

total disability, a condition that more frequently follows subacute than acute disease. It is through operative interference alone that we can secure to the larynx perfect and absolute rest. I shall trust to a short narration of a few of the cases that have presented themselves to my notice for the vindication of the principle. I shall not attempt here to overcome the prejudice of the laity and profession against opening the air passages, except in cases *in extremis*. I am satisfied, from my own experience, however limited that may be, that were this operation resorted to more early, this prejudice would largely cease to exist. In diphtheria, for instance, the operation is resorted to, generally, when the mechanical obstruction to breathing is so great that suffocation must otherwise result.

In diphtheria of the pharynx and neighbouring parts, I have been in the habit for the past two or three years of carrying out the suggestion originally offered by Dr. Morell Mackenzie, of coating the surface with an ætherial solution of a gum, applied by means of an atomizer. Dr. Mackenzie advanced the idea that these applications acted by excluding air and preventing absorption of moisture. I certainly agree with him in this opinion, but also consider that they act through the rest they secure. The irritable condition of the fauces existing in this disease is thoroughly well recognized, the contracting power of disseminated patches most likely being the cause, as I have observed that where the surface was pretty equally covered, the irritability seemed less. This varnish (for such it is) seems to equalize the tension and render this cause of discomfort much less. The application, though at first smarting, gives relief to reflected pain. This relief I greatly attribute to the rest obtained. If diphtheritic exudation in the larynx were more closely followed by the intelligent use of the laryngoscope, timely operative interference would probably yield much better results, as we should, at least, render ourselves sooner independent of the passage rendered unequal to its work, not only by the mechanical interference of the membrane itself, but also by the influence which the presence of the foreign body has in producing spasmodic action of the adductors. We should also be in a much better position to contend with the