cavities, a luke warm solution of novocaine of 2 or 3 per cent. in hydrochloride of adrenalin at 1 per cent. and then practise on the tonsil an insufflation of an anæsthetic powder.

The patient obtains an immediate improvement. Sometimes if the treatment is begun at the commencement of the illness the tonsillitis aborts. By freeing the crypts from their contents we are in the best condition to abridge the illness and to avoid the serious complications which may follow a follicular tonsillitis.—The Journal of Laryngology, February, 1909.

THE TREATMENT OF COLDS AND CHRONIC NASAL AND PHARYNGEAL CATARRH.

Salzwedel (Review in the Corresp. Blatt fur Schweizer Aerste, November 15, 1908, quoted from "Therap. d. Gegenw.," February, 1908; "Centralbl. f.d. Ges. Therap.," Heft 9), has seen good results ensue by the use of a 0.5 per cent. solution of silver nitrate. He has cured many cases of catarrh which had been of frequent recurrence for some years, and especially such forms as follow attacks of influenza. With the subsidence of the pharyngeal catarrh he also saw other manifestations disappear, which at first sight did not seem to have any causal relation to this condition. Thus, for instance, he noticed recovery from anæmia in children and young girls after such a course of treatment, and even bronchitis and attacks of coughing, the nature of which was attested by cultural experiments, ceased after the application of this solution to the nose.

The treatment is carried out by "pencilling" the interior of both anterior nares as far back as the anterior of the inferior turbinal (not further), and the whole posterior wall of the pharynx accessible, whilst the patient holds the mouth, opens, and says, "ah." The anterior wall of the vestibule is also "pencilled" in the same way. The patient is instructed to incline his head backwards whilst the lotion is squeezed into the nares from a swab, so that the drops run towards the post-nasal space. At first the "pencilling" is limited and only performed lightly; later on energetic swabbing of the recesses of the pharynx is undertaken. In acute cases it is done once daily, rarely twice a day, afterwards treatment every three or four days suffices. Since at the commencement of treatment an increased secretion may take place, it is recommended then only to make this application in the evening about two or three hours before bedtime.—The Journal of Laryngology, February, 1909.