonstrating his instrument Doctor Coffin treated two (2) patients. The negative pressure having been applied to the nose, by the turn of a switch he is able to immediately produce a positive pressure in the nose. This pressure current having passed through a nebulizing bottle containing oil, an oil nebula is at the same time carried into the nose. This nebula can be medicated in various ways. Dr. Coffin's claim is that, as nature abhors a vacuum, some of this medicated nebula must find its way into the various accessory cavities of the nose. The process may be repeated as often as one chooses. Doctor Coffin said he had used oil containing various amounts of iodine and also an oil loaded with the Bulgarian Bacillus.

DISCUSSION.

DR. ARROWSMITH said that the methods seemed to promise very valuable adjuncts to our equipment.

DR. SMITH said that it seemed to him that a certain value of Dr. Coffin's instrument would be lost, as the mucous membranes would not be entirely cleared of the pus and mucus brought to the surface by suction and to get the full value of the medicated spray it would be necessary to irrigate the nasal chambers before applying the medication. In the employment of his own instrument he first used the suction and then irrigation, until all of the mucous surfaces were entirely cleansed, then when the fluid rushed back to fill the vacuum it came in contact with a perfectly clean area. In his experience some patients were not able to hold a vacuum sufficiently long for all the fluid to gain entrance and that in such cases, spraying with an oil spray would have no more effect than ordinary spraying without the employment of the suction apparatus. He did not understand from Dr. Coffin's remark whether he claimed the vacuum was held for the entire time the suction was employed or not.

DR. COFFIN replied that most certainly it was held. One only needed to look at the index to judge.

DR. SMITH rejoined that if that was Dr. Coffin's experience, he had certainly been more successful than he had been himself, as his patients often relaxed before sufficient time had been given for the fluids to gain entrance.

DR. COFFIN said that they could not relax it with his instrument. He employed from twelve to seventeen pounds pressure.

DR. SMITH said that he had had unusual success in the treatment of his cases since using his apparatus and that the sinus cases of the past winter had yielded more readily than any others in the course of his experience. Whether this was due to the fact that the cases presented a milder form of infection or whether the result was due to the method of medication, he was unable to state, but that many of them had been of the acute and sub-acute variety, some of which had extended over a period of a year and a half. From observation he concluded that there was considerable benefit from employing the suction and the medication in the manner in which he had described.

DR. HERZIG asked if the patients complained of pain in their ears when the suction apparatus was used, as it had been the experience of the speaker to have some patients complain of pain.

DR. COFFIN said that once in a while patients would complain of the ears, especially if they happened to swallow during the time of compression, but the patient shown to-night, who had never been treated before, complained only of her eye. That was because she had been operated upon for an ethmoid condition, which left the orbital contents more exposed to the pressure.

DR. COFFIN was asked if he had any trouble in having the alae nasi compress.

DR. COFFIN replied that it could not collapse on account of the shape and size of the nasal tips.

Report of a Case of Chronic Frontal Sinusitis, Sphenoiditis, Influenzal Meningitis; Death; Necropsy. DR. C. JOHNSTONE IMPERATORI.

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DISCUSSION.

DR. KOPETSKY said that he had had the pleasure of seeing this case before and could confirm what Dr. Imperatori had said about it. If he understood Dr. Imperatori correctly, the diagnosis of serous meningitis had been made. It was a purulent meningitis in one stage,—the autopsy findings bore that out. The man presented no evidence of meningitis, purely the findings from the fluid, the chemical readings. The localization of the meningitis deposits at one particular area in the brain, as the motor area, or around the Island of Reil; he had seen rhinologic and otologic cases that simulated an abscess, but the transient nature of the involvement was pathognomonic rather of meningitis than of abscess. He complimented Dr. Imperatori upon the thoroughness with which he had worked up the details of the case presented, and expressed the belief that we would in future hear more of the chemical examinations of the fluids in the determination of the diagnosis; it bears out that in these border-line