left ala. The mucous membrane is also involved. Is somewhat sensitive to the touch, but not markedly so. His nose presents a reddish look and seems elightly swollen. The redness presents a slight violet tinge. The mucous membrane seems to have been first affected. I also noticed a number of dusky red lines which seemed to be small vessels in a conjested state running from the surrounding integument to the spot where the disease is seated. The sore has the appearance of elevations or tubercles covered with crusts or scabs of a somewhat greyish colour.

Dr. Reddy ordered a poultice to be applied.

July 1st.—The crusts being removed, the sore underneath, which presented soft tuberculous looking eminences, was well exposed. The patient was then put under the influence of chloroform and a solid stick of chloride of zinc thoroughly applied by Dr. MacCallum to the external tubercles and to those within the nose, after which they were carefully covered with teased lint, so as to form a complete covering for the diseased part; and in the event of much pain resulting from the application, was ordered Pulv. Opii gr. 1, to be repeated if necessary. He was also ordered the following:—

R. Liq. Arsenicalis gtt. LXXII.

Aquæ 5 vi.

Take a tablespoonful three times a day.

July 6th.—Slight headache; tongue slightly coated except at the tip and edges; did not sleep well last night. Felt well otherwise.

July 7th.—Feels comfortable; a slight discharge from the left nostrils. Medicine agreeing well with him.

July 8th and 9th.—Inflamed appearance subsiding; doing well; July 10th to 14th.—Doing well; redness almost none on the 13th. Is in good spirits. Medicine agreeing well with him. The covering taken off and dressed with simple dressing and covered with lint.

July 15th.—Looks well; lint smeared with simple cerate is put up the left nostril and an ointment composed of the following; viz:

R. Hyd. Amm.chlor: 51. Ungt Simpleicis: 51.

To be thoroughly mixed and applied to the part externally, He says considerable discharge escaped from the left nostril to-day. The disease seems completely subdued—merely a small elongated crust is seen along the centre of the anterior margin of the left ala, at the junction of the skin with the mucous membrane. Redness gone and looking well.