bone is found quite bare in the midst of an exuberant cauliflower-like excresence. The surface of this mass is covered with polyp-buds, some of which, growing in the direction in which space is afforded for their development, may attain the size and appearance of a small mucous polypi. The bulk of the growth, however, though of the myxomatous type, is of much firmer consistence; it is very vascular, bleeding freely when touched, and if removed with a snare, is reproduced in two or three weeks. It may soon fill the entire nasal cavity, and press upwards towards the cribriform plate of the ethmoid bone, the pressure exercised by the proliferating mass causing the neighboring tissues to become absorbed or greatly expanded. In the first case of this kind met with vision was destroyed in both eyes successively, the patient ultimately sinking from exhaustion. Though not malignant in the histological sense, the clinical results may rival those of the most malignant growths occurring in this region. Judging from reports of such cases which appear from time to time in the medical journals, they are often assumed to be of a sarcomatous nature. So far as the observations of the author extend, the disease when fully established rarely or never undergoes spontaneous cure. On the contrary, its usual tendency is to progress, slowly and insidiously in some cases, very rapidly in others. Long periods of arrest prior to the stage of polypoid proliferation are, as already stated, frequent, but such latency is apt to cease and the disease become roused into activity by fresh catarrhs, or indeed by severe illness of any kind. On the other hand, there are many cases in which, though the proliferating phase is reached, the process does not advance beyond the development of a limited amount of myxomatous tissue, of the existence of which the patient may be ignorant, being conscious only of being "very liable to colds in the head."

The patients belonging to this class are usually advanced in years, and though they have been subject to the disease for a varying length of time, have, as a rule, neglected its treatment. The nasal cavities are found completely blocked with myxomatous growths of varying degrees of consistency, whilst the middle spongy bone is represented by a necrosed squama, or the cellular structure of the entire ethmoid bone is degenerated, and infiltrated with proliferating material. It is in these cases that the surgeon is confronted with the most perplexing problems with regard to treatment. Simply to remove these polypi is to invite their speedy return, and in some cases to favor the establishment of a quasi-malignant form of polypi proliferation.

In old subjects, or where the disease has existed over many years in comparatively young ones, the vitality of the entire region becomes lowered to such an extent that a very light