

epistaxis seen in leukemia. In this dyscrasia we also sometimes find lymphoid nodules and infiltrations, with secondary necrosis and ulceration in the pharynx and larynx. Hypertrophy of the palate and tonsils may be an early sign of leukemia. In the hemorrhagic diathesis, hemophilia purpura, and scorbutic, the same processes are found in the mucous membrane as in the skin.

*Digestive System.*—The intimate relationship between the nose and throat and the digestive tract has, no doubt, been appreciated by all of you. A chronic dyspeptic condition may result from constant swallowing of post-nasal discharge, whether from naso-pharyngeal disease or from sinus suppuration. On the other hand, chronic rhinitis and chronic naso-pharyngitis often depend for the chronicity to faults in eating and digestion. Chronic conditions of the mucous membrane of the pharynx are very often benefited by a liver stimulant or intestinal disinfectant. Blue pill and Apenta water are often of more value than all the sprays and pigments one could use.

*Acute and Chronic Infectious Diseases.*—It would make my paper far too prolific were I to attempt the description of the various inflammatory conditions of mucous membranes in the exanthemata. It would remind you however that in all acute coryzas in children, that this may be but the early manifestation of either measles (in which Colpeck's spots should be sought) or some ptomainic intestinal absorption. A very severe rhinitis with marked constitutional disturbance, with or without albuminuria, should excite the suspicion of latent diphtheria.

Acute rheumatism and even acute nephritis are now by many good authorities supposed to have their initial infection through the tonsils, hence in pericarditis one should not forget that the infection may have arisen from decomposition of the lacunar detritus. We may have a laryngitis with ulceration even to necrotic perichondritis in typhoid fever. In influenza, while the points of entrance of the infection is through the mucous membrane of the nose and throat, the evidence of the disease ends there, to come forth to all its grave manifestation in the heart, nerve, kidneys or pulmonary system. Even types of influenzal enteritis are not uncommon. The nose bears later evidence of the poison in the injection of the mucous membrane of the various accessory sinuses. In fact, influenza causes by far the majority of cases of acute and chronic sinusitis, parosmia and anosmia and a peripheral neuritis of the nerves of the pharynx and larynx are of frequent occurrence. Under the head of infectious diseases we must mention rheumatoid arthritis. It is not clear just what the pathology of the disease is, but it is agreed that the two portals probably most concerned with the entrance of the disease, are the intestinal tract and the tonsils. Erysipelas is, as you all know, not infrequently begun by a small