those of scarlet fever, etc., may be lodged there. Therefore we should order a cleansing spray to be used freely. I would like to freely douche the nostrils, but fear middle ear trouble as a result. My plan has always been to have a sterilizing apparatus, heated by a spirit lamp behind a screen. By this means the instruments can be boiled several times daily. I would like to repeat the boiling after each case, but have found this impracticable. Then I often use a sixty per cent. carbolic lotion for my smaller instruments. These methods are simple and save time.

After operation: The patient is generally asked to stay indoors, but not in bed. A small plug of cotton in anterior nares will prevent cold air, damp air and dust from striking the wound. A one per cent. carbolic spray will be found useful; it will not kill germs, but will retard growth, and thus lessen their virulence.

Rhinologists, then, are justified in making the nose structurally normal and in expecting, according to the principles of cause and effect, that the breathing will be bettered; that the mucous membrane will recover itself, and all the well-known evil consequences be avoided. Some cases get discouraged; they have to keep at their every-day employment, and perhaps suffer from troublesome post-operative rhinitis. But my experience teaches that all these troublesome cases can be cleared up if they will persevere. One must remember that good results are not gained until all tenderness and inflammation have left the mucous membrane. Of this one may be certain, but in closing let me say that as along all scientific lines great advances are yet before us; and this, while it keeps us humble, at the same time creates a zest for continuous inquiry.