

(1) that the epidermis is unchanged, (2) that the corium may or may not be hypertrophied, (3) that the number as well as size of the sebaceous glands appears increased, (4) that the blood vessels are also enlarged and more numerous, (5) that the appearance is strongly suggestive of a derivation from the subcutaneous adipose tissue, and (6) that the compensating hypertrophy is adipose rather than fibrous. Auxiliary pathological facts are (*a*) seborrhœa, (*b*) stasis of the blood in the vessels, and (*c*) a disagreeable itching. There is no tendency to suppuration, although under the influence of irritation the glands may become suppurating sacs. (In operations for rhinophyma, it is stated to me that the sutures are "always apt to ulcerate out." This is quite probable.)

"That nose" then represents an organ with the cellulose-adipose structures over-distended, and with the morbid accumulation mechanically interferent with nutrition.

While it is true that "that nose" condition may sometimes have nothing to do with abuse of alcoholics, still it is a condition manifesting mal-assimilation or mal-nutrition from some other cause of allied kind. If we will but receive it, "that nose" is a form of obesity. We have cases of unsightly abdominal fat, chin, facial, bust and hip fat. And we have also *nose fat*.

Now as to earning that "anything to get rid of it" fee. The indication is to inhibit or control the disproportionate activity of fat-cell nutrition by placing less fatty pabulum at the service of the absorbents and thus preventing further infiltration or super-storage of the adipose matter.

The primary indication points to a rational dietary, and I scarcely need to say that there is a wide choice for a system to limit the supply of fat-forming elements. The Bantingism that interdicts all fats, sugar and starches is perhaps unexcelled. As for medicinal treatment:—I am agnostic. The permanganate of potash and bromide of ammonium are both excellent in diminishing deposition and hastening the retrograde metamorphosis of fat; but both tend to cause gastric catarrh. The Cathell treatment for obesity is equally as good for nasal as for abdominal corpulence. I heartily favor it. I would, however, suggest a modification, and it is one that