

functions of the nose and indicate thereby the anatomical relations of the naso-pharynx.

The main functions of the nose are :

- (a) Respiratory,
  - (b) Olfactory,
  - (c) To give resonance to the voice,
  - (d) And to act as a regulator of the aëration of the middle-ear,
- and, we may add, of the accessory air chambers or sinuses in the frontal, maxillary, ethmoidal and sphenoidal bones.

Two conditions, patency of the nose and throat, and a healthy mucous membrane, are essential to the proper performance to the work. Disease, with a greater or less degree of stenosis, shows its evil effects in many ways, to be discussed later on.

The naso-pharynx serves as a common area of air communication between five openings. The Eustachian tubes, one on either side, posterior to the nasal choanæ, ventilate the middle-ear. The acuteness of hearing depends upon the patency of the openings with free nasal respiration. The posterior nares also open into this space. They act as the normal channels for the passage of air through the nares to the lungs. Unobstructed nasal breathing is essential to the proper ventilation of the accessory sinuses of the frontal, superior maxillary, ethmoidal, and sphenoidal bones. Finally, at the lower portion, communication is established with the oro-pharynx.

As a pathological entity enroaching upon or invading this space, we frequently meet with a hypertrophied condition of the lymphoid structures (Waldeyer's Tonsillar Ring.) The symptoms are local and general. Some are caused by pressure, others are inflammatory in character, and many are the result of anatomical changes more or less permanent.

A discussion of the topic may appear trite to the specialist. In cannot be told too often to the general practitioner. Specialists, as a rule, do not see the cases early; the general practitioner, on the contrary, is frequently consulted at a time when a recognition of the trouble enables him to ward off many outward evil effects by proper local treatment, operative or otherwise.

Though naso-pharyngeal troubles are very common, in general practice, unfortunately, they are frequently overlooked, treated lightly, or dismissed with a few general directions. This is a serious error. Parents must not be led to believe that the child will outgrow the disorder, or that the symptoms will disappear about the time of puberty.

Advice of this sort, with neglect of appropriate measures, is certain to be detrimental to the mental and physical welfare of the patient. The popular belief, that operations upon the tonsils, etc., may be followed by defects in speech or imperfect development of the genitals, must be combated. Parents often refuse operative interference, until assured that no evil results will follow in this respect.

The family physician does well to remember that his duties are not confined to the treatment of an individual case or disease. Children under his care ought to be regarded as his wards from a medical standpoint. With a history of recurring attacks of nasal catarrh or mouth