female nurses, nursemaids an din children, and a knowledge of this fact should form another warning against the detestable habit of "picking the nose."

Chancre of the nose is difficult of recognition with history of exposure to infection, but every indurated sore in this region should be suspected and watched under palliative treatment until the presence or absence of bubo on the neck or of the secondary symptoms clears the diagnosis. Cleansing treatment, followed by the application of calomel and boric acid in powder, will rapidly heal it.

Secondary syphilis makes its presence felt in the nose at a period varying from six weeks to six months after the initial lesion, and usually takes the form of a rather abundant muco-purulent discharge from both nostrils which is most often disregarded by the patient as a common cold. Examination will reveal nothing chharacteristic as the parts will present the appearance of ordinary rhinitis more or less acute. This may continue as it appears for an indifinite length of time, until it disapears under appropriate treatment, if the diagnosis be made from other symptoms elsewhere, or until the mucous patch appears in the nose and in the mouth and throat. It is unfortunate that this period is not harked in its sympto ns, as at this time intelilgent treatment will accomplish much.

Except in the most formidable and grave cases of syphilis, which fortunately are rare, the tertiary symptoms do not appear until a year after the original infection, and sometimes a longer time will elapse. The manifestations of the third stage, however, are so severe that the patient usually seeks relief early, and at this time an immediate diagnosis is imperative, as these changes are of the most destructive character.

The tertiary lesion is gumma, and the breaking down of the gummatous infiltration into active ulceration is responsible for the terrible ravages of the disease within the nose. The cartilage of the septum first becomes infiltrated, and this soon gives way to active ulceration and the destruction of almost the entire cartilage may take place in a few weeks' time. This allows the tip and alae of the external nose to sink in. The vomer is next attacked and is perforated and exfoliated, thus removing the support of the bridge of the nose, and it sinks in and flattens, producing the well-known "saddle nose." The hard palate is next or coincidently attacked and perforated, giving rise tot he well-known symptoms of the mouth and throat, and the rest of the bony structures of the nose and head follow in turn, until exhaustion from the poison in the system or syphilitic meningitis destroys the patient. Sequestra are common and necrosis of all of the soft parts follows with active exfoliation, and this process is accompanied by the well-known and never-to-be-forgotten stench of the disease. All this may occur within two months, and, on the other hand, may take years. The process sometimes ceases spontaneously only to be lighted up again months or years later.

The diagnosis is easy. It must be distinguished from lupus or tuberculosis as indicated in previous papers. Sarcoma and cancer have peculiar symptoms to themselves which it would be impossible to mistake for syphilis.

A case: Mrs. Blank, aged 26, married seven years, has two perfectly healthy children, consulted the writer last March for obstructed nasal breathing and "catarrh." She stated that she had had a discharge for a year and has had ulcerated sore throat, which has been repeatedly "burnt" by her family physician, but that recently she cannot take breath through her nose and has slight asthmatic attacks. Otherwise she is in perfect health, having a good appetite, regular bowels and regular menses. She has never had an abortion.

Examination of the left naris reveals great swelling of the septum, the membrane being of a deep red or purple hue: it does not fluctuate, but is hard to the touch, it is not sensitive and covered with a profuse watery secretion, so it is neither abscess of the septum nor acute inflam-