warmth appears to be the more soothing remedy. When an abscess has formed it may be punctured, but care requires to be observed in doing this that no injury be inflicted on any important blood-vessel.

The tonsils are frequently the seat of permanent enlargement (chronic tonsillitis), which may result from frequent attacks of quinsy or may exist independently. They are often seen in delicate young people, and, in the case of some at least, denote a strumous tendency. They give trouble from the mechanical impediment they present to swallowing and clear articulation, and when very large they cause the breathing to be more or less noisy at all times, but especially during sleep, while again they may give rise to a measure of deafness. They are treated by remedies which promote the general nutrition, such as cod-liver oil, iron, &c., by the use of astringent gargles, and when necessary by excision.

The Pharynx or upper portion of the gullet (seen to a large extent on looking at the back of the mouth) is frequently the seat of a chronic inflammatory condition, usually associated with derangements of the digestive organs, and sometimes the result of excessive tobacco smoking. On inspection the mucous membrane is seen to be unduly red and glazed looking, with the enlarged follicles standing out prominently. It produces considerable irritation, cough, and discomfort, which may be of long continu­ance unless subjected to appropriate treatment. This consists in removing any local source of irritation, in rectifying by diet and other remedies (see Stomach Diseases) any gastric disturb­ance, and by the application to the parts of silver or other mild caustic solution.

The (Esophagus or gullet may be the seat of catarrhal or inflammatory conditions, but the more important ailments affect­ing this tract are those which arise from local injuries, such as the swallowing of scalding or corrosive substances. This may cause ulceration followed with cicatrization which narrows the passage and produces the symptoms of stricture of the oesophagus,—namely, pain and difficulty in swallowing, with regurgitation of the food. The severity of the case will necessarily depend upon the amount of narrowing and consequent mechanical obstruction, but in some instances this has occurred to such an extent as practically to occlude the canal. Cases of oesophageal stricture of the kind now referred to may sometimes be relieved by the diligent use of the bougie, but not unfrequently, in order to prevent death by starvation, surgical interference is requisite to form an opening into the stomach by means of which food may be introduced.

A still more serious and frequent cause of oesophageal stricture is that due to cancerous growth in the canal, which may occur at any part, but is most common at the lower end, in the vicinity of the entrance into the stomach. The symptoms of this condition are increasing difficulty in the passage downwards of the food, the steady decline in strength, and the development of the cancer­ous cachexia, together with enlargements of the glands in the neck ; while the diagnosis is rendered the more certain by the absence of any cause, such as local injury, for the formation of a stricture, and by the age (as a rule at or beyond middle life). Treatment here can only be palliative while life continues, which in general is not long. Feeding by the bowel (enemata) may be advantageously resorted to as supplementary to efforts to admin­ister liquid nutriment in the usual way. It is to be observed in all cases of organic stricture that the food does not necessarily return at once, but seems as if it had passed into the stomach. In reality, however, it has passed into the dilated or pouched portion of the canal, which is almost always present immediately above the seat of stricture, where it remains until, from its amount, it regurgitates back into the mouth, when it can be seen, by the absence of any evidence of digestion, that it has never been within the cavity of the stomach. While in this way a large quantity of the food returns, it often happens that a small amount of the liquid portion does trickle through the narrowed canal into the stomach, and thus life may be prolonged for a considerable time.

Strictures of the oesophagus may also be produced by the pres­sure of tumours or aneurisms within the cavity of the chest but external to the canal. Further, a variety of oesophageal stricture is not unfrequently met with which is due entirely to nervous causes, and is quite unconnected with organic disease,—namely, that form occurring in hysterical females termed spasmodic stric­ture. Here the attack of difficulty in swallowing comes on usually when the patient is at meals, and the food cannot pass down. The absence, however, of all history of any organic source of disease, aud especially the perfect facility with which the oesophageal tube or bougie is passed, together with other manifestations of hysteria com­monly present, serve readily to establish the diagnosis. The remedies most suitable are tonics and the frequent passage of the stomach­tube, which as a rule soon entirely removes the tendency to spasm.

Finally, difficulty in swallowing sometimes occurs in certain serious nervous diseases from paralysis affecting the nerves supply­ing the muscular coats of the oesophagus, which thus loses its propulsive power. When such complications occur they usually denote an advanced stage of the central disease with which they are connected, and a speedily fatal termination. (J. O. A.)

THRONDHJEM, or Trondhjem (Drontheim), the third town of Norway, capital of the Throndhjem stift and of the South Throndhjem amt, is pleasantly situated on the southern shore of the Throndhjem fjord, at the mouth of the Nid, 348 miles by rail to the north of Christiania, in 63° 25' 52" N. lat. and 10° 33' 19" E. long. In front of the town is the islet of Munkholm, formerly a monastery and now a fortress ; on the high ground to the east is the small stronghold of Christiansten. The houses of Throndhjem, principally of wood, are substan­tial, spacious, and well lighted ; and the streets are wide, regular, and scrupulously clean. The principal building is the cathedral, partly dating from about 1090, but chiefly belonging to the 12th and 13th centuries (c. 1161-1248). Its extreme length was 325 feet and its extreme breadth 124 feet; but in the 14th, 15th, and 17th centuries it suffered greatly from repeated fires ; after the last of these the nave was completely abandoned, and soon became a heap of ruins. The building, which still ranks as the finest ecclesiastical edifice in Norway, and is the place of coronation of the Norwegian sovereigns, is now undergoing extensive but judicious restoration. The workmanship of its eastern windows and of the marble or steatite columns of the choir is specially noteworthy. Throndhjem possesses three churches in all, and among its other public buildings may be mentioned the residences of the stiftsamtmand and the bishop, the grammar school, the real school, the head office of the Bank of Norway, the deaf and dumb institute, the hospital, and the theatre. It is the seat of the royal Norwegian scientific society, in connexion with which are an excellent library and a good zoological and anti­quarian museum. Throndhjem, which has steamboat com­munication with Christiania, Hamburg, and Hull, and is connected with Sweden by the Meraker Railway (63 miles), carries on an extensive trade in copper (from the Röros mines), timber, oil, and dried and salted fish ; the industries include shipbuilding, sawmilling, distilling, tanning, rope-making, and ribbon-making. The popula­tion in 1875 was 22,152; in 1885 it was estimated at 24,000.

Throndhjem, originally Nidaros, was founded by Olaf Tryggvason, who built a royal residence and a church here in 996. It was made an archbishopric in 1152. The city attained its highest development about the latter half of the 13th century, by which time it had become an important pilgrimage centre and had as many as fifteen churches. It has sustained frequent sieges, as well as devastating conflagrations. Its importance declined about the time of the Reformation, when it ceased to be a resort of pil­grims. At the beginning of the present century its inhabitants numbered only 8832.

THRUSH (A. S. ϸ*rysce,* Icel. ϸ*röstr,* Norw. *Trast,* O. H. Germ. *Drosce,* whence the modern German *Drossel,* to be compared with the analogous English form Throstle,@@1 now almost obsolete, both being apparently diminutives), the name that in England seems to have been common to two species of birds, the first now generally distinguished as the Song-Thrush, but known in many districts as the Mavis,@@2 the second called the Mistletoe-Thrush, but having many other local designations, of which more presently.

The former of these is one of the finest songsters in Europe, but it is almost everywhere so common that its merits in this respect are often disregarded, and not unfrequently its melody, when noticed, is ascribed to the prince of feathered vocalists, the Nightingale (vol. xvii. p. 498). The Song-Thrush is too well known to need description, for in the spring and summer there is hardly a field, a copse, or a garden that is not the resort of a pair or more; and the brown-backed bird with its spotted breast,

@@@1 For many interesting facts connected with the words “Thrush” and “ Throstle ” which cannot be entered upon here, the reader should consult Prof. Skeat’s Etymological Dictionary.

@@@2 Cognate with the French Mauυis, though that is nowadays almost restricted to the Redwing (vol. xx. p. 318). Its diminutive is Mauviette, the modem table-name of the Skylark, and perhaps Mavis was in English originally the table-name of the Thrush.