shock will determine an acute necrosis of the adjacent bones of the face. This is particularly liable to happen when the frontal sinus has become invaded by the progress of the disease from the nose upwards, the matter from which escapes by a tortuous channel opening usually in the upper eyelid near the inner canthus. The condition of such subjects is clearly a perilous one, but they will exist longer without surgical interference than with it.

Patients of this group of polypoid disease are prone to implication of vision through the orbit being involved in the disease, and ophthalmologists are not unacquainted with fatal cases of blindness coming on as a sequela of so-called nasal polypus, but which cases are really examples of progressive ethmoiditis of the type under review.

In the same work, again, in reference to implication of intra-orbital structures, he says, "Casual allusion has already been made to this subject, but its importance increases as acquaintance with the disease widens. In the first case in which Rouge's operation was performed by Dr. Woaks, it was found that the left orbital plate of the ethmoid had disappeared, the orbit communicating freely with the nasal cavity. In this instance, however, *the corresponding eye did not appear to have suffered.* In a more advanced case of disease, in which the frontal and sphenoidal sinuses were largely involved, the patient lost the sight of both eyes some months before his death. In another instance well-marked proptosis of both eyes was present, giving an unsightly appearance to the features, but disappeared upon removal of the diseased portions of the middle turbinated bones. In these cases it is probable that inflammatory processes had extended from the nose to the orbit, producing changes in their extra-ocular contents only, and subsided on removal of the exciting cause—the contiguous nasal disease."

Treatment.—I think those who advocate leaving such cases alone will agree with me that I followed the proper course in removing sufficient of the mass to allow the drainage of the frontal sinus. The relief the patient received is satisfactory proof to me at any rate. Whether it is wise or even possible to remove the remainder of the growth, including the obliteration of the accessory nasal sinuses and even probably the removal of the eye, I do not propose to say, leaving this for your advice.

On seeing my patient after his going home the second time, I must say my prognosis underwent a more hopeful change. It was quite apparent that the thorough curetting that I gave the intra-nasal structures at least retarded the growth very materially, and I feel very much like resorting to a much more extensive operation to eradicate the remainder, though many eminent men favor entire intra-nasal operating.