

accompanying and following gonorrhœa have been most resistant to treatment, both local and general, and he feels that we now have a remedy which will give rapid and permanent relief to the sufferers from this common complaint.—*Cleveland Med. Journal.*



TONSILLITIS.

By Charles J. Drucek, M. D., Chicago, Ill.,
Professor of Physiology at the Illinois School
of Dentistry, Lecturer to the Nurses
of Mercy Hospital.

A local remedy for tonsillitis to be successful must fill two requirements: A detergent antiseptic and a degree of permanency of effect. Many of the remedies are antiseptic, but they are not exosmotic enough to increase the circulation or else their effect is too transient and their use tires the patient. Locally I have grown to use but one remedy and that is Glyco-Thymoline. I prescribe equal parts of Glyco-Thymoline and water to be used in an atomizer. I get better results with this than anything else I have used. I always use it in an atomizer, because gargling is necessarily painful while a spray is not. Glyco-Thymoline promptly relieves

the dry congested condition and by adhering to the tonsil protects it from external irritation. Its anodyne effect is immediate and lasting. I instruct my patient to use it frequently and because it is pleasant and its action prompt, I find that they need no further instruction but use it thoroughly. As Glyco-Thymoline is non-poisonous it makes no difference as to how much is swallowed and its action does not upset the stomach, but tends rather to assist the destruction of any of the plugs that may be swallowed. I find by this method of treatment that my cases are nearly all cured in twenty-four to thirty-six hours, and that I need no other medicament at all because the system does not become clogged with toxines.



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* Contribution to "Symposium on Rheumatism," read before Toronto Clinical Society.

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