

ment of the ethmoid cells, consisted in the application of chromic acid or the galvano-cautery to the hypertrophied mucous membrane. If distinct cleavage has taken place and polypi are present, they must be removed. His plan was to remove the inner half of the bone, and thus open the ethmoid cavity and wash out antiseptically with pyrozone, or iodoform and glycerine.

Dr. RYERSON said in addition to the symptoms Dr. McDonagh had mentioned, he had found patients complained of pain and tenderness over the inner angle of the eye, and the appearance of swelling of the bone. In one case he had cut down and trephined. A large quantity of pus and broken down tissue were thrown off. That was probably in connection with the front of the sinus. The disease seemed to extend into the ethmoid. In another case he had attempted to perforate the ethmoid through the nose. In endeavoring to open it the drill broke off. It was afterward cast off. The patient did not seem to mind it very much. With a cannula he had washed out much in the same way as Dr. McDonagh recommended. He believed these cases were much more common than was generally supposed. Many cases of catarrh and polypi he believed were really disease of the ethmoid, and the only treatment that would be beneficial was the one described. He was in the habit of scraping with a curette with malleable handle. He reported a case where he had used pyrozone where symptoms of constitutional poisoning presented themselves. There were alarming symptoms for a few minutes. The patient felt severe distress in the head, the pulse was irregular and weak, but she soon recovered. He was not sure whether the symptoms were caused by the pyrozone or from extension of the disease to the brain cavity. Since then he had been cautious in the use of pyrozone in closed cavities.

Dr. McDONAGH said that when the disease extended into the sphenoidal or frontal sinuses, as it often did, the symptom referred to by Dr. Ryerson was often present. He thought there was no danger in using pyrozone. Where there was free exit made for the pus there would be an equal chance for the pyrozone to escape.

Intra-Ocular Tumor.—Dr. RYERSON reported two cases of intra-ocular tumor. The first case was that of a lighthouse keeper from the northern part of the Province, who had an attack of *la grippe* and suddenly lost his sight, apparently from detachment of the retina. Examination of the eye showed a distinct round growth or tumor in the left eye towards the lower portion. It was of a greyish-pink color, and it appeared to be either a growth or detachment. He was treated for a short time by hypodermics of pilocarpine as if for detachment.