

with others, operations of one kind or another are constantly being done.

Shurly has long advocated that linear incisions into the infiltrated tissue, in selected cases, are highly beneficial. They relieve the tension and do what nature herself would do at a later date; at the same time enabling the operator to directly medicate the diseased parts. In this he is supported by Bronner and other writers.

Lake strongly advocates the removal of interarytenoid thickening with cutting forceps, as he puts it, "in almost every case." To use his own words: "In no class of case is the effect of thorough operation more satisfactory than in uncomplicated interarytenoid thickenings or vegetations." He also uses the electro-cautery wire to amputate the whole of the infiltrated epiglottis.

Gougenheim extirpates the arytenoid cartilages, for infiltration of the commissure, with punch forceps, under the belief that the primary cause is perichondritis or necrosis—a severe method of treatment which few laryngologists will be inclined to follow.

For these infiltrations Chappelle, by special instrument, makes submucous injections of creosote, menthol, and oil of wintergreen in castor oil, from which he claims to have had excellent results. Donelan likewise has had recoveries through the agencies of interstitial injections. He inserts a one-minim dose of pure guaiacol into the most prominent part of the swelling, and, like Chappelle, repeats the injections at intervals of about a week.

In *ulceration*, there appears for many years back to have been a general consensus of opinion in favor of the local application of lactic acid, notwithstanding the severe pain which its application produces. The advice is given to first apply a solution of cocaine to the larynx, and then to rub into the ulcer by means of a laryngeal cotton carrier, lactic acid, commencing with a dilution of say 10 per cent.; and gradually increasing the strength from time to time until 80 or 100 per cent. can be borne by the patient. When applied in this way to the ulcerated surface, the pain frequently lasts for many hours (Freudenthal says often from ten to twenty), and often is so terrible that the patients dread the treatment, and will frequently resort to all sorts of excuses to avoid its repetition.

In my own experience, the use of lactic acid in these cases has not been so adverse. This may possibly be owing to a different method of application. I have never used a weaker solution than 25 per cent., and usually the first application has been 50 per cent. instead, increasing from that up to acid of full strength. But, then, I have always considered it inadvisable to use friction. The method has been first to spray the larynx with a one per cent. solution of cocaine. Then to apply directly on a cotton carrier a three to five per cent. solution, soaking the ulcerated surface