

the vocal cords are usually congested. In this condition, and when infiltration is commencing, the best results, in my own experience, have been obtained by spray treatment.

If the nose and pharynx are in an unhealthy condition, these should first be cleansed. Then an alkaline spray downwards, through a curved instrument, will cause the expulsion of the mucus from the trachea and larynx. The second spray, to be used immediately afterwards, should consist of an antiseptic volatile stimulant, dissolved in a bland aseptic medium. For the former, menthol, thymol, creosote, guaiacol are among the most valuable; and for the latter any of the pure hydro-carbon oils, such as albolene, glycolene, petrolene, etc. Of these preparations I have found none so uniformly satisfactory for constant use as menthol in albolene of from one to five per cent. in strength. The immediate subjective effect is a sensation of heat in the larynx, followed by one of coolness and comfort. The objective or observable effect is that the pallid parts are cleansed and vivified, having become more or less pink in color, while the reddened vocal cords have become whiter and less congested, owing to the freer circulation throughout the larynx induced by the treatment. It is reasonable to believe that if this effect can be produced once or several times a day in a weakened and diseased throat, the result should be beneficial.

Other methods of treatment recommended by authors are steam inhalations, medicated by oil of pine, eucalyptus, compound tincture of benzoin, creosote, menthol, etc., etc. And to give ease during the process of inhalation, a few drops of chloroform are sometimes added.

In *hyperemia* we have a condition which occurs much more frequently in tuberculosis of the larynx than is generally supposed.

The idea that the laryngeal mucosa in this disease is invariably pale is a mistake, being only approximately true. As Lake says: "There is a great difference between the larynx of a case of chronic phthisis and one of laryngitis tuberculosa in a phthisical patient. In the latter, the efforts of coughing and the irritation of the pathological process will in the majority of instances have set up considerable redness." To this might be added the fact that in acute miliary tuberculosis of the larynx, whether primary or secondary, there is usually considerable congestion.

The treatment in these cases is similar to that required in the anemic condition, with the exception that the sprays or insufflations, used after the first cleansing treatment, should not be of quite so stimulating a character.

In *infiltration* or *tumefaction*, the methods of treatment advocated by different laryngologists vary greatly. Many believe that until ulceration has occurred, operative treatment is never required, save for the relief of acute or chronic stenosis; while