

not great a spray of chloretone used ten minutes before the meal will allow it to be taken in comfort. I use a solution of chloretone, five grains to the ounce with just enough rectified spirit added to dissolve the chloretone. This can be used very freely without fear of any constitutional effects and for some of my patients has been very satisfactory. Cocaine solution may be used in the same way, but it is often disappointing in its action. Orthoform by insufflation is fairly satisfactory as where it gives relief it is often of much longer duration than from the other anaesthetic applications. Morphia by insufflation is of little use, as it has little if any local action. When the time comes to give these patients morphia I consider it much better to give it by hypodermic injection.

The special foods should be abundant in quantity—as much as can be digested and as nutritious as possible. Eggs, milk and cream are the best. In temperature they should be but a few degrees above the body temperature, though sometimes a patient will prefer iced foods. Semi-solids are most easily swallowed, so all liquids should be thickened, and broths and soups made of the same consistency. Alcohol in any form is usually refused because of the pain produced. It may be given by the rectum. The Debove method of forced feeding is highly recommended in this as in pulmonary tuberculosis. This consists of one litre of milk, one egg, and one hundred grams of finely powdered meat given three times a day.

Wolfenden recommends swallowing by sucking through a rubber tube or a straw while lying prone on the face with the feet slightly raised. I have seen but one patient who was benefited by this suggestion.

As to heroic treatment for the relief of dysphagia I have never seen any benefit from it. My practice is to see these cases daily, to cleanse the throat thoroughly by sprays and applications or by a laryngeal syringe. Then to use a local anaesthetic by direct application and to follow this by a swabbing with alcohol. After this treatment my patient usually takes a meal without discomfort.

Lactic acid is not of use for the cases of dysphagia. The galvano-cautery is recommended but so much oedema has