sudden occurrence, and it has to be carefully guarded against.

To finish this very short description of the disease, it is necessary to mention the different forms of treatment which are commonly in use at the present time, after which a few words may be said as regards the duties of the nurse in charge of such cases.

Bearing in mind the dependence of tuberculous laryngitis upon infection with the sputum from the tuberculous lung, it is obvious that the best treatment is prevention, and therefore the larynx should receive every attention during the pre-tuberculous stage, and attacks of simple laryngitis be treated without delay and vigorously. It need scarcely be said that the usual general treatment adopted for phthisis must be properly carried out. If a laryngitis occurring in the course of phthisis becomes chronic, paints to the larynx and inhalations are employed, and with these means, together with the cessation of smoking, dry and bracing air, and proper diet, laryngeal complications in phthisis may be made much less common.

When the disease manifests itself in the form of isolated nodules, they are removed by means of suitable instruments introduced into the larynx, an operation which is easy and free from danger. After this removal, the larynx is carefully watched and bi-weekly applications of a 50% or 60% solution of lactic acid made, combined with alkaline spraying and insufflations of iodoform, or of iodoform and orthoform. Various drugs are insufflated also when there is pain on swallowing.

The ulcerated forms of laryngeal tuberculosis are treated by application of various drugs, such as lactic and chromic acids, and by curetting. In the extensive disease described above, the surgeon's energies are directed chiefly to the alleviation of symptoms, especially of cough, pain, difficulty of swallowing, and dyspnœa. Of course, all irritants, such as smoking and alcohol, are rigidly forbidden.

The nurse who has charge of a case of tuberculous laryngitis can be of considerable service to both the patient and the surgeon, and in the later stages of the disease, the comfort of the former largely depends upon careful nursing.

As she may be called upon to administer inhalations, a word upon this method of treatment will not come amiss. Vapors are best employed by means of a Maw's inhaler. The water used should be at a temperature of 140 degrees Fahrenheit. If an inhaler be not at hand, the treatment can be carried out with an ordinary jug. The vessel should be about half full of water at the temperature named, and a folded towel arranged about its top in such a manner as to be adapted to the patient's nose and mouth. The inhalation should be continued for about ten minutes, the patient taking one breath of fresh air to every three or four of the vapour.

In spraying the larynx a properly adapted spray should be used, the fluid itself being comfortably warmed. There should be a tongue depressor attached, and the spraying should be done by degrees, so that the patient is not inconvenienced thereby, and does not become breathless and exhausted.

To relieve pain and difficulty in swallowing the best method is to insufflate the larynx daily with orthoform, about an hour before the first meal. The drug being quite non-toxic, enough can be used to freely dust the affected parts. When the doctor is not at hand to do this himself, the nurse can well carry it out after one or two lessons. Once daily is usually sufficient, as orthoform is not soluble and its anæsthetic effects last for six to twelve hours. Its effect in allaying pain and irritable cough is marked.

The difficulty in swallowing liquids can be usually met by thickening them with starch and by administering them with the patient in the prone position with the head hanging over the edge of the couch. In this position he can suck them up through a straw. If this method fails, as is sometimes the case, fluid is best given by the rectum in the form of a pint of .75% salt solution twice daily.

Dyspnœa can often be relieved by propping the patient up in bed, and allowing him to breathe in a nearly sitting posture. Tracheotomy is not often done in tuberculous laryngitis, owing to several serious drawbacks which need not be mentioned here.

Patients suffering from this complication of pulmonary tuberculosis are often very irritable and difficult to manage, and it behoves the nurse to be patient and cheerful.

It need scarcely be said that strict antiseptic precautions should be adhered to in these cases. Sputum should be destroyed and all articles which the patient uses either destroyed or rendered harmless in some other way. For this purpose the handkerchiefs made of Japanese paper are excellent, as they are cheap and can be burnt after use.

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