

cally the sputum or pieces of the growth, as in its early stages, and even in its later stages, malignant disease possesses no distinguishing characters to the naked eye. With regard to the treatment, it must be essentially of a local character to be of any use, by means of inhalations, sprays, powders or pigments. In well-marked cases recourse should be had at once to pigments, and of these nitrate of silver is the best. Commencing with a solution of thirty grains to the ounce, the strength should be gradually increased every ten to fourteen minutes, until one hundred and twenty grains to the ounce or even more are used. These pigments ought to be applied locally by means of a laryngeal brush, under the guidance of the laryngoscope, at first three times and after twice a week, over a period of several months; this energetic treatment is necessary only in well-marked cases of thickened vocal cords, or of the intra-laryngeal mucous membrane. In chronic laryngitis dependent upon chronic nasal catarrh, attention should be directed to the nose; the nasal passages ought to be frequently cleansed by means of a solvent spray (one drachm of bicarbonate of soda to a pint of water), and immediately after an astringent solution ought to be applied, such as sulphate of zinc or acetate of lead, one or two grains to the ounce of water. At the same time the pharynx should be occasionally stimulated by the application of a solution of chloride of zinc, twenty or thirty grains to the ounce. In granular pharyngitis the application of London paste, or of the galvano-cautery, to the prominent follicles is usually necessary. When chronic laryngitis has ended in the formation of distinct growths, they must be removed by intra- or extra-laryngeal surgical measures. Certain of the sequelæ of chronic laryngitis may necessitate the opening of the wind-pipe, and the operation of tracheotomy is to be preferred to thyrotomy, if the same objects can be obtained by it. The rest and freedom from irritation that is obtained after tracheotomy often cure a chronic laryngitis which may have become serious, and in cases of tubercular disease much comfort can often be given to the patient by the early performance of this operation. The author concludes his lecture by urging on all medical men the importance of treating cases of chronic laryngitis with promptness in the early stages, so many cases being neglected at first, when some active measures might be taken, which become useless if deferred.

### STOOPING FORWARD.

Under this caption, the *Lancet* says: Every one knows that stooping forward, particularly after rising quickly from bed in the morning, when the stomach is empty and the heart has less than ordinary support from the viscera below the diaphragm, is very apt to occasion a form of faintness with vertigo, not unlike that which occurs in sea-sickness. We do not at the moment speak of the faintness and giddiness from cerebral anæmia, which are directly consequent upon suddenly assuming the erect, after long continuing in the recumbent posture, but of the more alarming sensation of being in the centre of objects which are rapidly passing away, usually from left to right, with loss of power to stand or even sit, and an almost "nightmare" feeling of inability to call for help or do anything to avert catastrophe, while throughout the experience the sufferer retains painfully acute consciousness. This, we say, is familiar as one at least of the effects not uncommonly produced by stooping forward under the special conditions indicated. With many other varieties of the vertigo consequent upon heart weakness or cerebral anæmia, observation or experience has made us all acquainted. We can not, however, help thinking that the consequences of even partial compression of the veins of the neck, offering an obstacle to the return of blood from the head, with its important organs, are not so well recognized. The peculiar form—or, more accurately the several forms—of headache distinctly caused in this way when the head is long bowed forward on the chest, bending the neck on itself, can not fail to occur to every one; nor will the high tension of the eyeball, the turgid and heavy eyelids, the snuffling note, the deafness, with buzzing or throbbing in the ears, the heavy breathing, and the puffed and perhaps flushed or darkened color of the face, resulting from the obstructed venous circulation through the bended neck, be forgotten. There are other and more perilous, though secondary, effects of leaning forward when the heart is weak, or the blood-vessels are not so strong as they ought to be, which should not be overlooked. Beyond question the extra strain thrown upon the apparatus of the circulation by anything that impedes the free passage of blood through almost any part of the venous system is more severe and dangerous than a *physically* equal strain thrown on the arteries. At least, this is so in adult life, and, without going further into details in connec-