

the onset, and if I don't it is not long before it comes into use. It is just alkaline enough; just so as to the dialysis—the action locally with exactly the right amount of fluid excretion through the diseased membrane—just enough astringent without drying the parts; and just the right thing in the direct line of reparative work; it sets up tissue building soon after the membrane gets somewhere near its right shape. Many things are employed in catarrh, but I firmly believe that if I was confined to one agent only, that would be Glyco-Thymoline. For years I used the so-called antiseptic tablets of boric acid, salt, glycerine, etc., and with good results, but for a long time past this is thrown aside and the Glyco-Thymoline takes its place. I use it in about half-strength with a "Birmingham" douche, and from twice to four times daily. With this, in bad cases, I give it internally, adding to it, or giving separately, mercuric bichloride, and if done separately the menstruum is compound syrup of stillingia. In presumed syphilitic persons I always do this.

In gastritis, chronic enteritis, vaginitis, gonorrhoea, and in recurring attacks of what too many physicians deem appendicitis, I use this agent freely, and always with good results. As a local application to foul ulcers, and especially to hemorrhoids, I think this preparation is very good. In the nasty leg ulcers which now and then defy all remedies, Glyco-Thymoline does wonders—it can't do harm any time, and I am almost persuaded to give it in all instances. In bronchitis and asthma it is fine; in spasmodic croup it fills the bill nicely; it does well in venereal disorders locally, and in balanitis it stops the trouble at once.