amined the probing was successful. In 60% the distance from the ostium sphenoidale to the lower free border of the septum nasi was 7—7.7 cmt.

For the exploration of the frontal sinus the bent end of the probe was from 1—3½ cmt. long and the angle formed with the shaft varied from 90°—130°. In about 48% of the examined subjects the probing was successful, and the distance from the base of the sinus to the lower free border of the septum nasi was, in 60%, 6—6.7 cmt.

As the results of our observations it was definitely established that puncture of the frontal sinus from the cavum nasi was a decidedly risky procedure. The various methods advocated (Richet, Cossolino, Winckler, Engelmann, Schaeffer) were tried frequently, and, as a rule, the probe entered the sinus after piercing several cells. In several instances, however, the probe penetrated the lamina cribosa, entering the cavum cranii without the operator knowing that the probe had taken the wrong direction.

BLEEDING POLYP OF THE NASAL SEPTUM.

BY EDWARD J. BROWN, M.D., MINNEAPOLIS, MINN.

Mrs. W. J. W., twenty-nine years old, was referred to me August 4, 1893, by her physician, Dr. J. P. Barber, of this city. For some months she has had daily hemorrhages from the left naris. Is pregnant about six months. General health good, but has had occasional severe head-aches since a child. I found on the anterior part of the left septum a polyp, the size of a large pea, having a small pedicle and showing evidence of recent hemorrhage.

The growth was snared with but slight bleeding and the base cauterized with chromic acid. Dr. Barber told me later there was no further trouble. The rarity of these cases is the only excuse for this report.