silver or monochlorophenol applied. Powdered boric acid is given for home use, to be dusted on three or four times a day, with directions not to wash the parts for a few days.

2. Diseases of Pharynx.

(*a*) Naso-pharynx. The usual affections in this region are post nasal catarrh and adenoid growths. The hypersecretion of post nasal catarrh is frequently due to nasal obstruction, and relief must be sought from some of the methods already considered. Increase of adenoid tissue is also a prolific source of post-nasal dropping. Occasionally, during an influenzal cold, a pharyngeal tonsil of normal size will share the general inflammatory condition of the surrounding region, swell considerably, and exude a quantity of thick, yellow mucus. Warm, alkaline, post-nasal douches are indicated until the acute symptoms subside; then applications, such as 10% solutions of alumnol or monochlorophenal, continued for some time until the secretion is arrested and the gland resumes its normal size and appearance. Follicular hypertrophy and congested vessels also promote hypersecretion in this region. Daily and persistent application of a 2% solution of zinc chloride will give very decided relief. A powder composed as follows is extremely serviceable. It does not change chemically, will not become lumpy, is non-irritating and not offensive to the taste.

℞. Argent. nit.	grs.x-xl.
Potass. sulph.	℥i.
Bismuth subnit.	℥viii.

M. Sig. Apply behind the soft palate three times a week. In all cases attention should be directed to the digestion, condition of the liver and bowels and mode of life.

ADENOID GROWTHS.—The methods and details of treatment of these growths depend on the age, temperament, and general condition of the patient, also on the amount of tissue present. When the amount is small and the enlargement slight, they frequently subside under astringent application, or the relief of some nasal obstruction, which accompanies and is partially responsible for their presence. Removal of adenoids in children may be accomplished with or without an anæsthetic. If the adenoid tissue is moderate in quantity and of the soft, gelatinous variety, the index finger, properly used, will shell out all that is necessary. In using the finger it is well to protect it in part with a rubber or leather stall, otherwise some injury may be sustained from the child's teeth. Abundant adenoid tissue requires an anæsthetic, preferably nitrous oxide gas or bromide of ethyl. Forceps and curette are both necessary for complete removal of the growths, and the greatest care must be exercised in their use. If the blade of the forceps or curette is pressed too hard into the parts, an unnecessary amount of mucous membrane will be sacrificed. After removal, a solution of pyrozone, or aceto-tartrate of aluminum, should be made to the bleeding surface, and the child kept quiet and in an even temperature for 24 hours. It is also well to remember that these operations are contra indicated when any symptoms of acute ear trouble are present, and that the presence of chronic aural suppuration necessitates great care in proceeding with the operation. In adults cocaine