index finger. In my absence Dr. Milne Murray ordered the application of the *x* rays and a cure was effected after three exposures. I have since learned indirectly that this sinus has reopened a little. It is possible there may be some bone present.

It seems to me advisable, therefore, to record these two cases so that a further trial may be given to a form of treatment now available in most large hospitals.

REFERENCE.

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CASE OF SARCOMA OF THE FACE.

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[In the following case a sarcoma of the face had extended from the antrum through the orbital cavity and sphenoidal fissure, and had exerted pressure on the temporo-sphenoidal lobe of the brain.]

It is rarely possible at a necropsy to obtain a satisfactory knowledge of the extent and character of malignant tumours of the face. The case which I now describe occurred in a female subject, aged 67, received at the Anatomical Department of the Middlesex Hospital. On inquiry I obtained the following particulars of her history:

Fig. 1.—Case of sarcoma of the face. Surface view.

Y. Z., aged 67, a widow, employed as a needlewoman, occasionally intemperate, had suffered previously from bronchitis, ophthalmia, and aortic disease. She had been ailing for four months previous to admission with pain in the left side of the face, and some loss of flesh, and had also noticed a swelling in the same region for about three months. On examination there was found a painful swelling, with redness, on the left side of the face below the orbit. Inside the mouth there was another swelling, which was commencing to fungate. Subsequently the growth grew with great rapidity, ulcerating through the skin, and nearly filling the mouth. The left side of the face increased to an enormous size, and she finally died on August 10th, 1901, of exhaustion.

From the above account, which was kindly given me by the resident medical officer of the infirmary in which the woman died, it appears that the symptoms were chiefly local, and that there were no obvious signs of pressure on the brain. The external appearance of the growth is well seen in the accompanying photograph (Fig. 1), which was taken after death. It will be noticed that the whole of the infraorbital part of the face on the left side, more especially in the region of the malar bone, is enormously enlarged, and that the growth has ulcerated through the skin in three separate places. On examining the eye the lower lid was found to be infiltrated with the growth and the eyeball pushed upwards and inwards.

The angle of the mouth was drawn downwards and outwards, and on examining the interior of the mouth it was found that a fungating mass of the growth had extended through the palate and had filled the whole of the upper part of the buccal

cavity. On making a sagittal section through the frozen head, and removing the left side of the vault of the skull and the left cerebral hemisphere (Fig. 2), it was seen that the growth had extended backwards through the sphenoidal fissure into the middle cerebral fossa, forming a tumour there about the size of a walnut, which was beginning to fungate, and had pressed upon the temporal pole of the left cerebral hemisphere, indenting it, but not growing into it or causing any apparent injury to the brain substance.

On removing the roof of the orbital cavity the tumour was found to occupy the outer and posterior part of the fossa, having apparently reached it by growing upwards from the antrum through the orbital plate of the maxilla. The eyeball was displaced upwards and inwards, and the tumour was found to have grown backwards through the sphenoidal fissure below the lachrymal, frontal, and fourth cranial nerves, and the origins of the levator palpebrae and superior rectus muscles.

On examining the part exposed by the antero-posterior section of the head (Fig. 2), the growth was seen to have involved the greater part of the left nasal fossa, and also the sphenoidal air sinuses. The lateral mass of the ethmoid and the inferior turbinate bone were seen to be entirely replaced by the tumour, which had grown inwards from the maxillary sinus, and had pushed the nasal septum over to the right. That part of the tumour which had extended into the upper part of the mouth was also exposed by this section, and is well seen in the accompanying photograph.

Fig. 2.—Sagittal section of head. A. Part of tumour which had grown backwards through the sphenoidal fissure.

A horizontal section through the most prominent part of the swelling showed that the tumour had broken down in the region of the antrum, the space being occupied by a loose blood clot. The tumour had the appearance of having originated at this spot, and of having spread from it to the regions mentioned above, and also into the sphenomaxillary and temporozygomatic regions.

The growth was very vascular, and composed chiefly of spindle and ovoid cells with large oval nuclei. The cells were packed close together, with little intercellular substance, and were contained in spaces the walls of which appear to have been formed by the connective tissue of the part which the tumour was invading.

CANCER IN ONTARIO.—Cancer statistics in Ontario show an increase of 100 per cent. in the mortality between the years 1891 and 1900. The numbers of deaths for the past ten years, beginning with 1891 were: 579, 676, 678, 621, 620, 731, 927, 975, 1,041, 1,055.

PRESENTATION.—At a recent meeting of the Municipal Technical Institute Ambulance Class of Belfast, Dr. J. D. Williamson was presented with an address and a smoker's silver set by its members in appreciation of his valuable services as honorary lecturer.