

The Principals of Treatment of Tubercular Laryngitis.—**ST. CLAIR THOMSON** (London).—*Journal of Laryngol.*, Oct. 1901.

In an interesting paper upon this subject, the author arrives at the following conclusions, based upon his own personal experience, plus the opinion of other observers:

1. Pathology and clinical experience show that in the majority of cases the focus of infection is near or in the crico-arytenoid joint.

2. Many cases only present themselves at a stage when the possibility of effecting a cure by local measures is quite untenable.

3. The principle of *primum non nocere* should be constantly kept before us, as many measures which have been tried in this affection have only distressed the patient and hastened the disease.

4. In the light of present knowledge and therapeutic resources, the most rational principle is to try and make an early diagnosis of the disease while in an incipient stage—any persistent or suspicious laryngeal catarrh should be treated seriously in even a presumptive diagnosis.

5. Once diagnosed, the patient should be treated on the principles laid down in the modern method of sanatorium treatment.

6. Symptomatic treatment should be directed to an irritative, catarrhal or obstructive condition of the air passages.

7. In addition, silence should be enjoined, the disuse of the voice being proportionate to the degree in which the focus of infiltration approaches interferes with the arytenoid joint.

8. In cases where the situation or extent of disease do not warrant an expectation of complete arrest of the process, treatment should be symptomatic, and in many such cases the sanatorium treatment is uncalled for.

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An Artificial Larynx.—**G. T. HANKINS** (Sydney, Aust.)—*Australas. Med. Gaz.*, Jan. 20, 1902.

This apparatus is for use in those cases of total extirpation of the larynx where all sinuses between the oral cavity and the external air are closed, and all direct communication between the lungs and upper air-passages cut off. It consists, essentially, of a small three-necked Wolff's bottle. Through a perforated cork in the middle neck passes a tube bearing the reed which hangs downwards in the centre of the bottle, the outer end of the tube being connected with a No. 14 (English) soft rubber catheter cut off obliquely at the end.