

meatuses and expelled through the lower. Look for redundant tissue at the tubercle of septum opposite the anterior end of the middle turbinal. In the attic branches of the fifth nerve may be pressed upon causing severe facial neuralgia. The septal division of the nasal nerve comes from the ophthalmic division of fifth, and the naso-palatine nerve (nerve of Cotunnus) comes from the sphero-palatine ganglion.

Vomer and vomerine cartilage should be examined far back. Deviations here are most frequently overlooked and are common causes of the ordinary nose symptoms as well as atrophic rhinitis and eustachian and middle ear trouble.

Finally, do not forget that small septal irregularities may be the cause of the symptoms, although at the time of examination they appear to have no bearing on the case.

*Opposing surfaces* should not touch. The septum and turbinate bodies should not even occasionally come in contact. Four to eight millimetres should exist between the inferior turbinate and septum, and one and a half to three millimetres between the middle turbinate and septum.

Touching may be due either to enlarged or misplaced turbinate bones or redundant erectile tissue over them. If symptoms are present, the nostrils should be repeatedly examined, even if the first examination reveals apparent normality.

*Breathing space* should allow of ample breathing at all times. They may be dissimilar but should be as nearly equal as possible. The amount of available mucous membrane should stand in such proportion to the breathing space that when the air reaches the naso-pharynx it will be saturated, filtered and at blood heat. This fine balance between the available mucous membrane and breathing space is absolutely necessary to the perfect performance of these important physiological functions. When the breathing space is too large, as in atrophic rhinitis, too much air passes over an atrophied mucous membrane and reaches the naso-pharynx unheated, uncleaned and unsaturated. When space is too small, as in hypertrophic rhinitis, etc., the same evil results follow for the air is gulped in through the mouth.

*Erectile tissue* should not be redundant or hypertrophied. Contraction under cocaine precludes hypertrophy but not redundancy. Erectile tissue is found over the turbinate bones, on the floor of the nose and on septum opposite anterior end of middle turbinal, which area is named the septal tubercle.

Besides the ordinary results of hypertrophy or redundancy of the erectile tissue, the accessory sinus openings are closed. Inflammatory secretions may then collect in the sinuses, e.g., the frontal. When turgidity and intumescence pass off, and the openings become again patent, this infective collection flows out under the middle turbinal at the region of the hiatus