

growths, from a third to half an inch in length, white, surface smooth and white on all sides, and somewhat soft in consistency. The substance was made up of fibrous matrix and alveoli, containing rather loosely packed cells. The matrix consists of soft-looking fibrous tissue, with numerous connective tissue cells, oval, spindle and triangular. The fibrillation is not very distinctly marked, the cells are not markedly epithelial in character, the nucleus occupying a very large part of the cell and staining sharply. The arrangement points more strongly to carcinoma than to sarcoma. The growth is probably carcinoma of a scirrhous variety (alveolar).

After consultation with Dr. McDonagh, operation was decided upon. An incision was made through the cheek from the left inner canthus downward, parallel with the nose, and a second incision, beginning at the same point and extending outwards underneath the orbit. The flaps were dissected back and a portion of the nasal bone, the nasal process of the superior maxilla, and the outer wall of the antrum were removed, and the growth found occupying the upper portion of the antrum, and the ethmoidal region, as far back as the sphenoidal sinus. The floor of the orbit and body of the ethmoid, with the outer wall of the nose, were completely removed with the growth, and a large quantity of pus evacuated from the sphenoidal sinus. The incision healed by first intention. On the fourth day the patient complained of great pain in the head, especially in the vertex, with tenderness in the neck, defective speech, faulty memory, and a temperature vacillating between 87 and 101 degrees. These symptoms gradually disappeared, and the patient was seen for the last time on the 20th of July, when, with the exception of a large granulation, the nose was found perfectly healthy and the general condition much improved. The patient was sleeping poorly, but was suffering no pain. I did not see him subsequently, but learned that all the symptoms returned, and that he gradually sank, and died some months later.

CASE 2.--Lionel P., age 17, mailer; referred by Dr. Gordon in January, 1900. Complained of a stuffing up of the left side of nose for past six months; right side became stenosed later; voice is dead; blood comes away into throat and through anterior nares at night. Hearing is failing in the left side. Pain, loss of flesh and failure of health are absent.

On examination, a smooth, evenly rounded, resistant mass occupies the outer wall of the left nose towards the back, and has pushed over the septum to the right. Post-nasally, a mass can be made out, filling the posterior nares, but not protruding backwards. The color is similar to that of the surrounding tissues. There is no sign of a bleeding point.

The patient was not seen again for three months, when all the symptoms were found increased; the growth was nearer the