FOLLICULAR PHARYNGITIS.—This affection may occur in the acute or chronic form. The former should be treated as an acute follicular tonsillitis. The latter requires prolonged treatment to obtain permanent results. The galvano cautery and strong acids, while very efficacious are inadvisable, as they are apt to produce a dry pharyngeal wall.

Powdered nitrate of silver fused on a probe and applied to a few follicles at each sitting gives the best results and leaves the mucous membrane in a healthy condition. Caustic iodine similarly applied is also very satisfactory. The latter is composed of iodine and carbolic acid crystals, each 120 grains, iodide of potash, 10 grains, rectified spirits, two drachms. Soothing sprays are desirable as adjuncts to the other treatment.

ENLARGED TONSILS.—In children under 15 the tonsillotome is universally used for the removal of tonsils, and preferably Ermold's guillotine. This instrument is simple in construction, without barbs on the fork, and insures the removal of the tonsil without danger of the fork being caught. Two instruments expedite the operation as the moment one tonsil is excised, the second instrument is taken and used on the other tonsil. The child thus has no opportunity to object, which will assuredly be done if an opportunity is given. This supposes that no anæsthetic is employed, which I think can only be necessary in special cases.

In adults removal of the tonsils can only occasionally be necessary. When determined upon, the personal and family history must carefully be considered, and the blood supply of the tonsils and pharynx examined. If there is no contra indication any of the numerous tonsillotomes may be chosen, and 15 minutes allowed to elapse between the excision of each tonsil. Complete removal of the gland should not be attempted, as it is apt to result in an uncomfortable dryness of the throat.

The writer has never used the cautery loop in removing the tonsils, believing that the cicatrix from a burn, causes a permanent dryness of the throat more distressing that the presence of largest tonsils. When it seems undesirable to use the tonsillotome, the frequent application of caustic iodine will sometimes diminish hypertrophied tonsillar tissue.

Haemostatics and antiseptics are advisable after all tonsillotomies.

(*c*) Laryngo-Pharynx. Hypertrophic lingual adenitis. Increase of adenoid tissue at the root of the tongue is frequently overlooked, although it is the most usual cause of fullness and desire to clear the throat. Only a few nodular masses may be present, or several groups of large, pale, flabby masses, which completely fill the glosso-epiglottic fossa, and in some cases overhang the epiglottis and press it backward over the glottis. Any strong astringent will relieve the cases with moderate growths, but something more radical is necessary when the tissue is abundant. In the latter cases, the galvano-cautery gives the best results and should be used when practicable. The epiglottis should be carefully avoided in the use of the cautery, as oedema may result if it is burned. Solid nitrate of silver or chromic acid, may be used but are not so effective. Occasionally the growth is in two large masses resembling enlarged tonsils. The lingual guillotine, suggested by the writer and later improved upon by Dr. R. C. Myles, is the best means of removing large isolated growths.