our wish to bring home to him certain truths. Intubation is yet on trial, and we cannot yet bring it into close comparison with tracheotomy, as a means of dealing with the laryngeal complications of diphtheria and croup. We have already spoken favourably of it.[1] We have placed before the practitioner, for whom these remarks are intended, certain points to which we, in conclusion, again direct attention. These are, that no child should be permitted to die for want of courage in performing the operation, and the manner of operating is of less importance than the practitioner might imagine. He will bear in mind that his responsibility does not end with the performance of tracheotomy. In fact, it is then that it commences, and upon his skill and attention, coupled with that of the attendant with whom he trusts his patient—and the responsibility of the nurse is equal to that of the surgeon—depend the welfare of his patient. He cannot be blamed if the disease advances beyond his control, but he should have an uneasy conscience if he omits to recognize the fact that, when he has entertained the proper moment to operate, and acted with decision, he permits his responsibility to end there. He should have a still more *mauvais quart d'une heure*, if he, from fear or fancied danger, allow the little patient to succumb without the benefit of the doubt which operating will give him. R. DE LA S.

INSTRUMENTS AND THERAPEUTICS.

STUBLER, A. (Lawrence, Mass.).—**Rhigolene and Oil as a Vehicle for Sprays. Preliminary Note.** *Med. News, Phila., April* 16, 1887.

Two drachms of rhigolene (by measure) with six drachms of olive or almond oil, make a mixture which requires no more pressure than water to convert it into a fine and permanent spray. If sprayed into the mouth, with closed lips, the spray issues from the nostrils like a cloud of smoke, and is so permanent that its oil globules may be seen floating in the sunlight for more than thirty minutes. The mixture is unirritating to the most sensitive tissues, and seems in some cases to act as a mild local anæsthetic. It does

[1] This Journal, January, 1887, No. 1.

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not catch fire when directed into an uncovered lighted gas jet, and does not produce general anæsthesia, thus being free from the objections attending the use of pure rhigolene. The following drugs are readily soluble:—Balsam of copaiba, oil of cubebs, camphor, eucalyptol, iodine, iodol, iodoform, menthol (crystals), naphthalene (crystals), phenol (crystals), resorcine, ol. sassafras, salol, oil of turpentine, and thymol. Resorcine is insoluble in rhigolene, but dissolves in olive oil to the amount of nearly 8 per cent. The mixture will hold 3 per cent. in solution. Every oil seems to be readily miscible, so that the entire list of essential oils may *à priori* be added to the list. No astringent has been found so far which will dissolve in olive oil or the mixture containing it, but iodo-tannin may be prepared by dissolving as much tannin as a saturated tincture of iodine will hold. This will mix with castor oil in any proportion, and the mixture can be thinned with rhigolene to the desired consistence. Cocaine is insoluble in the olive oil and rhigolene, but, like tannin, makes a perfect solution if first dissolved in alcohol and then mixed with castor oil and rhigolene. The above is a preliminary report of experiments conducted by the author and Mr. John H. Green, and will be followed by further communications on the subject. J. N. MACKENZIE.

FILLENBAUM (Wien).—**On Local Cocaine Anæsthesia.** *Wiener Med. Wochensch.*, No. 11, 1887.

A COMMUNICATION of some surgical cases in which cocaine was applied by means of injection for local anæsthesia. Very good result was obtained in a case of tracheotomy, in a patient fifty years old, with syphilitic perichondritis. The operation could be executed without pain. MICHAEL.

GOUGENHEIM.—On Cocaine in Diseases of the Larynx. *Société Thérapeutique, April* 27, 1887.

GOUGENHEIM uses weak solutions; 10 per cent. generally suffices, and this should be reduced to 5 per cent. in children, women, and nervous persons. The larynx is less susceptible to the action of the drug than the pharynx and the nose, and anæsthesia is less easily produced. The ease with which the pharynx is anæsthetized, leads to the idea of employing it in phlegmonous anginæ. A very prompt amelioration is obtained by the use of a solution of 25 per cent. Gougenheim also employs cocaine in amygdalotomy, in whooping cough, in ulcerative affections of the larynx, and in œsophageal stricture. JOAL.

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ROSENBERG, A. (Berlin).—**Menthol in the Treatment of Tuberculosis of the Larynx and Lungs.** *Deutsch. Med. Zeit.*, 1887, No. 31.

THE author has applied menthol in solution of 5 to 20 per cent. for inhalation and tracheal injection in eighty cases of tuberculosis. He found improvement in all cases. The medicament is antibacillary as well as analgesic. MICHAEL.

STUCKY, J. A., and O. F. BROWN. Chromic Acid and Trichloracetic Acid in the Treatment of Hypertrophies of the Pharyngonasal Cavities. *St. Louis Med. and Surg. Jour.*, 1886, ii., p. 263.

THE article reflects the common experience of specialists in this country, and contains no original observation.

J. N. MACKENZIE.

PORTEOUS, LINDSAY.—The Topical Treatment of Tubercular Phthisis. *Edin. Med. Journal, May*, 1887.

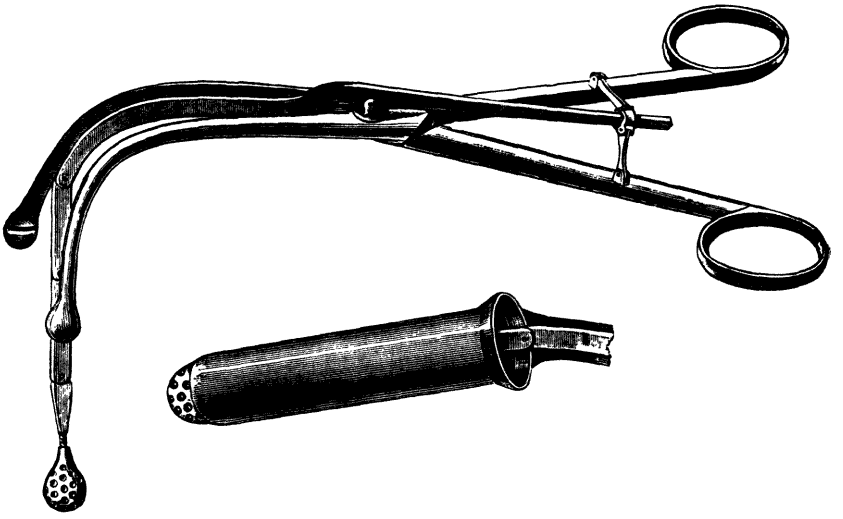
THE remedy recommended is corrosive sublimate: the method, that of spraying. Three illustrative cases are recorded, two of pulmonary, and one, which alone concerns us here, of laryngeal phthisis. The writer concludes his short notice of this case by naïvely stating that "she (the patient) still continues the treatment, and I hope before many weeks are past she will be able for her usual duties."

[It would be difficult to imagine a more unsatisfactory history of a case than that to which reference has now been made. With no record of the examination of the lungs or larynx, or of the sputum, we are gravely invited to believe that an individual "with hoarseness, and whose father and several brothers and sisters had died of phthisis," was suffering from laryngeal phthisis, and that she was recovering under the use of the spray, simply because her voice became clearer, and she was "able to take a short walk!" Both the diagnosis, and consequently the results of treatment, are of a problematical nature. The reporter would take this opportunity of adding that, granted the correctness of diagnosis, he does not believe in the efficacy of the bichloride or any other spray, as a curative agent in laryngeal phthisis. He has, during the last few years, made many observations on the results attained by the use of such sprays, as evidenced by their action upon the bacilli of tubercle, and upon the condition of the larynx, and in no single instance has he witnessed any appreciable benefit from their use, even in such instances where the bichloride was persevered with to such a degree as to induce the constitutional symptoms of mercurialism.] HUNTER MACKENZIE.

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STOERK.—Intubation of the Larynx. *Wien. Med. Presse*, No. 12, 1887.

An annotation of Stoerk's paper will be found in the last number of this journal (May, 1887). We now give an illustration of Professor Stoerk's new applicator.



KILLIAN.—New Galvano-caustic Battery. *Med. Wochenschr.*, No. 15, 1887.

Chromic acid, zinc, and carbon battery. The lowering of the elements into the fluid is executed by the foot, and in this manner the current can be produced and interrupted every moment. This contrivance dispenses with the necessity for any mechanism in the handle for opening and closing the galvanic current. Michael.

DELSTANCHE (Bruxelles).—**Demonstration of an Apparatus for Replacement of the Nasal Septum.** *Achte Jahresversammlung Süddeutscher und Schweizer Ohrenärzte.*

A modification of the apparatus devised by Jurasz. Michael.

HOPE, G. B.—New Polypus Snare and Amygdalatome. *New York Med. Jour., March* 19, 1887.

(1) Combination of Jarvis and Schrötter's snares. (2) Physick's instrument with Mackenzie's reversible handle. J. N. Mackenzie.

GENESE, D.—Mirror-topped Syphon Tongue-holder. *Maryland Med. Jour., April* 16, 1887.

An ingenious device of more interest to the dental than the throat

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surgeon, and to understand which the original matter should be consulted. J. N. MACKENZIE.

ROVIRA Y OLIVER (Barcelona).—**Simple Amygdalitis and Bicarbonate of Soda.** *Gaceta Médica Catalana*, No. 7.

THE author abridges a long essay upon this subject in the following conclusions :—

1. The simple forms of amygdalitis are superficial from the beginning to the end, or superficial in the beginning, but soon advancing until they become parenchymatous ; or, they are deeply seated from the commencement.

2. The anginæ disappear within twenty-four hours by dietetic means.

3. The application of bicarbonate of sodium, over a superficially or deeply-inflamed tonsil, by neutralizing the acidity and retention of the mucus discharged by the follicles, does not fulfil more than a secondary indication.

4. In this manner bicarbonate of soda may expedite the cure of catarrhal and parenchymatous tonsillitis.

5. Bicarbonate of soda cannot be relied upon as an abortive method of treatment of anginæ of the first group.

6. The action of the soda salt is not efficacious in impeding anginæ of the second group—the advance of the catarrhal to the parenchymatous state.

7. When the stroma of the gland has been affected, bicarbonate of soda can produce a cure in from three to seven days.

8. These effects of bicarbonate are attained by making the applications every two or three hours.

9. It is useless, and it may even be dangerous, to apply it, as Dr. Giné recommends, every five minutes.

10. A few styptic drugs, such as sulphate of alumina, are more efficacious than bicarbonate of soda. RAMON DE LA SOTA.

ROQUER CASADESÚS (Barcelona).—**Essay on Bacteriotherapy in the Third Period of Laryngo-pulmonary Tuberculosis.** *Gaceta Médica Catalana*, No. 4, 1886.

THE observations of Cantani, upon the treatment of pulmonary tuberculosis by means of inhalation of *bacterium termo*, induced the author to practise the method in the first case which came under his care. This was a lady with laryngeal tuberculosis in the ulcerative period along with pulmonary cavities. The fluid used was beef-tea with a pure cultivation of *bacterium termo*. Having previously sterilized the bottle containing the fluid, the patient performed

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inhalations, and later on her larynx was locally treated twice a day. Only a slight diminution of temperature was obtained; but as the treatment was persevered with for a sufficient number of days without any aggravation of the disease, the author agrees with Dr. Cantani in the opinion that *bacterium termo* is innocent to man.

RAMON DE LA SOTA.

BASSOLS Y PRIM (Barcelona).—**On Compressed Air in Tuberculosis.** *Gaceta Médica Catalana*, No. xxiii., Ano. 80.

USING for two months inhalations of compressed air in the case of a man affected with tubercles in his larynx and lungs, the thoracic affection was cured, without, however, the larynx undergoing the slightest modification. The author studies the effects of inhalations of compressed and rarefied air, and he concludes that the latter must be used at the beginning of tuberculosis, when patients preserve a certain degree of vigour, and the former in tuberculous patients who are attenuated. RAMON DE LA SOTA.

DIPHTHERIA.

GRASSMONT, GILLET DE.—Observation on Diphtheria transmitted from the Throat to the Eye, and reciprocally. *Journ. de Méd., May* 8, 1887.

A CHILD, fifteen months of age, was attacked with ocular diphtheria, which was communicated to him by a brother, five years of age, at the time suffering from a diphtheritic angina which ended fatally. The mother in attending to the youngest child (suffering from ocular diphtheria) was herself attacked with a diphtheritic angina. JOAL.

SCHENKER.—Treatment of Diphtheria. *Correspondenzblatt für Schweizer Aerzte*, No. 18, 1886.

RECOMMENDATION of the treatment of Delthil and internal use of turpentine. MICHAEL.

ENGELMANN.—On the Antiseptic Effect of Acetic Acid and its Application in the Treatment of Diphtheria. *Centralblatt für Klin. Med.*, 1886, No. 14.

A RECOMMENDATION of the local treatment of diphtheria with acetic acid. MICHAEL.

LEWENTAUER (Constantinople).—**The Use of Rectified Oil of Turpentine in Diphtheria and Croup.** *Centralblatt für Klin. Med.*, 1887, No. 3.

ONE case treated with turpentine with good result. MICHAEL.

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