

Barwell speaks of the generally hopeless prognosis given in these cases, but gives Herging credit for making the outlook much more promising.

The tuberculosis process shows itself in the larynx in four forms: infiltration, ulceration, tuberculoma and miliary tubercles. The disease has a tendency to attack the posterior parts of the larynx. The parts affected, in order of frequency, are the true cords, interarytenoid space, arytenoids, ventricular bands and epiglottis. Note is made of anaemic condition generally of tuberculosis patients, in whom the pallor of the laryngeal mucous membrane may be a part of the general anaemia, and not necessarily a diagnostic point. Again, a comparatively normal larynx may look very red and angry, because it has been greatly irritated from excessive coughing.

The aims of treatment are limited by the possibilities of the case, and are of three kinds: 1, to completely cure the patient; 2, to cure the laryngeal disease, or 3, merely to treat the symptoms and relieve the sufferings. The less disease is apparent in the lungs, the bolder and more energetic should the laryngeal treatment be. When there is but slight pulmonary disease, persistent local medication, combined with general treatment, will in many cases effect a cure; but, if no response to treatment takes place, little time should be lost to resorting to surgical measures. Cases with extensive laryngeal ulceration and in a fairly good state of health require active treatment in order to cure, if possible, the disease or, at least, to stay somewhat its progress, and lessen the liability to all those symptoms that make the later days of these patients so miserable.

The author does not believe that the open-air treatment can replace local measures. A warm and moist atmosphere is best for open-air treatment of laryngeal cases, foggy, rainy and dusky places are quite unsuitable. The presence of acute laryngitis is an absolute counter-indication to open-air treatment for the time. As to food, all irritants should be avoided, pepper and spices should not be taken, and alcohol only when well diluted. Tobacco is best avoided, but, in many cases, a small amount of cool tobacco seems to allay the restlessness its disease causes. Rest for the larynx is very important, especially in cases having cord lesions. Whispering is not as bad as speaking aloud but a slate and pencil, or the deaf and dumb alphabet are very much better.

Locally, treatment falls into three groups: palliative, combating the associated catarrh and secondary infection, while the third group directly attacks the tuberculosis disease. In the palliative treatment of dysphagia, cocaine may be employed. Eucaine is not so certain. A cocaine spray of a 5 per cent. solution, applied with the guidance of a mirror, will, for a time, give good results. Morphia hydrochloride is