

Bishop says it is a rapidly fatal disease of less than a year's duration.

Coakley, in his issue of 1908, says if the sarcoma is small it may be removed at one sitting by the electro-cautery snare, or if large by several distinct operations, the base being always cauterised. Prognosis, he says, should always be guarded, as recurrence, when least looked for, is likely to follow.

And lastly, Packard, of Philadelphia, in his new text-book upon the nose, throat, and ear, only just published, says (I quote his own words): "The prognosis of sarcoma of the nose is extremely bad. If removed it has a strong tendency to early recurrence. The only satisfactory treatment is thorough extirpation of the neoplasm as early as possible. For this purpose it is generally necessary to perform an external operation, intra-nasal operations not affording sufficient room for thorough removal."

In the light of such a record from leading specialists of this new century it looks like temerity to say anything more. But the last word has not been said, nor will it be for many years to come; and I ask for a few minutes' earnest and candid consideration of the subject.

Six years ago I reported at the American Laryngological Association at Washington the history of three cases. All of them had exhibited the usual classical symptoms: continued obstructive growth, repeated hemorrhages, etc. All had been previously operated on by other men. All had been of long standing, and the diagnosis was in each case sustained by pathologists after careful examination of sections removed. Two of them were then reported as cured. The third still under treatment was reported as follows:

On Oct. 31, 1902, Mr. L. R. P., aged 21 years, presented himself at my office. On examination I found a large growth, which completely filled the left nasal cavity. It distended the nostril, flattening that side and producing partial frog-face. Posteriorly it filled the post-nasal cavity, pressing the soft palate downward, and rendering it rigid and immovable. The lower part of the left cheek was also protuberant and pendulous, although not diseased. The septum was pressed over to the right by the growth, so that nasal respiration was impossible.