

with calomel, with fifty-seven recoveries, or about 70 per cent. Cases with marked adenitis and nasal involvement did not do so well as those where the laryngeal stenosis was the only dangerous symptom.

**Laryngeal and Tracheal Tuberculosis.**—Dr. WALTER F. CHAPPELL, of New York, read a paper on "The Early Recognition and Treatment of Laryngeal and Tracheal Tuberculosis." The Doctor quoted that about 20 per cent. of tubercular patients develop laryngeal tuberculosis. The writer divided the diagnosis of the latter disease into subjective and objective symptoms, the former being, odynphagia, dysphagia, dysphonia, dyspnœa and laryngorrhœa. Objective symptoms: Anemias, localized congestions, tumefactions, ulcerations and erosions. A tubercular affection of the larynx might present different appearances, such as infiltrations and hypertrophies, or both with ulceration; tubercular tumors or neoplasms. The Doctor then showed a watercolor sketch of tubercular infiltration in the pharynx. He said that the tubercular bacillus is always present in laryngeal tuberculosis, and a microscope should always be employed in its detection. Syphilis may be co-existent with tubercle. The Doctor divided the treatment of laryngeal tuberculosis into three methods, viz., curettage, submucous injection and topical injections. He has strong belief in submucous injection, and has invented a syringe for the purpose, a sample of which he handed round. It does away with any chance of the needle slipping, as the instrument is almost automatic. As an injection the Doctor advises the following:

R.	Creosote (Beechwood),	
	Olei. gaultheri . . . . .	aa ʒij.
	Olei. hydrocarbon . . . . .	ʒi.
	Olei. ricini . . . . .	ʒiij.—M.

For topical application the Doctor advised: Creosote, lactic acid, menthol and iodoform. In conclusion, he said:

1. Every case of pulmonary tuberculosis should be carefully watched for laryngeal symptoms, and treatment begun at once.
2. If expectoration is profuse, creosote spray should be used as precautionary measure.
3. Sedatives should not be used until all other means have been tried.
4. Tubercular infiltration and ulcerations of tubercular nature may be arrested if seen early.
5. Rest and nourishment should be insisted upon, and creosote given internally.
6. If active process in larynx has been arrested, the patient should be placed under climatic influences.