last spray of menthol in albolene, although ten times as strong as the first, does not hurt nearly as much.

Intralaryngeal insufflations of powders, such as iodoform, aristol, europhen, dermatol, pyoctanin, etc., etc., have frequently been used, but they have not met with very wide favor, as from their drying, desiccating character they produce little but discomfort for the patient. They may check the discharge of pathological secretions and hinder elimination.

It is to Krause and Heryng that we are indebted for the use of the curette in the treatment of tubercular ulceration of the larynx. Under cocaine anesthesia, the ulcers are operated upon either with the single or double instrument, the entire ulcer being cut away if possible. This is not, as a rule, attended by much hemorrhage. The application of a solution of adrenalin prior to operation will make the bleeding even less. The rule has been, upon checking the hemorrhage, to apply the diluted lactic acid to the raw surface—the latter to be repeated from time to time during the progress of healing. In many cases, by this method of treatment, the progress of the laryngeal disease is checked, and in some cured.

Still many laryngologists consider the method too heroic and too questionable of ultimate good to be practised except in rare cases. Bryson Delavan has expressed himself on the whole as in favor of milder measures, and Lennox Browne, speaking of the combined curettement and use of lactic acid says: "But the cases must, I think, be rare in which the treatment would be justified by the result."

Gleitsman advises galvano-cautery operations upon the infiltrated posterior commissure, when dyspnea and odynphagia are well marked. I have personally had several opportunities of endorsing his experience upon this point. One advantage of the method of operation over curettement and excision by cutting forceps, etc., is that when properly performed, it does away with all possibility of auto-infection. The main points are (1st) to insure perfect stillness of the larynx while operating; and (2nd) to accurately gauge the extent of the burning incision. The second is but a corollary of the first. The larynx should be thoroughly cocainized, and then during the operation the patient's undivided attention should be devoted to uninterrupted and regular breathing.

Scheppegrell advocates the use of electrolysis or "cupric interstitial cataphoresis," for the disintegration of the tubercular deposit; and has invented a laryngeal electrode to promote the absorption of remedial agents into the diseased tissues.

Necrosis may attack any of the cartilages of the larynx, and frequently the epiglottis is the chief seat of sloughing. Fortunately, however, this condition is rarely attended by severe hemor-