

constitutional poison by at least affording a full and sufficient supply of pure air, leaving altogether out of the question the important factor of rest.

Last October, 1881, a young person was referred to me for admission into the hospital for an acute disease unrecognized. Her voice seemed to me somewhat muffled—so much so, in fact, that I at once suggested and carried into effect a laryngoscopic examination. The result was that I discovered, at the anterior commissure of the vocal bands, and extending somewhat more to the right than the left, a patch of diphtheritic exudation, irregular in shape, and of the area of a split currant. On rhinoscopy, some small patches were found in the posterior nares. On the following day the membrane in the larynx had extended over the anterior half of the right cord, violent spasmodic breathing being the result. Forty-eight hours afterwards I was forced to resort to tracheotomy. Owing to the irritable condition of the stomach, I ceased to administer drugs, relying solely upon nourishment and sprays to the posterior nares and larynx. I watched carefully the condition of the larynx; the exudation ceased to extend, the congestion was relieved, and the patient's condition improved, so much so, that in ten days more I was enabled to withdraw the tube. As some interference with abduction still existed, owing, I presume, to spasm of the adductors, I enjoined perfect rest of the voice and the avoidance of active pursuits. This case in itself contributes in some slight degree to uphold what we may look for in rest, other things being equal; as not only did the exudation in the larynx not increase, but the surrounding congestion was relieved, the glottic spasm overcome, sleep of a gratifying character secured (a matter of no small importance in laryngeal diphtheria), and a bountiful supply of vitalizing oxygen afforded, and a good recovery the result.

In the spring of 1881, a child of 4 years was referred to me, with extensive warty growths of both vocal bands. After attempting a variety of treatment, tracheotomy became necessary, and was performed, with the valuable assistance of my friend Dr. Shepherd. Local and constitutional improvement followed. Seven months later I plugged the tube, and