

THE
HAHNEMANNIAN GLEANINGS.

VOLUME II.

DECEMBER, 1931.

No. 11.

Diseases of the Nose. *

J. G. GILCHRIST, M. D.

EPISTAXIS.

Epistaxis is a hæmorrhage from the nose, either active (accidental) or passive (spontaneous). Usually it is of slight moment, soon ceasing of itself, but occasionally is very severe, and may, when long-continued or frequently recurring, endanger life.

Active epistaxis, is usually traumatic, due to rupture of capillaries from blows or other injuries, although in some cases, in which either morbid action or constitutional infirmity induces a sort of chronic congestion, any violence, no matter how slight, will induce bleeding; even blowing the nose, unusual laughing, or a slightly unusual physical exertion. In cases of an active character the blood may flow in a steady thin stream, or drop-by-drop, usually the former—and is also of bright color.

The *treatment* is usually mechanical, but in exceptional cases, those of a frequently recurring character, remedies will be called for to effect a cure. Perhaps the largest arterial distribution is from the facial artery, although the blood supply is derived from various vessels, and is very abundant; on this account pressure on the facial artery, at any point of its course, will arrest it, either with the finger, or by causing the patient to work the jaws vigorously, thus compressing the vessel by the tense masseter and other associated muscles. Elevating the arm vertically, of the affected

* Reprinted from the Surgical Diseases and their Homœopathic Therapeutics.

side, will also frequently cause a cessation, but *why* I confess I am unable to say. Insufflation of *hot* water, is often curative in obstinate cases. Of course if a fracture of the nasal bones, or morbid action has opened a large vessel, it must be exposed and tied, or the nares plugged, as is laid down in other works. The remedies called for will be given in the next section of this article, and will be found very useful, almost certainly curative, and the indications definite.

Passive, or spontaneous epistaxis, may be either curative or pathological. Frequently acute congestion of the vascular membranes will be relieved in this manner, and some forms of headache, from the close relationship with intercranial vessels, will be notably benefitted by a copious bleeding. In some forms of amenorrhœa, or even suppressio-mensium, epistaxis at the critical period, as a vicarious function, occurs. In a few cases menstruation is always vicarious, and epistaxis seems to be the common form. Many morbid processes may cause epistaxis, ulceration more frequently perhaps, but I think such hæmorrhages will oftener be arterial and active. One of the most dangerous forms is that attendant upon that happily rare condition, known as the hæmorrhagic diathesis; here death not infrequently results, and at all times the patient seems to be reduced to death's door. Passive epistaxis, however, do matter what may be the cause, must never be lightly regarded, especially in those past the middle period of life. The bleeding differs from the active form in occurring in drops; not in a stream. In all cases, in the young and old, the cause must be sought for, and if possible removed. Polypi are very frequently unsuspected until repeated epistaxis calls attention to it; and so with many other pathological conditions.

The *treatment* is mostly medicinal. In addition to what has been said above, when the hæmorrhage continues after all ordinary methods, seems arterial, and is causing syncope, before resorting to ligation it may be well to use some astringent applications, even persulphate of iron, in a

weak solution. When venous, evidently from congestive or non-destructive pathological conditions, one of the following remedies may be used :

Erigeron can.—This is a remedy, that has been used somewhat empirically, and has rarely failed me. It has been used in all strengths, but the most satisfactory is inhalation of the tincture. The effort is speedy, and permanent.

Elaps cor.—Since DR. HIGGINS called attention to this remedy, it has produced excellent results in my hands, when the blood is black, flows in a steady stream, and is copious. He used it in the 200th attenuation mainly, and gives a number of interesting and instructive cases.

Carbo veg.—DR. THAYER gives the following indications for this remedy, and like all that comes to us from that careful observer they have been frequently and fully verified. Blood thin, during convalescence from fevers, excited by mental emotion, as grief, also jarring; breath short and hot; sensation of numbness; pulse not felt at the wrist; tenderness in the region of the liver; jaundice; whole body much emaciated. As additional indications I have found it curative when we have frequent and continuous bleeding with pale face before and after, especially in the morning, or after straining to stool. *Desire to be fanned continuously.*

Crocus sat.—Blood thick, black, stringy, like tar; cold sweat on the forehead.

As remedies of secondary importance, but occasionally indispensable in particular cases, we may consult the following :

Aconite.—Plethoric persons, with crampy sensation over the root of the nose.

Belladonna.—Red bloated face, and stupefying headache, but the bleeding is too long-continued; blood bright red, hot, and fluid.

China off.—Frequent epistaxis, with pale face, great weakness, and particularly coming on after blowing the nose.

Ferrum met.—Bleeding from the nose in the evening; nose constantly full of coagulated blood.

Phosphorus.—Hæmorrhagic cases; the least injury produces violent and long-lasting hæmorrhage.

Pulsatilla.—Dark thick blood, mostly coagulated; sore feeling of nose both externally and internally.

Rhus tox.—Epistaxis at night; no blood appears externally, but the next morning the nostrils are filled with coagulæ.

Sabina.—Epistaxis preceded by dullness, and pressure in the forehead.

Sepia.—Violent epistaxis; blows blood from the nose continually, but no actual hæmorrhage.

LIPOMA NASI.

Lipoma is a hypertrophy of the structures forming the tip of the nose, and varies very much in size and appearance. It is occasionally sessile and wart-like; at others pedunculated; again a mere clubbing of the tip, or an immense pendulous mass hanging over the mouth. The growth is usually limited to the tip, but cases have occurred in which it has extended upwards until vision is seriously interfered with. It is oftener met with among drunkards, a modified form being the traditional "bibulous nose." Preceding the development of lipoma, we frequently have an acne rosacea, in a severe form and of long standing, and the integument, and soft parts undergo a sort of hypertrophy, or more strictly speaking, the action is heteroplastic. The mucous crypts and follicles being first at fault, are found enlarged, accompanied by much infiltration of the connective tissue. The structure, when fully developed, is hard and gristly, when cut into, in places cartilaginous—of a dusky-red or purple color, greasy to the touch, and compressible without pain. A striking peculiarity may be said to be, that the mucous membrane and cartilages are never involved, and the growth is entirely external. The term lipoma is an unfortunate one, as it really means an encysted fatty tumor, and the present

instance fat does not in any way enter the composition of the growth.

The *treatment* is often mechanical, but in a few cases, if not large or of very long standing, remedies have produced striking results.

Baryta carb.—Lipoma in old persons of intemperate habits; scurf under the nose; troublesome dryness of the nose; fluent coryza, with feeling of stoppage.

Graphites.—Painful dryness of the nose, with black sweaty pores externally; dry scurfs in the nose, with frequent discharge of thick, yellow fetid mucus.

Mercurius.—Red, shining swelling of the nose, with itching; greenish, fetid pus discharged from the nose.

Nitric acid.—Lipoma like condyloma, with a disagreeable odor on inhaling; dry nose; pricking or sticking in nose like a splinter.

Sulphur.—In old cases, with lobulated arrangement, and no subjective symptoms.

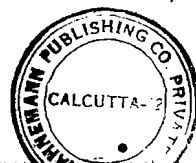
RHINOLITHES.

Nasal calculi, are calculous concretions found in the nasal cavity, rather a rare occurrence, but quite a number of cases are on record. They vary very much in size and external appearance; some have been found as large, or larger than a hazel-nut, completely occluding the nostril, but the ordinary size is about that of a melon-seed. In shape they may be ovoidal, globular, or spindle-shaped; rough or smooth on the surface; and of any color, from a yellowish-white, which is the most frequent, to brown or black. They have been found oftener in the inferior meatus, usually on one side, either lying free, attached by a narrow pedicle, or submucoid. The cause for this deposit, or metamorphosis, cannot be accurately determined, but my experience, which is quite insignificant, leads me to infer that a chronic inflammatory condition, particularly with a strumous basis, will be found the predisposing cause, inasmuch as parotid and sub-

maxillary concretions are usually found in the same patient. I think we find, however, that the concretion may be formed in one of two ways: A vital change, so to speak, in the secretions of the part, without nucleus; or the accidental introduction of a nucleus, such as a piece of bone, a fragment of a tooth, or some extraneous foreign material. The symptoms are very deceptive and incoclusive, and only the probe, or rhinoscopic examinations can interpret them, when the calculus is beyond the reach of unaided vision. We find much variation in the symptoms, both as to intensity and quality, depending upon the size of the foreign body. There is a feeling of stoppage in the nose, more or less pain, and sometimes evident inflammation, which may extend to the eye or pharynx. The symptoms, in short, much resemble polypus, and indeed these bodies are frequently the nucleus for calcareous deposits. We may add to this account of causation, that GRAEFE considers the gouty diathesis essential, while DURHAM thinks some foreign material must be retained in some part of the nasal cavity. The suq-mucoid variety, I have no doubt, is due to gout or struma, but when the calculi are free, or simply imbedded in the mucous membrane, the causes may be more local and chemical, so to speak, than pathological and constitutional. The composition has been found to be, phosphate and carbonate of lime and magnesia, chloride of sodium, and animal matter, as mucus.

The *treatment* must be both mechanical and medicinal. The calculus must be removed, and the diathesis corrected by proper medication. The operation is not at all times a trifling matter, and before undertaking it works on general surgery must be consulted.

Among the remedies that may be called for, and which must be selected with attention to the *tout ensemble* of the case, *Baryta c.*, *Lyc.*, and *Calc. phos.*, are the most prominent. The special indications cannot be given, without going into too much detail, as the constitutional symptoms are



of the first importance, the local trouble being of no import. When the calculus is evidently formed around a nucleus, and is not sub-mucoid, removal without subsequent medication, is the sole indication. It is only in the sub-mucoid form that we have a probable morbid process to combat.

OZÆNA.

Ozæna is a term used to indicate an offensive discharge from the nose, depending upon some destructive process in the bones, cartilages, or other tissues. Occasionally authors speak of the condition as a *chronic nasal catarrh*, but the symptoms will readily show a far more serious and destructive disease. If we consider it a catarrh, a simple chronic inflammation and ulceration will be accepted as the pathology, and many qualifying prefixes will be needed to accurately describe different cases. I prefer, therefore, to consider it a specific form of disease, and originating in a syphilitic, mercurial, or strumous cachexia. As regards the extent to which the destruction may be carried, it will probably be as great in one case as another, but the disease may be properly considered as cured, when disappearing under treatment when of strumous origin, while when otherwise, under the same circumstances, a translation to some other point may be anticipated. Hence, for purposes of prognosis, it will be evident that the diagnosis is a matter of some moment. The first symptoms will usually be an ordinary nasal catarrh, with a discharge of an intolerably offensive odor. As it becomes chronic, the mucous surfaces become inflamed, and thickened until the nares are almost impervious to the air. The discharge varies greatly, in quantity and quality, sometimes profuse, at others almost entirely wanting; the color may be yellow, green or bloody, thick or thin in consistency, but under all circumstances the odor is so offensive, that the patient is an object of disgust to himself and others. Later the mucous membrane becomes destroyed, and the bones are exposed, which, together with the cartilages,

are soon broken down and disappear, either by necrosis or caries, or both processes going on together. Frequently the integument is not much, if any affected, apart from a redness or bronzed appearance in the earlier stages, but as the bones and cartilages disappear, the nose falls in, the integument becomes puckered and contracted, and great deformity results.

There is a peculiar form of ulceration of the nose, treated by HELMUTH as something distinct from ozæna, but which I have thought to be a form or modification of that disease. Ulceration commences in the lining membrane of the nares, not preceded by thickening, and very frequently with a slight discharge. Indeed in very many cases there is an absolute dryness of the nose, with difficult detachment of hard, tough scabs or crusts, followed by a sore feeling, and some bleeding. On examining the parts carefully, with the rhinoscope, an ulcer will be found on the septum, which frequently pierces it before any external evidence of disease is seen. From this point the destruction goes on as in other forms of ozæna, and usually extends inwards, involving the palate and maxillary bones. Perhaps this form of the disease will oftener be due to mercurial poisoning than either syphilis or struma.

The *treatment* must be entirely medicinal, with the exception of the removal of portions of dead bone as they become detached. In the earlier stages the disease may be arrested, if mercurial or strumous, and a cure without deformity result. In the later stages, or when of syphilitic origin, the destruction of tissue will go on in spite of our best efforts, and a cure only be accomplished with great deformity. It makes no difference what treatment is adopted; those who employ local measures do not attain any greater measures of success than others.

Alumina.—Soreness and scabs in the nose, with discharge of thick yellow mucus; swelling and redness of the nose; frequent attacks of coryza. *Worse* in the afternoon, and on

alternate days ; while sitting in a room. *Better* during moderate exercise, and in the open air.

Apis mel.—Inflammation of the nose, externally and internally, with puffy, shining redness, and burning-stinging pain. *Worse* in the morning, evening, and at night ; from heat, especially in the warm room. *Better* from cold water.

Arsenicum alb.—Swelling of, and burning in the nose ; ulcers in the nose ; cancer of the nose ; profuse, fluent coryza of sharp, burning, excoriating water, with hoarseness and sleeplessness ; drawing stitches here and there in the face. *Worse* at night, also from cold. *Better* from heat in general.

JOHNSON gives the following case : Sore in the left upper septum, scurfy, large as a sixpence, with inverted edges ; thick, horny crust, or scab on the center, of a dirty-yellowish-gray color ; sharp burning pains, and itching ; worse when touched. Discharge of thin bloody serum, if the scab is removed, with smarting-burning pain when exposed to the air. The case was cured in five weeks.

Aurum fol.—Carries of the nose, with very offensive discharge, and sensitive smell. Exceedingly low-spirited, with suicidal tendency. This is the chief remedy, in mercurial cases, particularly when the nasal disease is secondary upon some osseous disease of near parts. The bones of the skull are painful to the touch, even when lying on a soft pillow, and it is almost impossible to brush the hair, for the same reason. *Worse* in the morning ; also from cold. *Better* from warmth.

Calcareo carbon.—Scrofulous ozæna, with stench before the nose like manure, gunpowder, or putrid eggs. Diminished smell. *Worse* in the morning and night, also from cold. *Better* from warmth.

Mercurius.—Red, shining swelling of the nose, with itching ; greenish foetid pus is discharged from the nose ; swelling of the nasal bones ; blackish nose ; scurfy nostrils, bleeding when they are cleansed ; bleeding of the nose during sleep, or when coughing ; profuse fluent coryza, with profuse

discharge of watery corrosive mucus; circular perforation of the nasal septum. *Worse* at night; also from warmth, and from the heat of the bed. *Better* from cold?

Nitric ac.—Stitch in the nose, as from splinters, when touching it; the tip of the nose is red, and covered with scurfy vesicles; itching herpes on the wings of the nose; bleeding of the nose, the blood is black and clotted; disagreeable smell in the nose on inhaling air; foetid yellow discharge from the nose; foetid smell from the nose; condylomatous excrescence on the nose; soreness, burning and scurf in the nose; unsuccessful attempt to sneeze; the nose is dry, and stuffed up; complete obstruction of the nose, with dropping out of water; dry coryza, with dryness of the throat and nose, the wings of the nose, inflamed and swollen; fluent coryza, with obstruction of the nose, the mucus is only discharged through the posterior nares; coryza, with dry cough, headache, hoarseness, and stitches in the throat. *Worse* in the evening, and at night; also on touching the parts. *Better* on getting warm?

POLYPI.

The various forms of tumors that are found in the nasal cavity, have been grouped together under the general term *polypi*, notwithstanding the structure, and malignancy vary under three heads, while, of course, the sub-division may be almost endless.

Papillary growths are common in the nose, and present all the characters of papillomate elsewhere. They are sessile, of course, and the "individual papillæ are acuminate." They spring mostly from the mucus covering of the septum, or cartilages, and are more frequently seen in children or young persons. The symptoms are few, and nothing can definitely determine their presence, but actual inspection. The discharge from the nose varies greatly, in different bases, sometimes profuse and of unhealthy characters, at others

bland and scanty ; there is at all times, however, much irritation of the nostrils, with disposition to pick the nose.

Mucous (gelatinous) polyps are the true polypi, and by far the most common of all forms of nasal tumor. They are usually pedunculated pendulous growths, somewhat pear-shaped in most instances, but occasionally lobulated and moulded to fit the cavity in which they are found. They may be single or multiple, oftener the latter—and are found growing from any of the mucous membranes covering the bones, particularly the turbinated, and rarely, if ever from the septum or cartilaginous portion. They are elastic, of a shining translucent appearance, varying greatly in color, small blood vessels running on the surface, oftener gray, or greenish-gray. When incised they yield a sero-albuminoid fluid, closely resembling synovia. The symptoms are various, depending much upon the size and position of the tumors, and not conclusive unless inspected by the mirror or touch. In the beginning there will be a sensation as if the nose is filled up with something, and the finger is used to clear it away ; as it increases in size breathing becomes difficult, the mouth is kept open, and snores while sleeping. In damp weather the tumor is enlarged, and the difficulty in respiration is aggravated. There may be an increased discharge from the nose, but in most cases it is unirritating, and not particularly noticeable ; occasionally there is frequent hæmorrhage, but not to an alarming extent as a rule. When the tumor grows from the roof of the pharynx, or the base of the skull, it is known as *naso-pharyngeal polyp*, and while of much greater size than when found elsewhere, is also productive of more urgent symptoms, and greater impediment to respiration. As they increase in size, in either situation, anterior or posterior nares, or pharynx—the cavity is first distended, and next the bones become eroded or even absorbed. In this way benign growths may induce as much deformity as *ozæna*, and mislead the uninformed. Simple as a diagnosis may seem, cases are not rare in which one of

the turbinated bones have been torn out, or the mucous membrane stripped away. It is becoming in young surgeons to be cautious in forming a diagnosis, or expressing an opinion in these cases. Bearing in mind the possibility of pharyngeal growths, no examination should be considered complete that does not include the use of the rhinoscope.

The pathology, according to DURHAM is as follows :—"They consist of extensions of the mucous membrane, including more or less closely reticulated fibro-cellular structure, which is continuous with the normal sub-mucous tissue. Their surface is covered by ciliated epithelium ; and their substance is made up of delicate, waxy, interlacing filaments, the interstices of which are occupied by fluid, or semi-fluid material, containing round, oval, elongated, or caudate cells with nuclei, and very fine granules or molecules. The normal mucous glands, according to Billroth, are enlarged and converted into clustering formations, with very numerous sacculi, and these help to make up the mass. In some cases these sacculi become cystic in appearance, and the vesicular character of the polyp is pronounced. In other cases in connective tissue elements are developed in larger proportion, and the growths are consequently firmer and denser, and approaching in character the fibrous or sarcomatous polypi. Occasionally the softer polypi become comparatively condensed and opaque in places ; and in some rare instances concretions of fibro-cartilaginous hardness are found in them."

Fibrous polypi are of two kinds, according to my observation, the sessile and pedunculated, which differ enough in the structure to warrant a distinct classification. When pedunculated they seem to be formed very much as uterine fibroids are ; that is a fibroid, differing in nothing from the same tumor elsewhere, except that its investment is mucous membrane, and the tumor frequently becoming separated from its base, seems to lie loose and unattached in its mucous envelop. The other form is either sessile, or the pedicle is very broad and thick, and is firmly attached to the bones.

The vascularity is high, while in the mucous polyp it is low and the arterial distribution is on the surface; this gives rise to frequent hæmorrhage, and the same higher grade of vitality renders their pressure more injurious to near parts. They are usually single, attain a large size grow slowly, and are quite firm to the touch; recurrence is the rule after removal, and they not infrequently take on a malignant character after frequent recurrences. When not arrested or removed early, they may attain enormous bulk, filling the nares completely, extending back into the throat, and produce a disfigurement GROSS calls "Frog-face," from the distension of the parts. The naso-pharyngeal polyps are usually of the fibrous character. They are firmly attached to the periosteum, and it is though are continuous with it in structure, containing few, if any elastic fibres. Occasionally they are found containing calcareous concretions, in some instances ossific deposits, and GROSS mentions a notable case in which there was a coating of calcareous matter, highly organized. Fortunately these growths are not common in the nasal cavity, the uterus being the chosen seat.

The *treatment* of polypi, when large and inducing serious discomfort, must be operative. When smaller, not in very great numbers, or occurring in both nostrils, remedies must take precedence. It must be understood that even in the first instance, operative treatment is purely palliative; the tendency to recurrence can only be combatted successfully with remedies. The following remedies are oftener indicated, while many others, of exceptional value, might readily be added to the list.

Calcareæ carb.—This remedy has long stood at the head of the list for polyps, particularly of the mucous variety. There is a constant stench before the nose, like manure, gunpowder, or putrid eggs; the polyps are large, in the anterior nares, plainly to be seen, and not sensitive.

Cepa.—RUCKERT gives a case cured, the polyp being mucus, in left nostril, with a "drugsmell" in the nose, fluent

coryza of thick mucus, with laterly a thin watery discharge. Five doses of *Cepa 6*, caused the expulsion of the mass, and the coryza ceased. The mucous membrane of the opposite nostril was thicker, but no polyp.

Conium mac.—Fibrous polyp, hard and elastic, pricking and itching after touching or handling; excessively acute smell with purulent discharge.

Kali nit.—RUCKERT case of mucous polyp of right side, in a girl, very large and distending the nose. Cured with six doses of the third attenuation.

Lycopodium.—Very sensitive smell; violent coryza, acrid, and making the upper lip sore; posterior nares feels dry, and the nostril is closed, every morning, with what looked like inspissated pus.

Phosphorus.—Fibrous polyp, bleeding freely, and accompanied by serious mischief to the nasal bones, threatening necrosis; profuse discharge of green or yellow mucus without coryza.

Teucrium.—Mucous polyps, of pale red color, on the left side, and of large size; mostly in the anterior nares, and in plain sight without the rhinoscope.

Sulphur.—I have always given this remedy, "on general principles" after the cure has seemed complete, on an assertion of JAHR'S that it "confirmed the cure." Of course with what success cannot be definitely told, as a failure to return might be considered evidence *pro* or *con*, by different observers.

ABSCESS OF THE ANTRUM.

In one sense the antrum would be more appropriately considered under diseases of the mouth, but for various reasons it seems best to place it here. The anatomy of this cavity renders it little liable to extensive morbid action, but probably inflammation of the lining membrane, in connection with coryza or nasal catarrh, is much more common than we are aware of. According to OTTO there is very great

variation in the size of this cavity ; at times covering the whole of the dental arch, again only corresponding to two or three teeth. The same variation, I think, is observed in the outlet ; in some cases being quite on a level with the floor, at others considerable above it ; the latter by far the most common. These anatomical considerations will go far, perhaps to explain some of the phenomena to be considered.

When we speak of *abscess* of the antrum, we manifestly do not refer to a suppurating disease of the bony walls, but to a collection of pus, secreted, or derived from the mucous lining, and prevented from finding an exit through closure, by some means of the nasal duct. Usually the nose is primarily affected, and the inflammation extends to the antrum ; at first the swelling is not sufficient to prevent the escape of the pus, but the mucous membrane soon becomes pouted about the outlet, and when small will effectually occlude it. There is very much variation in the size of the outlet, as well as with reference to the elevation. At times it is so small that an ordinary probe cannot be made to enter but with difficulty ; at others it will admit the point of the little finger readily. When the outlet is small of course the occlusion from swelling occurs more readily ; when large the stoppage is usually from rhinolithes, or inspissated pus or mucus.

The first symptom will be a feeling of tenseness and slight pain in the region of the antrum, rapidly increasing swelling, with corresponding increase of pain. Occasionally the pus will accumulate until the cavity is completely filled, when a drop may exude through the duct, and give temporary relief. When the swelling is at its height, the pain becomes throbbing and pulsative, extending to the eye, sometimes materially interfering with vision. The malar bone is pushed down so that the teeth seem longer, and the disfigurement is very great. The symptoms are very unsatisfactory, both objective and subjective, and but little certainty can be felt in the diagnosis until the pus is detected in

trying to make an escape, which it ultimately does in one of four directions. The touch gives a sensation of a thin expansion of the bone, crackling, under light pressure, like parchment or an egg-hell. The external inflammation, that of the integument—is not all times high, but is always noticeable.

The *result* of the process is either in necrosis of the bones, or spontaneous discharge of pus, the latter so frequently as to be considered the rule. In this event it will point in the cheek, when left to nature, be discharged through the socket of a canine tooth, through the nose, or through the orbital plate; the latter is very rare.

The *causes* have already been partly given, and we can only add at this time two conditions which are likewise originated without the antrum. The most common is the irritation from a carious tooth.

There is an accumulation of the normal secretion, sometimes occurs, known as *dropsy of the antrum*, which may undergo degeneration and become pus. This is largely due to occlusion of the small duct by inflammatory action, or inspissation of mucus.

The *treatment*, by remedies alone, will always prove very unsatisfactory; indeed, from obvious reasons, it will be contra-indicated unless conjoined with instrumental measures. *The imprisoned pus must be evacuated*; and here let me say, while not included in our plan, that the time honored rule in suppurating affections must here be disregarded. The pointing will often be in the cheek; it is essential to avoid this, and so a drill must be employed, and the antrum opened in the mouth or nose. Remedies will have an important part to play, however, in the subsequent treatment, or even in the beginning if the actual condition can be determined; *viz.*, to prevent the formation of pus, or failing this to regulate and shorten the process. For the first indication *Merc.* will be the remedy; for the second, *Hepar sulph.* If extensive mischief is done the bones, consult *caries*, and *necrosis*.