

anterior portion of the ethmoidal labyrinth through which the naso-frontal duct runs into one large cavity. In the roof of this lay the opening of the duct. In the fifty-five half-heads a probe passed into the cavity thus formed readily entered the frontal sinus through its duct in all but three or four instances. In the cases in which the probe did not enter the frontal sinus it entered an ethmoidal cell in front of the duct and projecting into the sinus, the type of cell which is called a frontal bulla. In the few cases where this happened, by withdrawing the probe and trying a little further back the naso-frontal duct was easily found.

As far as experimental work on the cadaver goes, this method which has just been outlined is the surest one known to the writer of catheterizing the frontal sinus. I have tried it but twice on the living. In both of the cases it succeeded and in one of them stopped me from doing the modified Killian operation, much to the delight of the patient. At a later time when I have done still more work on the cadaver and have tried the procedure further on the living, I hope to elaborate this preliminary note into a systematic and complete article.

828 Beacon Street.

Two Unusual Cases of Brain Abscess,—Left Hemisphere. E. J. MOURE. *Rev. hebdomadaire de Laryngol. d'Otol. et de Rhinol.*, Jan. 14, and 21, 1911.

Old suppurations, especially of the cholesteatomatous kind, give rise to cerebral, cerebellar and sinusital complications. It is necessary to distinguish, symptomatologically, between suppurations of the hemispheres. When the left side is affected, there are facial disturbances which may be detected upon thorough examination; if the affection is localized in the left hemisphere, the disturbances are less pronounced.

In both cases the same technic was employed: trepanation; puncture of the abscess; drainage of pus, etc. The method of draining must be modified to meet the requirement of the particular case.

Ed.