

could be made to gush out on firmly pressing the orbital border of the frontal sinus. The odor of the nasal discharge was very peculiar, more like cancer of the uterus than anything else I could think of; it was also very tenacious. As domestic affairs demanded my patient's attention at home, I put him on a mixture of cod-liver oil with wine, iron and strychnine (Shuttleworth) and a nasal spray of menthol, thymol and albolene. His evening temperature for the few days he was with me ranged from 100 to 101.

I directed the patient, who lives over one hundred miles away, to return in ten days at the outside. He did not return until nearly three weeks, when his condition was as follows: The orbital swelling was fully as great and in the upper lid the skin was quite reddened as though pus might collect and point there. There was none, nor had there been since his going home, any pain whatever. He worked hard through the harvest and his appetite has been, as he says, splendid. He says he is better in every way and stronger. There has been an intermittent discharge of pus from the nose which is most marked some time after he has been up on his feet in the morning. Frontal sinus tenderness is nothing like it was, yet on pressure the pus will still come down in the nose. The roughened appearance of the turbinal and septum is gone. There is no bloody discharge at all and practically no odor. His fundus showed no material change, except probably a more tortuosity of the veins. The man is immensely improved, whether the thorough curettage his nose has been subjected to has modified his case I will not say, but I took at once a more hopeful view of the case.

Sarcoma of the intra-nasal structures is probably quite rare. Price Brown says up to ten years ago Bosworth had collected forty cases. Since then, however, probably a dozen others have been reported. Lennox Brown, in speaking of malignant growths of the nose, says: "Sarcomata sometimes originate in the nasal fossæ or may invade them from adjacent structures. The septum and nasal wall of maxillary sinus are apparently the commonest sites, though, he says, he could call to mind cases in which sarcomatous growths have been removed from the superior meatus under the impression that they were innocent, until rapid recurrence led to microscopical examination.

It is, I presume, fair to assume that the sarcomatous state in my patient is a transformation of a previous bony condition. This is merely a supposition, however. Lennox Brown again says, "A sufficient number of cases is now published to confirm the general, though but rarely recorded, experience of practitioners that any neoplasm occupying the nasal fossæ, whether myxoma or fibroma, is capable of assuming malignant character-