

normal features, but upon examination the right nostril is found completely filled with a pinkish grey mass, in shape and consistency resembling a mucous polypus.

No superficial blood vessels are visible. Upon touching the growth with a probe, bleeding is easily produced. The left nasal passage is normal.

Owing to an irritable pharynx, a clear view of the posterior nares is unobtainable, but on introducing the finger into the naso-pharynx, the right posterior nares, is found completely occluded.

Tenderness on pressure exists to a marked extent over the right antrum and side of the face.

The light from a transilluminating lamp shows dark over this area, but can be clearly seen over the left side.

From the clinical evidence obtained up to this point, I considered the case to be one of intra-nasal sarcoma, and upon removing specimens of the growth and submitting them for examination to Drs. C. F. Martin, of Montreal, and Gordon Bell, of Winnipeg, they were reported to be round-celled sarcoma.

Removal of the neoplasm was accomplished by use of the cold wire snare and the curette. Owing to the copious hemorrhage which followed the operation, several sittings were required before the entire growth could be extirpated, and free nasal respiration on the affected side restored. Strips of antiseptic gauze packed into the nasal cavity after each operation sufficed to keep all tendency to hemorrhage under control. The sarcomatous mass had its origin from the floor and outer side of the nose below the level of the inferior turbinated body, and midway between the anterior and posterior nares.

On July 20th patient was sent home, with directions to use a spray in the nose, and return for further treatment, should there be any sign of recurrence.

On August 12th she again visited me, complaining of a return of the former symptoms. I found, upon making an examination, that the growth had recurred, and, if anything, was larger than when

first observed. Removal was a second time accomplished without difficulty, the site of and parts in the region of the growth being freely curetted, but within two weeks it had returned.

Considering the outlook almost hopeless, a radical operation, having in view the resection of the bony structures in the vicinity of the growth, was suggested, but refused. As a last resort, a supply of Coley's Toxins of Erysipelas and Prodigiosus was obtained and treatment commenced by injections of the toxins into the substance of the growth. In all eight were administered, the first two of two minims each, the third of three minims, and from these no reaction was obtained. With five minims very severe reaction resulted. Within an hour from the time the injection was given the patient was seized with severe chill almost amounting to rigor, followed by vomiting, diarrhea, headache and temperature which reached 104. The next day an eruption appeared on the upper lip and about the alae of the nose, consisting of raised patches of pale reddish hue, which later on became confluent and brawny, a feeling of warmth and tingling being complained of over the affected area. Within three days the systematic disturbance had subsided, and in the course of a week the eruption had disappeared. Four more injections of five minims each were given at intervals of from two to three weeks, the reaction after each dose being severe, and similar to that already described, with the exception that there was no eruption. The use of the toxins had apparently no effect in retarding the progress of the growth, which was removed as found necessary in the intervals between injections.

On the 15th of February, 1896, seven weeks since the patient was seen last, she came in to see me, and upon examining the nose it was found quite free, not the slightest trace of the growth being visible. She stated that there had been no obstruction since the last operation, which was performed eight weeks previously.