Let me first remind you of the more important symptoms which bring patients to us for nose examination:

1. Rhinitis.—A patient may have an occasional rhinitic attack through carelessness: but frequent attacks of rhinitis, either mild or acute, indicate some abnormal masal condition. This cause should be definitely ascertained and removed.

2. Mouth Breathing, or, as the patient generally has it, "breathing with difficulty through the nostrils." Few in the community now are unacquainted with this condition and its evil consequences. Some call it a habit, but there is always a cause in the nose or throat.

3. Rhinitis Hyperæsthetica, or Hay Fever.—You are undoubtedly acquainted with the experiments of Dr. Dunbar and know of his success in counteracting the toxin with the antitoxin, both obtained from the pollen grains. Nevertheless I mention hay fever as a symptom of an abnormal nose, because Dr. Dunbar and Felix Semon who corroborated the experiments, admit that the nose must be put into a normal condition.

4. Hypersecretion and its opposite.—"My nose runs too much," and "My nose is too dry," are common expressions used by patients. A normal nose secretes about twenty fluid ounces of muco-serum per diem.

Epistaxis.

6. Derangements of smelling.

7. Foul Breath.—This frightens the patient with great haste to the specialist. The cause of the smell is found to be an atrophic nucous membrane, or the lodgment of secretion in nasal crevices or peritonsillar crypts, which spots are often very difficult to locate.

Then we have what might be termed distant symptoms—(1) Eustachian tube catarrh: (2) Middle ear inflammations: (3) Mastoid affections; (4) Pharyngitis; (5) Laryngitis: (6) Tonsillitis: (7) Bronchitis; (8) Asthma: (9) Accessory sinus troubles. Before leaving the symptoms permit me to mention four others not so common. They are not mentioned in this connection in text-books, and yet I have been forced to put them down to nasal conditions in certain cases.

1. Neuralgia.—After doing an Asche operation for straightening the septum, a patient remarked that she had been since free from her previous severe attacks of neuralgia. Undoubtedly the pressure had been removed from the first or second divisions of trigeminus, which are represented in the nose. I have since read of twelve cases where neurectomies and neurotomies, and even removal of gasserian ganglion had been performed, yet relief had not been secured for excruciating facial neuralgia until the septum had been straightened.

2. Nervousness.—A mouth breather never sleeps soundly.