He may think and say he does. He may be unconscious, but the nervous system is just half relaxed as indicated by dreams, vagaries of imagination and movements. A nervous system on tension all day, and only half resting all night, must soon get below tone, then the patient becomes irritable, restless and nervous. Free breathing must be secured for these cases.

3. *Coughs.*—Tonsillitic, pharyngeal, bronchitic, laryngeal and pneumonic coughs are well recognized, but we do not speak of nose coughs, and yet I believe they are common. Careful examination should be made for sensitive cough spots. A patient was sent not long ago with a most persistent cough, which bothered him all day and all night: he coughed about fifteen times a minute. He had a granular pharynx and enlarged tonsils, which I treated for nearly a month, but this gave no relief. Upon minute examination of the nose I found the cough would immediately stop when I put cocaine on a certain spot, and subsequent cauterization of this area secured relief.

4. I have often felt that the indefinite sclerotic conditions in the middle ear, and especially around the stapes' base, are caused by slight but persistent inflammation from the posterior nasal conditions, such as posterior septal projections or deviations, which are so easily overlooked.

Now, returning to the operation itself, my plan is to have as my standard the normal nose, and when any of the symptoms above referred to are present I feel myself justified in making the nose conform to this standard. If we follow this rule we cannot be accused of "sawing too many noses" or of "having a mania for operating."

The assumption of this position necessitates an answer to the important question, "What is a normal or a standard nose?" With your permission I would like to give you the principles which a study of authorities and my personal experience have led me to adopt.

Septum.—The septum should be vertical and plane. The septum generally deviates slightly, and there are often developmental ridges where septal cartilage and vomer unite, and where vomer and maxillary crest join. These may produce no symptoms. But if they do, these, which we might term natural abnormalities, should be dealt with the same as thickenings, ridges, spurs, deviations, or redundant erectile tissue of the tubercle. The resultant septum should be as nearly as possible vertical and plane. The good results of Asche operations are often lessened by forgetting to remove projections, and these are better done before proceeding to straighten the septum.

Septum should be carefully examined where it passes into the attic, for the air is drawn in through the middle and upper