

there were no evidences of disease whatever, and a complete view of both choanae was easily obtained. Vision normal in both eyes, with the assistance of a convex lens, optic discs normal. With transillumination the light penetrated the left frontal sinus satisfactorily, but the right sinus seemed small and indistinct, no penetration could be obtained on either side of the face. A small portion of the growth was removed for examination by the pathologist and the haemorrhage was not marked. No evidence existed of enlargement of glands.

Dr. Cummings kindly examined the patient with the Fluroscope and reported that the antrum and ethmoidal regions appeared to be completely occluded with growth, and that the frontal sinus which was small, was hazy and probably filled with pus.

MICROSCOPIC REPORT ON PATHOLOGICAL SPECIMEN.

Irregularity in size and shape of the nuclei is a marked feature—variations from a small round to elongated and large nuclei. Mitoses are frequent, as many as four being noted in one field, immediate division also being found.

The cell protoplasm in many fields run together so that no cell outline is discernable. In other places the cells are distinct, occasionally the eccentric nucleus of the "plasma cell" being noted. Blood vessels are not plentiful, but when found, no lining endothelium can be made out. The sections from septum of nose differ only in seeming to have a more orderly arrangement of the neoplastic cells and in showing a greater number of endothelium cells scattered throughout the section. Sections were stained with eosin methylene blue, but did not stain very distinctly.

From the above examinations it appeared evident that a complete evisceration would be required of the right nasal fossa and antrum, and that possibly the frontal sinus would require to be opened. The patient however, desiring as little deformity as possible, and the skin of the face being involved, it was decided to reach the parts in the first place by a Rouge operation, and if subsequently found necessary, to perform a Killian operation upon the frontal sinus.

The patient was anesthetized and a preliminary larygotomy performed after the manner described in Butlin and Bond in the *British Medical Journal*, 5th January, 1907, page 7, which is briefly as follows: The skin is pinched in a vertical fold at a point opposite the upper border of the cricoid cartilage, this is transfixed transversely with a tenotomy knife and the forceps placed upon one small vein which was bleeding. A pair of sharp pointed scissors curved on the flat are then forced through the crico-thyroid membrane close above the margin of the cricoid cartilage and the blades opened and withdrawn. Into this incision is placed