and antiseptic. My success in treating these diseases, viz., acute and chronic uasal catarrh, including ozena, acute and chronic tonsillitis, pharyngitis, catharrhal 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 1041, 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 tonsilitis, 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 chronic follicular tonsillitis 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 nostrils a mass of decomposed flesh containing pieces of dead bone which was expelled with difficulty, followed by a severe hemorrhage. After this her improve-