Review, I cited a very typical case of primary sarcoma of the right nasal fossa, causing nasal obstruction, frontal sinusitis, and orbital phlegmon. Polypi are one of the most common causes of either persistent, or occasional, nasal obstruction. The diagnosis is usually easy, though one often finds an unsuspected polypus, after he has removed some septal spur, anterior to it. Polypi may practically be said to always arise from the middle turbinal region, and, according to Grünwald of Munich, is usually associated with some accessory sinus disease. The treatment is by snare, or forceps, combined, or separate. When the polypi are numerous, one must have a number of prepared snares available, so that no delay is caused by fixing the wire, or through blood obstructing the view. One snaring and subsequent careful cauterization of the base of the growth may be all that is required ; but there are many cases in which the polypi have existed for a long time, and are very numerous, that nothing short of thorough currettage of the anterior and probably middle ethmoidal cells will suffice to prevent recurrence. Frontal sinus, or maxillary antrum empyema, must recieve appropriate treatment also. It should not be forgotten that nasal polypi, in old people, or people past middle life may take on a malignant nature, bleeding easily, recurring rapidly, and possibly associated with impaired health, loss of sight, and with bone enlargement. After removing polypi, Mr. Lennox Browne favors repeated cauterization of the area, and, in many cases, spirit sprays. One must not mistake the rare occurrence of a meningeal sack for a polypus. In doubtful cases, careful aspiration of the contents of the sack and chemical examination will suffice to differentiate. Polypi projecting, or growing, in the post nasal space, may be engaged from the nose with a snare, assisted by the finger in the naso-pharynx, but, as a rule, they are best removed by forceps introduced from the mouth. In very rare instances is it ever necessary to split the soft palate, and then only for very large fibro-myoma. A patient who is subject to nasal polypi should consult a rhinologist, at intervals, so that any budding growth may be attacked early, even before symptoms are manifested.

(c) *Obstruction in which both sides are concerned.*

In some cases both the septum and the outer-wall of the nasal fossa are at fault. When they are in contact ulcerations and adhesions, synechiæ, occur. These conditions are fully considered under the other divisions of this article

(d) *Obstruction due to Foreign bodies—Rhinoliths.*

It is not uncommon to find children with obstruction in one nostril, associated with a unilateral foul nasal discharge. In the majority of