

was a good deal of expectoration during the twenty-four hours, but not nearly as large an amount as would be expected from the amount of coughing done. Has severe pain in larynx after coughing, but no pain in swallowing, although sometimes there was slight dysphagia. Sleeps poorly, appetite poor, no night sweats.

Examination : At 11 a.m., pulse, 100 ; respiration, 19 ; temperature, 99.2° ; weight, 140 pounds ; spirometric pressure, 150 cubic inches. Had irregular hæmorrhagic septum and elongated uvula. The vocal cords and arytenoids were hyperæmic, probably owing to the continuous coughing. On the left ventricular band, near the centre and posterior end, there were several white spots projecting above the surface. One appeared to be as large as a small grain of wheat. There was also one white spot on the right ventricular band, in front of the arytenoid. Repeated and careful laryngological examinations, at different sittings, failed to find similar spots in any other locations. There was no areola round any of the spots, neither could I find any other lesion of the mucous membrane. The patient attributed the laryngeal pain to the rasping effect of the continuous, harsh coughing ; and there was little doubt that the cough itself was produced to some extent at least by the irritated effect of these intra-laryngeal growths. Although the patient had a long neck, the larynx as a consequence being deeply seated, laryngological examination was not difficult, and the spots seemed to be exactly similar to those in the cases of faucial mycosis I had previously seen.

Examination of chest : Right anterior thorax flat, left round and full. Prolonged expiratory murmur over right apex anterior and posterior. Percussion sound on right side dull, left normal. Basic rales over both lungs anterior and posterior.

The following day I had the sputum examined by Dr. Anderson. He reported it loaded with streptococci, but without tubercle bacilli.

The lung treatment that I ordered throughout consisted in the administration of creosote and cod liver oil internally, together with menthol and creosote inhalations twice daily at my office.

After removing a portion of the uvula, the throat treatment for several days was by sprays only. The cough was slightly relieved, but there was no change in the spots. On the fourth day, after applying cocaine, I rubbed them with a 50 per cent. solution of lactic acid. This was repeated three days later. Neither application was attended, however, by any perceptible result.

On the ninth day I fused chromic acid on the end of an alumi-