

anterior nares, and soft and movable in places; the soft palate was depressed, and a large whitish mass protruded into the nasopharynx. There was a marked odor.

Beyond a note that the galvano-cautery was applied two days later, I have no further notes of the case, or of the pathological report, but he came later under the care of Dr. Price Brown, who obtained excellent results, as he has already reported.

CASE 3.—Miss G., nurse, aged 35, referred by Dr. H. B. Anderson, October 22nd, 1902, with the following history: Fatigued by her work, the patient, who was of a thin nervous build, came home for a rest, and in June consulted the family attendant about pains about the head and face, which were ascribed to neuralgia due to residence in a very damp house, and were relieved by suitable anti-neuralgic treatment. At this time the face, eyes, nose and mouth were carefully examined, as the mother stated that she had dreamt that the pains were due to a tumor behind the eye.

The patient was not seen again till the middle of September, when the pains had returned. She was kept under observation, and as she began to complain of a stuffy sensation in the left nose, with an occasional bloody discharge, and to show some bulging of the left eye, she was admitted to the hospital. On examination, I found an irregular mass growing in the region of the middle meatus on the left side of the nose, a well-marked proptosis of the eye, and by transillumination an absolutely dark antrum. A section removed from the nose showed the growth to be a round-celled sarcoma. The origin of the growth was probably from the roof of the orbit, and it had involved the antrum, invaded the orbit, and extensively involved the ethmoid. Operation was not consented to, therefore the patient was immediately put upon Coley's fluid, injections of a half minim, locally as well as at distant points, being as rapidly as possible increased to doses of three and a half minims, at which point the treatment had to be moderated as the depression and chills attendant were too severe.

A combination of smaller doses of the fluid, with fluorescent rays, were then adopted for a time, but beyond a slight check no improvement was noted. The patient died in the end of March, 1903, after the growth had involved the neighboring tissues extensively.

For these notes I am indebted to Dr. Anderson, as the hospital records were destroyed.

CASE 4.—Mrs. S., aged 62, referred by Dr. Grey, July, 1904. Complained of bleeding and pain in the left nose for past six weeks. The bleeding was not severe, but continuous, an average of eight handkerchiefs per day being soiled thereby. The pain is in the left nasal bone, extending outwards under the eye, dull in character and intermittent. There is complete left nasal stenosis.