The volume of blood which may flow from them is surprising. Treatment must be directed for the arrest of an acute hemorrhage and the prevention of its recurrence. Holding the nose between the thumb and index finger, the former making firm pressure over the bleeding point is usually successful if the patient at the same time assumes the horizontal position. Should this method fail, one of the following haemostatics may be used: Ten per cent. watery solution of aceto tartrate of aluminum, 3% of pyrozone, 10% of pure powder of ferropyrin or antipyrin-salol. The latter is made by filling a test tube, one third with equal parts of antipyrin and salol. It is then heated over a spirit lamp until the mixture is first transformed into a clear liquid, and later takes a well defined brown color; when the latter color is reached the liquid is ready for use, but must be allowed to cool sufficiently before applying. The solution can be kept warm by placing the test tube in a glass of warm water.

All solutions of haemostatics should be applied with a dropper, or spray. In my experience, plugging the nose with absorbent cotton is very undesirable, as a secondary hemorrhage always follows its removal. Sometimes all of these recommendations prove useless and we are obliged to apply the cautery directly to the bleeding point. Considerable care is necessary to secure the exact heat of the cautery. After the hemorrhage is under control, a short time should elapse, and then the bleeding point sought for and touched with the finest cautery point or powdered nitrate of silver fused on an extremely fine applicator. The latter method in my practice has been very efficient. As a supplementary treatment, some of the oily preparations are very satisfactory, such as tannic acid, rubbed up with oleum hydrocarbon co. The writer has seen severe cases of persistent recurrent nose bleed yield alone to the use of semi-fluid preparations, when they were commenced between the attacks.

(*e*) Frontal Maxillary and Sphenoidal Sinusitis:—Acute inflammation of these sinuses has been remarkably frequent since the last visitation of the grippe. When recognized early, medicinal measures will successfully combat further progress of the inflammation. External and internal heat locally applied is immediately indicated, and should be used on the cutaneous surface in the region of the affected sinus, and by a hot alkaline nasal douche. A tense feeling of pricking and pain are usually felt over the inflamed sinus, and great relief from this may be obtained by the persistent application of a counter irritant, such as:

℞ œ sinapis seminis gtt. xv. menthol and camphor āā ʒss. Sig. Apply as directed. In using this solution over the and frontal maxillary regions, the eyes should be protected. When the sphenoidal sinus is affected there is frequently intense pain just below the occiput, which is best relieved by keeping the back of the head on a bag of very hot water or salt. Sometimes the inflammation progresses to suppuration, and requires the usual surgical measures for relief.

(*f*) Folliculitis Alae Nasi. Although a very simple affection, it eauses considerable annoyance and discomfort. Most of the cases are seen in children suffering from a more or less acute opthalmia, which has spread through the lachrymal canal into the nasal cavity. The dried secretions must first be removed, and then a 10% solution of nitrate of