of nitrate of silver or caustic potash, as has been recommended.

The simplest form of guillotine, used with a pair of vulsellum-forceps, by which the tonsils can be drawn thoroughly into the ring with the opposite hand, is preferable to the complicated guillotines fitted with a fork, which are apt to get out of order, and require considerable practice for their successful employment. The patient being seated in a good light, with the head thrown back, and the hands held by assistants, the guillotine can be slipped into the mouth, which it immediately gags; the forceps then grasping the tonsil through the ring of the guillotine, draws it well forward, and a sharp movement of the thumb drives home the blade of the guillotine, and cuts it off. Without withdrawing the guillotine, it is turned round, and the other tonsil similarly treated by changing hands, before the little patient has really time to cry. It is quite sufficient to remove a large portion of a tonsil, and any attempt to remove the whole is likely to be followed by sharp bleeding. Ordinarily, the sucking of ice for a few moments staunches all bleeding; but if not, the bleeding surface, and that only, should be painted with liquor ferri pernitratis.

After removal of the tonsils, ice may be sucked for a few hours, and a warm poultice under the jaw gives great comfort. Care should be taken to give food cool enough to be easily swallowed, and for a few days anything hard, such as crust, should be avoided.

Hypertrophy of the uvula may be met with in the same class of patients as the hypertrophied tonsil, the whole uvula being swollen from over-development of the adenoid tissue contained in it. This must not be confounded with the œdematous uvula, due to inflammation, and commonly found in any acute inflammation of the throat. A more common form is the elongated uvula found in persons of relaxed habit, who suffer from irritable throat and constant cough, the result of the irritation of the fauces by the uvula. Astringent gargles may be usefully employed in such cases, but, if obstinate, they should be treated like the chronic hypertrophy—by abscission. This little operation may be performed with the tonsil-guillotine, or, more simply, with scissors, which must be very sharp at the edge, but blunt at the points. The uvula should be caught with a pair of hooked forceps, to prevent its being swallowed, and will be found thicker on section than might have been anticipated.

Ulceration of the tonsils of a superficial character is common in inflammatory affections of the throat, and the ulcers are often covered with aphthous patches in patients whose vitality is low. The deep excavated ulcer of the tonsils, nearly circular in shape, and covered with a thin grey slough, is symptomatic of secondary syphilis, and will only yield to constitutional treatment.

Irregular excavated ulcers presenting a yellow slough, seen upon the uvula and soft palate, or on the posterior wall of the pharynx, are almost always due to tertiary or inherited syphilis, and will heal rapidly under the administration of iodide of potassium in full doses.

As the result of this form of ulceration, adhesions of the soft palate to the pharynx, with narrowing of the pharynx and nasal intonation, owing to the shutting off of the nose, are occasionally met with. Any interference with the cicatrices is to be avoided, as no good result is likely to follow the division of the adhesions between the palate and pharynx; but, when the cicatrisation leads to narrowing of the pharynx, division and subsequent dilatation with bougies may be advantageously undertaken.

Follicular disease of the pharynx is commonly met with as an accompaniment of chronic glandular laryngitis, or *dysphonia clericorum*. The pharynx and fauces are seen to be injected and roughened, owing to the hypertrophy of the glandular structures of the mucous membrane. The patient complains of dryness of the throat, and is constantly clearing it, and hawking up small quantities of viscid mucus. The hoarseness of the voice after use for a short time is a marked feature of the disease, and depends upon a similarly congested condition of the laryngeal mucous membrane. In slight cases, much good may be done by proper elocutional instruction, and particularly by teaching the patient to use his lips and tongue rather than his throat in vocalising. The use of soft astringent lozenges (catechu or rhatany), which are to be slowly sucked at intervals, and the use of a spray with a solution of sulphate of zinc (gr. 10 to ʒ j), night and morning, will effect much good. In more confirmed cases, the application of a strong solution of nitrate of silver (gr. 30 to ʒ j) with a brush, or painting with the tincture of iodine or liquor ferri perchloridi, will be necessary, combined with attention to the general health; but the improvement is always slow, and the remedies must be varied to suit individual cases.—*Gaillard's Medical Journal.*

EARACHE.

In the course of practice, you will often be called upon to attend a case of earache. This means, pathologically speaking, acute inflammation of the membrana tympani. Now, in such a case, you may quickly subdue the inflammation, relieve the patient from the excruciating pain he is suffering, and save him, perhaps, from subsequent confirmed deafness. The treatment from which such a desirable result may be obtained is similar to that which you will find so beneficial in analagous cases of eye disease, viz., leeches behind the ear, hydrag c. creta and belladonna powders, with warm fomentations.—*Prof. Wharton Jones, in London Lancet.*
