toms. Where they remain *without intermission*, they cannot be due to spasm, and too clearly point out that the larynx has become invaded.

Undoubtedly too many patients are allowed to die from indecision on the part of the operator. It should be a golden rule to *operate early*, *slowly*, and *carefully*, and not to halt between two opinions until the child has passed from a comparatively comfortable stage "in extremis." There is probably no operation in which indecision is more fatal. This indecision is partly due to the failure of the operator to realize the right moment for action, and partly to fancied dangers as to the operation itself. Trousseau's maxim, that a badly performed operation, with skilful after treatment, will lead to a satisfactory result in many a case in which an operation, skilfully performed as possible, left to careless after treatment, would have been followed by fatality, should be always borne in mind. The country practitioner should always be able to perform tracheotomy, and should have the necessary instruments always in his possession. The prognosis of his case may become absolutely hopeless while he is occupied in sending miles for the skilled surgeon, and he should have sufficient knowledge of anatomy and surgery to be able to act promptly in an emergency. R. DE LA S.

(*To be continued*).

INSTRUMENTS AND THERAPEUTICS.

LUC'S Pharyngeal Dilator for Inspection of the Naso-Pharynx] (Modification of Voltolini's Palate Hook.)

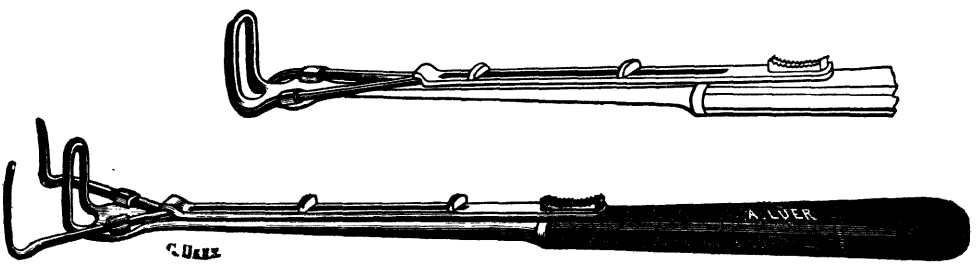
THIS modification of Voltolini's palate hook consists in the adjunction of two moveable branches, by means of a ring that may be pushed along the horizontal rod of the hook. When the instrument is closed, the branches are folded against the extremity of the hook. In this position the instrument is to be introduced behind the uvula, in order to draw it as far forwards as possible. The ring is then pushed in the contrary direction, and at the same time the branches separating from one another open widely and leave a triangular orifice, limited by the velum which is pulled forwards, and the separated palatine pillars on each side. One has simply then to apply properly a large laryngeal mirror under the dilator to be able to inspect any detail of the upper pharyngeal cavity.

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This instrument may be applied off-hand to *tolerant* patients. Hyper-sensitive patients must have the pharyngeal mucous membrane, and especially the upper surface of the velum, painted with a strong solution ($\frac{1}{2}$—$\frac{1}{4}$) of chlorhydrate of cocaine in order to give tolerance to the contact of the instrument. Luc's chief object in modifying Voltolini's hook was to prevent the bringing together, spasmodically or mechanically, of the posterior pillars of the velum. This action constitutes the chief drawback of the latter instrument, since it narrows the aperture transversely, while lengthening it forwards. Thanks to Luc's improvement the pharyngeal orifice becomes enlarged and lengthened at the same time.

The instrument, such as we have described, has proved of great help to the author—

1. For the inspection of the pharyngeal vault and the local treatment of the diseases of Luschka's *bursa*.
2. For examinations for adenoid pharyngeal vegetations, and in order to note their precise relations, and especially to ascertain whether operations for the removal of these growths have been completely successful.



LENZMANN (Dinsberg).—**A New Battery for Galvano-Caustic and Illuminating Purposes, constructed by Dr. Ernst Landmann, in Dinsberg, with Remarks on the Use of the Galvano-Cautery Wire.** *Deutsche Med. Zeit.* No. 7. 1887.

THIS is a new zinc and carbon battery, with some improvements, by which it is possible to direct the strength of the stream easily, and to enable the operator to vary the strength of the current during the application of the wire. MICHAEL (Hamburg).

BARATOUX.—Illumination in Laryngoscopy and Otoscopy. *La Pratique Médicale.* No. 5. 1887.

As much as possible, solar light should be used for illumination in laryngoscopy and posterior rhinoscopy, and diffused light for otoscop

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and anterior rhinoscopy. In default of natural light, gas or petroleum lamps should be employed. The author speaks favourably of the Welsbach light.

LANDGRAF (Berlin).—**On Catheterism of the Greater Air Passages.** *Berl. Klin. Woch.* No. 6. 1887.

A PATIENT, fifty-two years old, had all the symptoms of a broncho-stenosis of the left side. It was not possible to determine whether it was due to syphilitic stenosis, or aneurysmal compression. After using cocaine to the larynx and trachea, it became possible to introduce a catheter of 32 ccm. into the trachea. Attacks of suffocation became rarer, the patient was relieved for a time, but died subsequently, in a suffocative attack. Necropsy revealed an aortic aneurysm. MICHAEL.

MACKENZIE, JOHN N. (Baltimore).—**Treatment of Catarrhal Affections by the Internal Administration of Hydrogen Dioxide.** *Practice, Richmond, Va., December*, 1886.

THE success attending the topical use of this drug by American dentists in suppurative affections of the teeth and gums, led to its employment as a local wash or spray in catarrhal inflammation of the middle ear, and naso-pharyngeal cavities. Mackenzie calls attention to the fact that the *internal* administration of the dioxide, in a fair proportion of cases, not only assists the secretion, but has done so after many well-known and orthodox plans of treatment had been resorted to without success. A 4 per cent. solution of the dioxide, given in doses of two drachms to half-an-ounce four to six times daily, is the strength usually employed by him. It is better to have the drug prepared in small quantities, although the 4 per cent. solution will last for a long time if kept in a cool place. The internal administration of the drug may be combined with its topical use in form of spray (6 per cent.). The mucous membrane of the air-passages is in some persons, however, exquisitely sensitive to its action, and cannot tolerate it, even in weak dilutions. A remarkable effect of the internal administration is the relief given to the gastric derangements so frequently associated with catarrhal affections of the upper air-passages. Even in cases in which there has been little good effect in the direction of the nasal and throat symptoms, the stomachic phenomena have disappeared, and several patients report themselves cured of "dyspepsia," since using it. One patient finds great relief from its use in coryza, in which affection it mitigates the severity of the symptoms, and apparently cuts short the duration of the cold. The remedy is not a panacea, and in some cases fails to exert any

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beneficial effect, but within proper limits may be regarded as a valuable adjunct in the constitutional treatment of catarrhal affections.

Various Methods of Disguising the Odour of Iodoform.

1. Add to iodoform either—

a, Some drops of essence of bitter almonds ;
b, A little tannin ;
c, A little balsam of Peru.

2. Make an emulsion of iodoform, with equal parts of oil of sweet almonds.

Iodoform, 30 grammes.
Charcoal powder, 60 grammes.
Sulphate of quinine, 10 grammes.
Essence of mint, 1 gramme.

La Pratique Médicale.

[Mixing with equal parts of freshly ground coffee is also effective.]

Anti-Strumous Resolvent Lotion (Descroizittes).

℞ Chloride of sodium, ℥10.
Sulphate of magnesia, ℥$\frac{3}{4}$.
Tincture of iodine, ℥$\frac{1}{4}$.
Distilled water, ℥37$\frac{1}{2}$.

Compressors soaked in this solution are applied to strumous enlargements. *L'Union Médicale* (*Canad. Pract.*, *February*, 1887).

DIPHTHERIA.

BARBOT.—Treatment of Diphtheria. *Gaz. des Hôpitaux, January* 20, 1887.

In this disease the author has effected forty-eight cures by the Renou method (antiseptic fumigations, roast meat diet, and no cauterizing of the throat). Joal (Mont Dore).

KLEIN (Liebenthal).—**Corrosive Sublimate as a Remedy for Diphtheria.** *Deutsche Medicinal Zeitg.*, 1887. *No.* 17.

The author has often used this medicament, but without the very good results claimed by Dr. Welcker. Michael.

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