rally, they would lend a hand in difficulties. If this system were perfected and persistently worked out I think it would be more efficient and satisfactory than any method of bringing in an outside laryngologist, except for counsel as to any question of disease of the upper air passages, for operations and, also, for general supervision of the work.

THE FREQUENCY OF LARYNGEAL TUBERCULOSIS IN MASSACHUSETTS.*

BY JOHN B. HAWES, 2d, M.D., BOSTON.

ON the application blanks now in use for admission of patients to the Massachusetts State Sanatoria appears the question, "Has the patient tuberculous laryngitis?" On some of the blanks, but not on all, inquiry is made as to whether or not the patient is hoarse. There are at present about 236 men and women on our waiting list, 165 men, 71 women. Of these 236 patients, there are only 17 who are definitely said to have a tuberculous larynx, although a considerable larger number, over 35, were said to be hoarse. In many cases, probably a large majority, no throat examination was made.

In order to obtain further data on this subject, I have asked our superintendents to let me know how many of the patients now under their care were said to have a tuberculous larynx, and how many were actually found to have such a complication when examined by the sanatorium physicians. This is shown in the following tables:—

TABLE I.

TABLE SHOWING PATIENTS SAID TO HAVE A TUBERCULOUS LARYNX ON THE APPLICATION BLANK.

No. Reading 190 pts.	Lakeville 232 pts.	Westfield 240 pts.	Rutland 357 pts.	Total 1019 pts.
10	11	9	9	39

Thus, out of 1019 patients, in only 39 was a tuberculous process in the larynx suspected or discovered. The next table shows the number of patients found to have a tuberculous larynx on examination by the sanatorium physicians:—

TABLE II.

TABLE SHOWING PATIENTS FOUND TO HAVE A TUBERCULOUS LARYNX ON EXAMINATION AT THE SANATORIUM.

No. Reading 190 pts.	Lakeville 232 pts.	Westfield 240 pts.	Rutland 357 pts.	Total 1019 pts.
20	22	9	32	83

According to this table, out of 1019 patients, in 83, a tuberculous process in the larynx was found on careful examination. I do not feel in-

* Read at a meeting of the New England Otological and Laryngological Society, March 24, 1914.

clined to draw any conclusions, or to offer any criticism because of the discrepancy between these two sets of figures. I frankly admit that in my own case, in many instances when the diagnosis of the lung condition is clear, where the course of treatment is obvious, and where there are no throat symptoms, that I do not make a detailed throat examination. That it should be done in every case, I quite agree. Some day, soon I hope, I intend to make it a routine part of my examination.

Continuing with these figures, adding the patients on our waiting list to those now in our sanatoria, we get a grand total of 1245. Of these, there are 100, a minimum figure, who have a tuberculous larynx. This is equal to 8%+ of the whole. The percentage is really a much larger one than this, owing to the fact that a large and constantly increasing number of advanced cases, among whom this complication is apt to occur, are now being cared for in local institutions.

There are today in Massachusetts at least 10,000 consumptives in the advanced or moderately advanced stages. Using 8% as a fair figure, would give 800 cases of tuberculous laryngitis. How to cure these patients, how to prevent the occurrence of this distressing complication, and at least how to alleviate the suffering it causes, is our problem, and one that deserves the utmost consideration.

A REPORT OF TWO HUNDRED AND FORTY-ONE CASES OF LARYNGEAL TUBERCULOSIS TREATED AT THE RUTLAND STATE SANATORIUM.*

BY JAMES A. LYON, M.D., RUTLAND, MASS.

Assistant Superintendent and Physician.

No attempt has been made in this article to theorize or to compare any given form of treatment, favorably or unfavorably, with another. We have merely briefly set forth the character of laryngeal tuberculosis, and the manner in which it is treated at the Rutland State Sanatorium, together with the immediate and subsequent results of that treatment. The material has been gathered from among the 8665 cases discharged from this institution, covering a period of thirteen years, from December, 1899, to December, 1912. The rules of the National Association for the Study and Prevention of Tuberculosis governing the classification of the pulmonary cases have been followed. We have, however, for descriptive purposes, divided them into three separate classes, namely, incipient, moderately advanced, and far advanced. For instance, when a case is mentioned as being in the

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