

not been removed. About a week following the removal of these growths the pain and swelling in the eye rapidly increased, resulting in an approximation of the upper and lower lids, with inability to open the eye.

Two weeks following this I saw the patient for the first time, the complaint being a swollen eye, very violent frontal headache and double vision. Without asking any questions whatever, I surmised he had been stung by some insect, the edema of the lid being so marked and apparently so recent. The eyeball was very prominent and displaced downward and outward, conjunctiva slightly congested, pupil active and same size as unaffected eye, tension normal. Fundus normal, except engorgement of retinal veins and optic disc somewhat redder than normal, but not prominent or blurred. On palpation nothing could be elicited, except a slight tumescence deeply situated at the inner part of the upper lid. Here it was tender, and on pressing the adjacent wall of the frontal sinus very marked pain occurred. He informed me the pain at this point was some time previous much more severe.

On examination of the nose I saw a swollen and roughened condition of the anterior end of the inferior turbinal and a good deal of necrotic debris, such as one would expect to find after tearing away a few polypi with forceps and leaving the remainder for another occasion. There was very little dried blood, no pus, no odor whatever. I was unable to inspect the superior or middle meatus owing to a mass of tissue greatly resembling polypoid tissue, but much redder. Ten per cent. solution of cocaine produced little effect. With a post-nasal mirror I noticed the right space closed by a similar polypoid-looking mass.

The left nostril was normal, except for a slight deviation toward the left of the posterior part of the septum. Transillumination of frontal sinuses and maxillary was not satisfactory. I was, however, satisfied that there was a collection of pus in the right frontal sinus and possibly also deep in the orbit, which was the cause of the cellulitis in the right eye, and the frontal sinusitis was due to nasal obstruction.

Having cocainized the nostril well with 15 per cent. solution of cocaine, and a 10 per cent. solution of suprarenal glands, I proceeded to remove the polypoid mass with a cold snare. I noticed when the wire was being put into the nostril I could feel a large mass move to front of it, as is frequently noticed in removing large multiple polypi. Having placed the wire in position, I drew it home, but was much surprised at how easily it seemed to cut through the tissues. Nothing being in the loop, I thought it must have slipped, and tried again, with the same result. Hemorrhage was very free in spite of supra-