

## Publishers' Department.

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CATARRHAL DISEASES OF THE NASO-PHARYNX.—As the season is now fast approaching when this class of diseases takes up most of the physician's time, and is the cause of more suffering among more people than almost all other diseases combined, I wish to say something in regard to a simple and effective treatment in this class of diseases. In this climate this is the commonest of all diseases, there being very few who do not suffer from it in some of its various forms. Chronic nasal catarrh is in most cases a result of repeated attacks of acute catarrh or "common colds." In this short article it is not necessary to go into details or take up time or space with causes and symptoms; everyone is familiar with them. My object here is to simply give my plan of treatment, plain and simple, yet eminently successful. In the treatment of these cases every physician is well aware of the fact that cleanliness is in most cases all that is necessary for a cure. Every physician also knows that in order to have a perfect cleansing agent it must be both alkaline and antiseptic. My success in treating these diseases, viz., acute and chronic nasal catarrh, including ozena, acute and chronic tonsillitis, pharyngitis, catarrhal deafness, etc., has been due almost entirely to the systematic and thorough cleansing of the mucous surfaces with Glyco-Thymoline. I have been using this ideal alkaline antiseptic in my practice for years, and have never been disappointed in it. A few cases from my note-book will better explain my method of treating these cases: George C., boy, aged six. Was called early one morning to see him. Found him with a severe attack of acute tonsillitis. Temperature, 104½ three hours after a hard chill in the night, both tonsils inflamed and badly swollen, one covered with the characteristic patches. I at once ordered Glyco-Thymoline and hot water, equal parts, and instructed him how to gargle and hold his mouth and throat full by lying on his back. In this way he could retain it in contact with his throat for some time, this to be kept up *ad lib* all day. I gave 1-10 drop tr. aconite every two hours. When I visited him at night I found him much improved. I kept him on the same treatment during the night and discharged him well on the morning of the second day. This is my way of treating acute tonsillitis, and I want to affirm here that it will cure almost every case if begun early and used persistently. I always use the Glyco-Thymoline and water as hot as possible. In