vomiting. Doctor should insist upon quietness, no speech, no food or drink; plug the other nostril, and so direct the cold air through the bleeding nostril. I do not trust to local applications or medicine given internally. When making the applications the area is greatly disturbed. No patient should be allowed to die by bleeding from nose as operation can be resorted to in the last extremity.

(*e*) Adhesions. Pynchon calls post-operative synechiae the *bête noire* of the rhinologist. Two raw surfaces should never be left opposite each other—this by way of prevention. In sawing away large projections, the mucous membrane should first be dissected upwards and then allowed to fall over the wound, this prevents synechiae. When present, wait until inflammation subsides, then operate radically. Sever the band at both ends, removing sufficient tissue to insure wide separation. Sometimes one can do better by allowing about a week to elapse between severing of the ends. Tampons may be used afterwards.

What part of the nose should be operated upon? Of course the offending part. If one may choose either the scrolls or the septum the latter should be chosen, for three reasons: (*a*) The septal trouble may cause turbinal hypertrophy, whereas turbinal trouble very unlikely causes septal abnormality except in young children; (*b*) The better to prevent the functioning mucous membrane; and (*c*) Operations on the septum are more easy to perform.

Finally, I wish to give my experience regarding aseptic precautions:

After each operation there is, of course, inflammatory reaction, more or less, but one is greatly surprised at the apparent immunity of the nose to serious infections. This is a pleasing reflection, especially when one is busy and finds it difficult to live up to one's theories of asepsis. All rhinological experiences contain unfortunate cases, and I believe it is impossible to escape these. I would illustrate this by a case from my own series. I operated on a lady with ozena, to help nasal drainage: she developed erysipelas of the face. I found afterwards that she had suffered from it two months before in one of her legs. Following this, in about a month, another lady upon whom I operated developed severe facial erysipelas, and I have never satisfied myself that she was not infected by the first case through myself. I know of two other cases during five years. Precautions are necessary before, during and after operation.

Before operation: The nose normally contains germs, and these after operation may become pathogenic. These are the germs which increase during a "cold." Other more dangerous forms, as bacillus diphtheriæ, streptococcus erysipelatosus, also