

chronic follicular tonsilitis I use Glyco-Thymoline, frequently pure with an atomizer, spraying with force directly against the tonsil every day. In this way you can clean out the crypts thoroughly, and it has been the most successful treatment I have ever used in this *hard to cure* disease. In chronic pharyngitis, ministers' and singers' sore throat, I use alternate hot and cold sprays with success. In the ulcerated throats of scarlet fever I find nothing so soothing and effective as Glyco-Thymoline used in the same way. One other case I will report was a case of ozena of several years' standing. Young lady, aged eighteen years, was brought to me. She had been a sufferer for several years, having been treated by several physicians at home and by one specialist, who had operated upon her, removing the turbinates, and cauterized with no success. I found her in a most pitiable condition from the ulceration. Discharge profuse, greenish yellow, and of the most offensive odor. Frequent nosebleed, hearing badly impaired in the right ear, flesh very much reduced, general health bad, and with a tubercular history, making the prognosis very unfavorable. I ordered her to use locally Glyco-Thymoline, 50 per cent. solution, treating her at my office with an atomizer every other day, and having her use it at home with the K. & O. douche. I also put her on tonic treatment. While treating her at the office the third time she blew from the nostril a mass of decomposed flesh, containing pieces of dead bone, which was expelled with difficulty, followed by a severe hemorrhage. After this her improvement was rapid and continuous, resulting in her complete recovery in less than two months. I have used this treatment in numerous cases, and always with eminent success. I have no reason to change. Glyco-Thymoline is certainly the ideal alkaline antiseptic, and I am glad to recommend it to all my fellows in the treatment of all catarrhal diseases.—H. M. Marsh, M.D., Auburn, Ky.

PUBERAL ANEMIA.—Broad clinical experience certainly tends to support the opinion of many medical men that chlorosis is practically limited to the female sex, and to these during the child-bearing period. As is well known, chlorosis is hardly a true anemia, inasmuch as it consists rather of a decrease of hemoglobin than any marked or constant diminution in either the corpuscles or mass of the blood. There is a true anemia, however, which occurs at or about puberty and is common to both sexes. This may properly be spoken of as a puberal anemia, and manifests itself by both oligocythemia and oligemia. Young men as well as young women are