

ful is used in divided portions as a gargle, and a portion of the gargle is swallowed, if deemed advisable. The same method may be employed in non-rheumatic or doubtful cases, concerning which, however, some additional remarks are to be made later. Previously to the gargling, in cases of so-called folliculous tonsillitis, whether rheumatic or not, an application of a 10 per cent. solution of cocaine is made to the tonsil, and the plugs of sebum, disquamated epithelium, and bacteria removed with a scoop, as far as practicable. If the inflammation is severe, or suppuration is evident, or apparently imminent, scarification or incision is practised.

In addition, heat is applied to the neck externally, and in cases attended with much infiltration of the submaxillary tissues, or with glandular involvement, inunctions of a 50 per cent. ointment of ichthyol are made.

In some cases, pieces of ice allowed to melt in the mouth from time to time, and in other cases sips of hot water or hot milk, assist in the relief of pain. A useful expedient to mitigateodynphagia is, at the moment of glutition, to pull downward the lobe of the ear on the affected side; this diminishes the tension of the parts caused by the increase in size of the swollen tonsil.

In rheumatic cases, however, local treatment is of less importance than constitutional treatment, especially if the patient be seen early. In my former communication, the use of sodium salicylate was advised. It constitutes good treatment, and is usually efficacious. Since salol was introduced, however, I have fallen into the habit of prescribing it in preference to the sodium salt, as it is less likely to be objected to or to derange digestion. To an adult, five grains of salol are given in powder every second hour, until tinnitus is produced, or thirty grains (the daily maximum) are taken, unless it should cause suppression of urine or symptoms of vesical or renal irri-

tation, or the urine should become discolored. In the presence of any of these symptoms of carbolic-acid poisoning, the salol is withheld, and sodium salicylate, oil of gaultheria, or cinchonidine salicylate is substituted.

*In the treatment of anæmic patients*, and more especially of those who are subject to frequently-recurring attacks of articular rheumatism or of tonsillitis, the mixture of tincture of iron chlorid and sodium salicylate, to which I have given the name of *mistura ferro-salicylate* (in the House Pharmacopeias of the Philadelphia Polyclinic, Jefferson Medical College Hospital, and Philadelphia Hospital) is employed in preference. Of this, two fluidrams (representing fifteen minims of the iron tincture and fifteen grains of the salicylate) are given in water every second hour until tinnitus is caused, or relief is experienced, or until six doses have been taken, when it is intermitted or discontinued for the day. After one, two or three days of treatment with salol or sodium salicylate or the combination of the latter with iron, cinchonidine salicylate in doses of five grains every second, third or fourth hour is substituted and continued throughout convalescence. Often the last-named drug is given in doses of five grains, night and morning, for two or three weeks after recovery.

Patients not specially anæmic, but subject to frequent recurrences of sore-throat, are treated with cinchonidine salicylate from the outset. In every case a full dose of some saline cathartic, usually Rochelle salts, is given previously to the administration of the specific remedy, and throughout the case the bowels are kept freely open, by drugs if necessary. A milk diet is preferable; indeed, the patient is rarely able to swallow solids.

*In non-rheumatic cases*, whether folliculous or herpetic, I am now accustomed to alternate the guaiac gargle, made with potassium chlorate or sodium salicylate or