

rest, in the former, rest from phonation is not absolute rest, as the function of respiration is maintained, entailing gentle, but constant motion, asleep or awake; so that the danger resulting from perfect rest in other joints does not, in its entirety, apply to the larynx, unless under the conditions developed by directing the current of air through an artificial channel, which will be noticed in speaking of tracheotomy, as the only means of securing absolute, perfect rest.

Speaking in general terms, the degree of rest necessary to be enforced in any given case must depend largely upon the morbid condition, the continued laryngoscopic examination of the patient, and the experience and judgment which the practitioner may bring to bear in conducting his experiment. In acute laryngitis, absolute rest of the voice becomes the most important factor. All efforts, mental or physical, which would tend to increase respiratory action must be desisted from. Every infringement of this rule must only increase the obstinacy of the attack. Rest may be supplemented by other means of an antiphlogistic nature, but I do not hesitate to say that, in a large majority of cases, rest in itself will be sufficient. Where much constitutional disturbance exists, the internal administration of remedies will, of course, suggest themselves. Soothing inhalations will be found valuable, as also the application of ice externally. Inhalations should not, however, be used when the submucous tissue is involved, otherwise increased swelling will result. In the use of inhalations some caution is necessary. An inhalation should not be used at a higher temperature than  $140^{\circ}\text{F}$ ., nor for a longer period than five minutes at each sitting, nor should more than 10 or 12 inspirations be taken in each minute. The violation of these rules will only lead to exhaustion, exhaustion to over-action, and over-action to defeat of the principles of rest. The internal administration of bromide of ammonium I find especially useful, and attribute its benefit to its local anæsthetic power and the rest thus secured.

In chronic laryngitis, we meet with somewhat different conditions. The action of the intrinsic muscles is interfered with, as in these cases, especially if of long duration, more or less