

the middle of the anterior pillar, the upper part of the anterior pillar on a level with the base of the uvula, the middle of the posterior pillar and high up between the two pillars in the supratonsillar recess.

The same amount of a 3 per cent. solution of the lactate of cocaine may be used. It is less toxic, and also less effectual in relieving pain. A useful combination to inject is 30 minims of the following solution:—

T. Rx. Cocaine Mur.	40 grains.
Atropine Sulph.	1-3 grain.
Resorcin	1 drachm.
Glycerine	4 drachms.
Carbolic acid	5 grains.
Listerine	4 drachms.
Aqua Destillata ad.	8 ounces.

The Technique of the Operation.

Treat the tonsils the same as you would treat diseased lymphatic glands in other regions of the body, and when operating on them remove them entirely. The day for the tonsillotome is nearly over, except in special cases; I would not advise the use of the tonsillotome in a patient over 14 years of age. Slicing a piece off the tonsil is very bad practice. Every operator who has done many of these operations has his own fixed ideas about instruments to be used, and the position of the patient during the operation. Our aim should be to completely remove both tonsils and adenoids with the least possible danger to our patient. Anything that increases the length of the operation increases the danger. Too many instruments are a nuisance. After trying every possible variety of operation, I will now describe more or less in detail what I consider the best method in each particular case.

Operation for Adenoids Only:—Patient on the back and in a horizontal position. The instrument I like is a caged curette, St. Clair Thomson's modification of Delstanche's. They are made in four sizes, each a different width, and by selecting the proper width for different ages you are always able to just pass the orifices of the Eustachian tubes without injuring them. One sweep in the central line will remove the main mass of the adenoid tissue, and with the caged curette the growth is at the same time removed from the throat, and prevents its being swallowed or going down into the larynx. The patient should then be immediately turned on the right side to allow the blood to run out of the mouth, and now the operator should introduce his finger into the nasopharynx. If adenoid tissue is left in the fossæ of Rosenmüller, it is easily removed by Lowenberg's bullet pointed forceps. Tieman, of New