under the cup is placed a spirit lamp, which heats it very slowly. The patients, who are sitting round the table, need not protect their faces, but linen or white clothing should be covered. Each inhalation ought not to last longer than thirty to forty-five minutes, and the treatment should not be extended over too lengthy a period.

H. M. (Copenhagen).

INSTRUMENTS AND THERAPEUTICS.

ALLEN, C. GLOVER (N. Y.).—**A New Snare and Ecraseur.** *Med. News, July* 16, 1887.

THIS is an original instrument, and apparently an improvement on the snares in general use. Its mechanism can only be understood by a study of the cut. J. N. MACKENZIE.

LABBÉ, EDOUARD.—On a Method of Treatment of Whooping Cough.

THE author has advocated local application of cocaine. This method does not cure the patient, but reduces the number and intensity of the attacks. At the present time Labbé recommends a treatment which is still more efficacious, and which consists of applications of an iodine solution to the entrance into the larynx. This method, employed by the author for twelve years, has always given good results. JOAL.

STORCH, O. (Copenhagen).—**On Inhalation of Nitrate of Silver as Treatment of Different Diseases of the Air Passages.** *Hospitals-Tidende, May* 11 and 18, 1887.

GIVES a favourable report of the author's results of the above named treatment in cases of bronchitis and emphysema. (The method of inhalation described in *The Journal of Laryngology*, vol. i., No. 9, p. 321.)

WICHMANN, G. L. (Norway).—**The Use of Lactic Acid in Lupus.** *Tidsskrift for praktisk Medicin, January* 1, 1887.

THE author has successfully treated four patients with deep and large lupus-ulcers of the nose and face, by lactic acid in the following way:—The ulcers are covered with absorbent cotton soaked moderately in pure lactic acid, and over the cotton is placed oiled silk and then a bandage. If the surrounding tissue be quite normal, it is protected by grease or collodium, otherwise the acid produces blisters

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on the epidermis; but as the effect of the remedy is lessened by grease, the author does not advise this to be used when there is the least suspicion of infiltration of the surrounding skin. The bandage is taken off after twenty-seven hours, and the ulcers washed, after which iodoform gauze is applied for two days. The gauze is then removed, and the same treatment repeated as often as necessary. The application of the lactic acid is rather painful, and not relieved by cocaine, but after one to three hours the pain generally ceases.

HOLGER MYGIND.

BOSWORTH, F. H.—The Practical Value of our Present Methods of Treating the Upper Air Passages. *Med. Record, April* 30, 1887.

IN the whole history of laryngology no case of so-called chronic laryngitis was ever cured by topical applications, whether made by sponge, brush, or spray. The more serious laryngeal affections, *e.g.*, tumours, syphilis, cancer, tuberculosis, paralysis, &c., of course no one ever claimed to cure by topical agents. Chronic laryngitis is merely symptomatic and secondary to disease of the nasal cavities in every case. Applications, especially astringents, to the lower pharynx for relief of chronic pharyngitis, however applied, do not cure.

There is no such disease as naso-pharyngeal catarrh in the sense of its being a catarrhal inflammation of the vault of the pharynx. The supposition that it is due to chronic inflammation of its lining membrane, with hypersecretion, is a myth. It is in reality diminished secretion. No local application behind the palate, by brush, sponge, or probang, ever mitigated the severity of so-called naso-pharyngeal catarrh. Neoplasms, hypertrophies of the pharyngeal tonsil, &c., can only be dealt with surgically.

Nasal catarrh is not a hypersecretion to be cured by astringents. The pathology of nasal catarrh is morbid condition of the mucous membrane interfering with the great respiratory function of the nasal passage, viz., exosmosis of serum, and so-called catarrh of the pharynx, larynx, and trachea are merely secondary to this condition, and are not diseases in themselves, being amenable, only to treatment directed to the nose. Douches and sprays have never yet cured cases of catarrhal inflammation in the upper air passages.

The author has never seen any bad effects from the use of the nasal douche. Inhalations have deservedly fallen into disuse. Sprays have deservedly occupied the most prominent place in therapeutic resources. They are only helps, and no one form of spray or apparatus is better than another. Compressed air is of no advantage. A single bulb spray is better than the most expensive apparatus.

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The treatment of catarrhal affections of the upper air-tract consists in the treatment of the nasal passages, the restoration of these passages to a normal condition by the removal of obstructing bone and cartilage, reducing hypertrophied membrane and correcting hyperæmia, &c., in other words "in the use of the snare, the saw, the knife, and the cautery." The simplest caustics, *e.g.*, chromic acid, possess advantages over the most cumbersome cautery apparatus. A crystal of chromic acid accomplishes all that the platinum wire can possibly accomplish, and does it better. [The author's views are original and represent one form of specialism—viz., the deification of the snare, the saw, the knife, the cautery. That the author's views are open to most damaging critcism will be obvious to all.]

SMITH, ANDREW H.—Efficiency of Medical Treatment of the Diseases of the Upper Air Passages. *Med. Rec., April* 30, 1887.

THE author does not doubt that acute and subacute affections are favourably influenced by topical applications, such as anodynes for hyperæmia, the result of hyperæsthesia, astringents for hyperæmia without hyperæsthesia, stimulants for sluggish capillary circulation, and mild escharotics for abrasions and ulcers. The author is not so sanguine in cases of old chronic catarrhs. Of 1,773 cases treated at one of the largest throat clinics in 1886, 1,351 were cases of non-specific chronic disease. The number of operations undertaken was 370, or only 27 per cent. The rest were treated by topical means. Surgical treatment cannot therefore be made to take the place of other local methods, and when surgery has done all it can do, there remain nearly three-fourths of chronic throat and nose cases which depend for treatment upon topical applications.

Under the most favourable conditions all we can do in chronic conditions is to assist the reparative efforts of nature, and "when once glandular and vascular and interstitial changes have taken place in a tissue as the result of long continued irritation or inflammation, and the structure has thoroughly adapted itself to the new order of things, it may well be questioned whether there remains any tendency towards repair, and whether a change impressed upon the structures from without may not take any other direction as well as that towards the original normal condition." Simply securing cleanliness will ensure much good, and the constantly recurring acute exacerbations can nearly always be benefited by sedatives and astringents. Hygienic measures, and in some cases internal treatment, are of great value. Complete and permanent cures cannot be promised.

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THOMSON, W. H. (New York).—**Therapeutics of the Upper Air Passages.** *Med. Record, April* 30, 1887.

The treatment of chronic diseases of the upper air passages should be directed to (1) the cognizance of cutaneous nerve associations in the causation and perpetuation of inflammations of the mucous membranes; and (2) local disinfection. Organs existing in symmetrical pairs (hands, feet, eyes, ears) are so closely associated in their vasomotor relations, that the same effect, so far as circulation is concerned, is produced on both by an impression made only on one member of the pair. Unsymmetrically placed organs (lungs, kidneys) do not show the same close nervo-vascular association. There is an association between the sensory nerves of any part of the skin with the vasomotor nerves of organs and viscera immediately within that part, so that like impressions on the cutaneous nerves produce like effects on the circulation of the inner structures. There are certain special vasomotor associations of widely separated parts which have no obvious functional connection with each other—*e.g.*, the vasomotor nerves of the feet and of the pelvic viscera, the association between the feet and the circulation of the pharynx and larynx, the nape of the neck and the nasal cavity (the close connection between abnormal innervations of the cervical nerves and congestions of the nasal cavity has not been sufficiently recognized).

Many persons with chronic mucous catarrhs are affected by influences wholly inappreciable by persons in health, and many with chronic nasal, pharyngeal, or laryngeal catarrhs have their troubles aggravated by nocturnal exposure in bed of the neck or back of the shoulder which a healthy person would not feel at all.

The application of cold, douching the nape of the neck, cold salt water sponging the throat should be kept up for months in all affections of the upper respiratory passages. Tendency to perspiration should be checked by rubbing with olive oil. Suitable woollen night and day clothing should be ordered, covered with a perforated buckskin shirt; partial protection—*e.g.*, chest protectors, is worse than useless. Local disinfection is the second desideratum, obtained in two ways:—1. Increasing the resistance power of the tissues; 2. Dealing with hereditary weakness. Cod-liver oil is an efficient nerve and cell feeder. The carbolic class of disinfectants are best for all suppurative disorders, and the chlorine class for necrotic affections. Insufflations of calomel and bismuth are used by the author in nasal catarrh, and for the pharynx, and are better, from their adhesiveness, than sprays.

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CURTIS, H. HOLBROOK (New York).—**A Paper concerning a Few Points in Practical Laryngological and Rhinological Work.** *Med. Record, April* 30, 1887.

DEDUCTIONS are based on observation on over 1,000 cases in which the author has practised enlargement of the upper air passages, by chromic acid applied to erectile tumefactions and true hypertrophies, and surgical interference to remove cartilaginous or bony obstructions caused by septal deflections, &c. Granular pharynx is due to mouth breathing, and any treatment directed to this condition without enlargement of the nasal fossa is misdirected. Chronic post-nasal catarrh unaccompanied by stenosis does not exist. Conditions which simulate this may be referred to disease of the ethmoid cells, especially the anterior group. This condition is due to hypertrophy of the middle turbinated bone closing the exit of ethmoidal secretions. Chromic acid is the remedy for this condition, and also for hypertrophies of the inferior turbinated bodies. "Burning the nose" and enlarging the upper air passages also improve the "timbre" of the voice in a magical manner. In the author's hands chromic acid applied to the nose becomes a panacea for all sorts and conditions of affections immediate or remote (laryngitis, spasmodic asthma, and bronchitis, acute or chronic, amongst others). He relates how singers wishing to appear to great advantage have come to him to have the brilliancy of tone restored by application of chromic acid to the turbinated bodies, and the author has repeatedly done this when there was "no necessity for the operation." He has never seen bad effects from the use of chromic acid. It is to be smeared on one side of a copper applicator, and Dobell's solution in spray used a few moments after. The author concludes with the expression that "the sooner the farce of applying strong astringent solutions and nitrate of silver is done away with" (and shall we say, replaced by the farce of applying chromic acid indiscriminately?), "and proper appreciation given to the magnificent results obtained by restoring the function of respiration as nature intended, the sooner laryngology will be placed on a higher plane, and an immediate relief given to countless thousands who imagine an incurable so-called post-nasal catarrh."

JARVIS, W. CHAPMAN (New York).—**Topical Application to the Upper Air Passages.** *Med. Record, April* 30, 1887.

THE value of the spray has been greatly over-estimated. It is most useful for cocaine applications, and is useful occasionally for cleansing.

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Is the only means for applying rhigolene anæsthesia, is useful for applying vaseline preparations, and for projecting medicated powders. Coarse sprays are one of the most effective means for nasal cleansing. The syringe is often to be preferred to the spray. Compressed air is best for powders, especially iodoform. Surgical methods are mostly to be preferred for the treatment of catarrhal processes in the nasal cavities, which are due to nasal obstruction in the vast majority of cases. Dr. Jarvis cannot agree with the use of chromic acid for removal of turbinated hypertrophies, not doubting, however, that it can remove hypertrophies if persistently applied, but it is not the best agent for this purpose. Transfixion and the snare écraseur will remove the redundant tissue in a few minutes. The same objection applies to the galvano-cautery. He has also seen severe annoyance from traumatic rhinitis to extensive inflammation of the post-nasal structures and œdema of the soft palate from the use of chromic acid.

DIPHTHERIA.

Report of Dr. George Turner's Experience of Diphtheria, especially in its Relations to Lower Animals, partly obtained in the course of Inspections made for the Board (Local Government Board) in 1886. *July*, 1887.

Our knowledge of the etiology of diphtheria is notoriously imperfect. The report of Dr. Turner is so full of suggestion with regard to this question, that we herewith present it as it is published, in the hope of stimulating inquiry in this direction. If any readers of this Journal will supply us with duly accredited facts bearing on this etiological question, we shall be pleased to report them in the Journal with due acknowledgment.

Almost nothing is with certainty known of the beginnings of diphtheria, though much has been learned respecting conditions favouring its spread and something, perhaps, of influences fostering its virulence.

The earliest cases in an epidemic of diphtheria are frequently very mild, and thus easily escape recognition. The first persons to die (almost invariably children) are generally supposed to have suffered from "croup," and very likely at commencement of an epidemic diphtheria may be mainly a local disease, killing rather by suffocation than by general "blood poisoning."

In villages and towns diphtheria beginning in the above fashion is, without question, often subsequently propagated by personal communication, especially by association of children in school. And, seemingly, at school slight cases of diphtheria and cases that are convalescent get opportunity for passing on the malady, with great addition of intensity, to other persons. It has been found, too, that when a school has been closed on account of prevalence of diphtheria among the

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