

amount of clothing, the rectal injection of hot normal saline.

There is the method of reducing fever by drugs, such as quinine, autimony, aconite, etc. Certain drugs act on the infection, as quinine in malaria, salvarsan in syphilis, etc.

Then we have the treatment by vaccines. In this there are two forms. The use of dead germs which are injected as an emulsion. This method is now extensively employed. Of late the use of living germs has come more into use. It is claimed that large doses of these may be safely administered if they are sensitized with immune serums. This latter work may yield brilliant results.

TREATMENT OF LARYNGEAL TUBERCULOSIS.

G. Seccombe Hett, in the *British Journal of Tuberculosis* for July, 1912, states that while very slight laryngeal lesions in an advanced and rapidly progressive case of pulmonary tuberculosis are of grave prognostic import, being frequently subterminal infections, in other cases, where there are extensive lesions of the larynx in patients with normal temperature and a chronic type of pulmonary lesion, radical surgical procedures can often be done with impunity, and achieve excellent results. Lesions of the vocal cords can frequently be arrested by absolute vocal rest for six months, if the chest condition is favorable. Enlarged arytenoids can often be reduced by deep puncture with the galvanocautery, and where this fails, Hett has had good results by punching them out; he has never met with failure of the wound to heal. Infiltrations without ulceration of the ventricular bands are best treated by successive deep cautery punctures at intervals of ten days. Superficial ulcerations of the vocal cords should be merely touched with the cautery. Curetting should be limited to large ulcers, and be employed with caution in order to avoid producing a larger breach of surface than already exists.

Where tuberculous lesions are confined to the epiglottis, the author has been much impressed by the results of removal of the body with punch forceps; the stump never failed to heal when this measure was employed in suitable cases. Even in desperate cases the extreme dysphagia, due to the infiltrated and sloughing epiglottis, was at once relieved.

Accumulation of secretion in the larynx can be prevented by the use of an alkaline laryngeal spray. Unnecessary coughing should likewise be prevented, and where it is caused by irritation in the larynx, dry inhalations of creosote, phenol, and chloroform, through a Yeo mask, worn for some hours at a time, are very efficacious.—*N. Y. Med. Jour.*, Oct. 26.