

fectant properties depend. In a word, such an alkaline agent dissolves the mucous secretions and weak acids which form in the mouth.

Were the foregoing all that is required of an antiseptic, nothing further would need to be said, but it is essential that the bacteria hidden more deeply within the walls of the gland sacs should also be removed. Recognizing the force of the suggestion recently made by scientific investigation, *i.e.*, that a true alkaline germicide dissolves the bacterial envelope instead of coagulating it as do the acids, and that if the specific gravity is favorable to low exosmotic action it will be absorbed into the surrounding tissues and gland sacs where the germs are hidden, it at once occurred to us that an alkaline agent of this character was just what was needed.

Feeling convinced that an alkaline antiseptic was strongly indicated in this case, the best of its kind, Glyco-Thymoline, being selected, was applied thoroughly once every day by myself and three or four times daily by the patient. A 25 per cent. watery solution (warm) of Glyco-Thymoline was made by me, and applied in a fine spray to the post-nasal chamber by means of a hand atomizer. The nozzle was turned up at the end, so that, when introduced well back into the pharynx, the spray was thrown upward direct into the post nares.

The patient herself soon learned to operate the post-nasal douche satisfactorily, and was instructed to spray the parts in this manner twice daily, besides applying the solution (in the same strength) with the K. and O. douche. At the same time an ounce of a 50 per cent. solution of Glyco-Thymoline was gargled, and used as a mouth wash three times daily for the purpose of hardening the flabby, congested tonsils.

The outcome of this simple plan of treatment soon made plain the fact that a germicidal agent was being employed in this case which possessed the alkaline and solvent properties already mentioned as being essential to success. The patient's general system had first been thoroughly purged of retained waste by way of kidneys and bowels, after which the local treatment was adopted as above described. This latter procedure was not only effective, but the antiseptic proved very agreeable to the patient who for the first time in several years experienced the sensation of possessing a clean, sweet mouth.

The hypertrophied membrane itself grew almost normal in appearance, distinctness of speech and hearing was gradually restored, the breathing became natural, and at the end of three months we had accomplished a speedy and perfect cure.