

of the bronchial tree, and even those parts which can be thus influenced can be better treated if the remedy is used in a fluid state, for the following reasons :

The medicine is exhibited in the only form in which it can be efficacious, the theory that sprays can be carried further into the lungs having proved fallacious.

Large quantities can be used.

Insoluble drugs like iodoform can be administered.

The specific gravity of a fluid enables it to enter portions of the lungs not accessible to sprays, by directing the point of the syringe to one side or the other, or by having the patient recline to one side, the medicine can be directed to the diseased portion of the lungs.

The slow evaporation of the remedies employed prolongs their influence for a considerable time.

The absorption of the remedies extends their influence to portions of the lungs beyond the air passages.

The syringe used for making the injections was devised by Dr. Muir, and is capable of holding one-half ounce ; the tube is of metal and can be bent to any desirable curve.

The technique is thus described by Dr. John A. Thompson :

" There are few technical difficulties in this method. With the parts illuminated as in an ordinary application of medicine to the larynx, the curved tip of a laryngeal syringe is carried back over the glottis. While the patient takes a slow, deep inspiration, the remedy is injected between the vocal cords into the trachea. In the earlier treatments it is sometimes advisable to anaesthetize the larynx with cocaine. Later, when the patient recovers from the nervous apprehension that is so often excited by manipulation about the throat, cocainization of the larynx is neither necessary nor advisable. Where the patient has sufficient self-control to breathe slowly, deeply and regularly with the laryngeal mirror in position, it is easy to inject solutions into the trachea without passing the tip of the syringe below the glottis. This latter method is not advisable in ordinary treatments. There is apt to be some injury to the parts in introducing the syringe between the cords, or in withdrawing it. Where cocaine is not employed, a reflex spasm is excited by the contact of the syringe that makes the treatment disagreeable and sometimes painful to the patient. This is not necessary if physician and patient co-operate, the latter breathing as directed and the former regulating his movements by those of the larynx."

The objections made to this method of treatment are usually theoretical, and are not borne out in practice.