

liquids should be given. The latter are best taken in gulps, like raw unbeaten eggs. Freudenthal has materially lessened the odynphagia and dysphagia in these cases by the free daily administration of large doses of olive oil; the benefit being the result of the continuous lubrication of the diseased mucosa—the swallowing being made easier.

Lake has obtained excellent results also by adopting a modification of the German dish, "Bifteck a la Tartare." Two ounces of raw beef free from fat and gristle are put through a mincing machine, and then intimately mixed with the yolk of an egg. In the worst cases of dysphagia this preparation can often be taken.

Wolfenden has adopted a special method of overcoming this laryngeal difficulty with marked success. He instructs his patient to lie on a couch with the face downwards over the end, the hips being elevated by resting on the knees. The patient then sucks the food from a tumbler through a rubber tube. By this means swallowing can be accomplished, the force of gravitation keeping the food out of the larynx.

In many cases a change of climate for patients suffering from tuberculosis is neither desirable nor possible; but when decided upon, the condition of the larynx and upper air passages should have an important bearing in the selection of the health resort. I laid a good deal of stress upon this point in a paper which I had the honor of reading before this Society eight or nine years ago; and later experience has only confirmed the view then expressed.

As a general rule, it may be laid down that when the laryngeal tuberculosis is purely secondary to pulmonary disease—other things being equal—an elevated region of several thousand feet above the sea offers the best conditions for the arrest of the tuberculosis, owing to the rarity, dryness and purity of the air, and the stimulus which these give to fuller and deeper respiration.

On the other hand, when the tuberculosis has been preceded by laryngeal catarrh, and the disease has first proclaimed itself by hoarseness or soreness in the larynx, an atrophic condition of the upper air passages is often indicated. In such cases, change to an elevated, dry, rarified air can only do injury; while a sojourn in a favorable climate down by the sea, or a prolonged ocean voyage, in properly selected cases may be of the highest benefit.

There are six different conditions which the tuberculous process may assume in the larynx; namely, anemia, hyperemia, infiltration, ulceration, necrosis, and the presence of new formations or growths. It is necessary to mention these, as the treatment varies somewhat according to the form in which the disease presents itself. Several of these conditions may be present in the one case and at the same time.

In *anemia*, the peculiar feature occurs, that while the mucosa of the arytenoids, ventricular bands, and epiglottis may be pallid,