

sodium borate, rarely sodium bicarbonate, with a spray or a gargle of a five-volume solution of hydrogen dioxid, sometimes rendered alkaline with sodium borate or bicarbonate. When there is much pain, the addition of cocaine (about 2 per cent.) to the spray is often quite grateful. When cocaine is used, however, the sodium salts are omitted, else the insoluble cocaine borate or cocaine carbonate would be formed. In the case of children who cannot gargle (though it is surprising how soon the little ones learn), it is directed that a little of the guaiac-mixture be swallowed slowly at such intervals as are practicable or judicious, and dependence is placed chiefly on sprays of the solution of hydrogen dioxid. As sore-throat of any description predisposes to diphtheritic infection, a sponge on which, from time to time, a few drops of eucalyptol are placed is suspended from a tape loosely tied about the neck of the child.

Unless idiosyncrasy contraindicate, calomel is usually given internally in small or moderate doses, continued for about twelve hours; to a child of three or four years, one-eighth or one-quarter grain every second hour; to an adult two grains every fourth hour. This is of less importance, however, than the local treatment.

In cases of parenchymatous tonsillitis and peritonsillar abscess, scarification and incision are, of course, demanded. I have recently seen a case in which it became necessary to incise tonsillar, peritonsillar, and post-palatine abscesses on four occasions, and the duration of the case extended over four weeks, partly owing to the fact, no doubt, that the patient would not remain at home, but went to her work daily after the first forty-eight hours, when febrile symptoms had subsided.

In the case of a patient with much enlarged tonsils, who had for many years been subject to frequent attacks of tonsil-

litis, invariably proceeding to suppuration, the treatment here outlined was instituted in the first attack to which I was called, but failed to prevent the usual issue. At the inception of the next attack, multiple punctures with the electric cautery-point were made throughout the substance of the affected gland. Reaction was not severe, and recovery from the disease and the treatment was complete in three days, without suppuration.

Special reference should be made to the *tonsillitis of influenza*. It was not uncommon in Philadelphia, even prior to 1889, to see cases of catarrhal fever in which the earliest manifestations were inflammation of the tonsil and neighboring structures. These cases usually did best when treated with cinchonidine salicylate. During the pandemic of 1889, and since, the special form of sore-throat described by Glasgow and by Seiler was quite common. In this the tonsil became swollen and red, sometimes covered with a grayish or pearlsh exudation, often pellicular; and usually the palate and uvula were swollen and œdematous-looking. The apparent œdema, however, was of a peculiar type, puncture giving exit not to serum, but to a viscid, lymph-like fluid, which formed long, coherent threads. Some of these cases are mistaken for diphtheria, and so reported. Constitutional treatment, especially the free use of sodium benzoate, is more useful than topical measures. Of the latter, a spray of the solution of hydrogen dioxid and cocaine, and inunctions of ichthyol seem most efficacious.

*Herpetic tonsillitis* derives a special importance from its liability to be mistaken for diphtheria. It is but rarely seen in the papular or vesicular stage, and when the vesicles have ruptured and the little ulcerations thus formed are covered with exudate, the discrimination is often difficult and sometimes impossible. When the diagnosis has been made, palliative treat-