

will come naturally, the advice of a physician is sought. These patients come with the expectation that a course of treatment or a surgical operation will produce the desired result. Examination by the laryngoscope does not discover anything abnormal. The first time I was consulted in such a case I was inclined to think that nothing could be done. On testing the young man's voice, he had a fair falsetto register—the falsetto being to him the natural register. He was able to make a few of the chest notes also. I therefore advised him to select with the aid of a piano a tone which could be easily emitted and low enough for a male adult, and to practise reading and speaking in that tone. After a few weeks' practice this tone improved in fulness and was used without much effort. Then he shut himself up in his boarding house for a few days, being determined to use henceforward only the new tone. The result was perfectly satisfactory. Another patient after considerable practice in private, left home on a bicycle trip of two days, making use only of the new tone when he had occasion to speak. When he reached his destination he found it impossible to speak in his former high-pitched tone. The change was complete and permanent. Culture of the voice in this way, coupled with a little determination will, I believe, afford relief in all these cases.

ADDITIONAL NOTE ON INTUBATION.

Since the publication of the January number of the *QUARTERLY* twelve cases of intubation have occurred. This makes a total of seventeen for the winter. The conclusions reached in the article already published are confirmed by the additional experience. Of the seventeen cases two proved fatal. One died of bronchitis, which was well advanced before the laryngitis manifested itself. The other of cardiac paralysis twelve hours after intubation. In the fifteen cases of recovery the average time of wearing the tube is two and three-quarter days. This is a material reduction in the time, and is undoubtedly due to the antitoxin which has been used in all cases as soon as possible. The other treatment consisted of calomel sublimation and a moderate amount of stimulant with the milk which was fed by catheter, through the nose, every four hours. Case No. 11 presented some peculiar and interesting features. This was a girl of five, a patient of Dr. Cunningham. Intubation at 2 p.m., Jan. 15th. At 5 p.m. the following day while Dr. Cunningham was present,