is generally severe pain and dysphagia: to relieve the latter, insufflations of orthoform and anæsthesin may be given before meals, though in a case which came under my observation, no treatment appeared to afford relief. In addition to the palliative treatment, the effect of arsenic may be tried.

The ultimate prognosis is usually very serious.

ACUTE SEPTIC INFLAMMATION OF THE PHARYNX.

Under this heading a group of conditions is described which have all a common etiology (Semon), though they differ widely in their clinical aspects. The micro-organism usually present is the Streptococcus pyogenes; similar conditions may, however, be caused by other bacteria, such as Staphylococcus aureus, Pneumococcus, Bacillus coli communis. We may differentiate clinically between: (a) Slight septic inflammation, commonly called hospital sore throat; (b) Acute ædematous inflammation; (c) Acute suppuration or phlegmon; (d) Gangrenous sore throat.

At the present day hospital sore throat is most commonly caused by exposure to bad drains; it may also be due to contact with decaying organic matter. The symptoms are those of an ordinary angina, but are more severe. The tonsils may be primarily affected, in which case the appearances are those of an acute follicular tonsillitis (see page 19), and in addition the patches of lymphoid tissue on the pharyngeal wall may be similarly affected.

The prognosis is good, but the treatment must be energetic. A preliminary dose of calomel (gr. iij in powder) should be given at night, followed by a saline cathartic in the morning. The patient must be kept in bed, and the throat should be sprayed every hour with a solution of peroxide of hydrogen (10 vols.), followed by an antiseptic mouth-wash (see Appendix). Antiseptic pigments may also be applied. After convalescence, a change of air is important, while good diet and tonics are indicated.

In the more severe forms of inflammation, the symptoms are much more serious. The onset is usually sudden, and in some cases the disease is ushered in by a rigor. The patient is seized with pain in the throat, and has great difficulty in swallowing; the temperature rises to its highest point at once, except in those cases in which the individual is immediately felled by the toxin,