

The first inspiration of life, therefore, is a very complicated process: the glottis must be opened, the posterior wall of the trachea must contract, and by its contraction unfold the curled cartilages, converting a closed into an open tube.

The bearing of these points on the judicious use of artificial respiration is obvious. The glottis must be opened, the tracheal surfaces separated, and then only is artificial respiration possible by methods like Silvester's.

*Archer Ryland.*

**Hektoen, L., and Rappaport, B. (Chicago).—The Use of Kaolin to remove Bacteria from the Throat and Nose.** "Journ. Amer. Med. Assoc.," June 12, 1915.

From investigations made with kaolin in the Durand Hospital for Infectious Diseases, Drs. Hektoen and Rappaport found that when applied in the form of a dry powder kaolin removes not only diphtheria bacilli, but practically all bacteria from the nose and throat in the course of three to four days. The success of this treatment is due to the great absorptive power of kaolin and appears to depend largely on the free and thorough distribution of kaolin over the mucous surfaces. For this purpose the kaolin is blown into the nose six or seven times a day at two hour intervals, and for application to the throat the patient is instructed to swallow as slowly possible one third teaspoonful of kaolin four or five times an hour during the day. Kaolin is not irritative, and when taken into the mouth it gives rise to a feeling of grittiness.

*Birkett (Rogers).*

**McIntyre, Donald.—The Vaccine Treatment of Scarlet Fever.** "Brit. Journ. of Children's Diseases," No. 131, vol. xi, November, 1914.

A statistical record of a number of cases, including those complicated by nasal and aural discharges. In most cases no attempt was made to isolate all the organisms present. The cultures were made on ordinary agar and incubated for twenty-four hours. The organisms were then suspended in normal saline to which 0.5 per cent. carbolic acid had been added, and afterwards heated in a bath at 60° C. for an hour.

An initial dose of 100 millions was given; this was repeated at intervals of five days, the number of organisms being increased at each successive injection, until a maximum of 1600 millions was reached.

The author is of opinion that the success of vaccine treatment in scarlatinal cases with nasal and aural discharges is difficult to prove; but from his experience he is led to the conclusion that, with regard to nasal discharges, a cure is accelerated by vaccine treatment. Its comparative failure in aural cases he attributes to the multiplicity of organisms—especially diphtheroid organisms—often present in the discharge.

*J. B. Horgan.*

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### NOTES AND QUERIES.

The Managers of the Royal Infirmary, Glasgow, have appointed Dr. Peter Napier Grant, Glasgow, Surgeon to the Out-patient Department for Diseases of the Throat and Nose.

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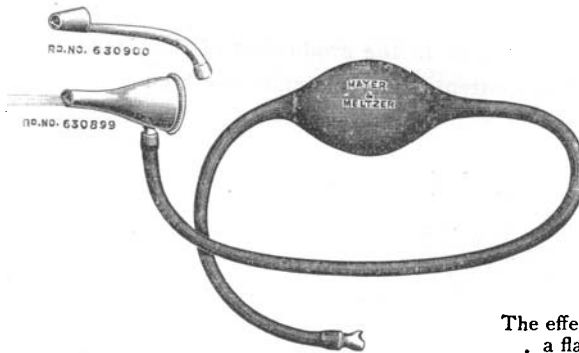
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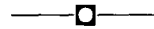
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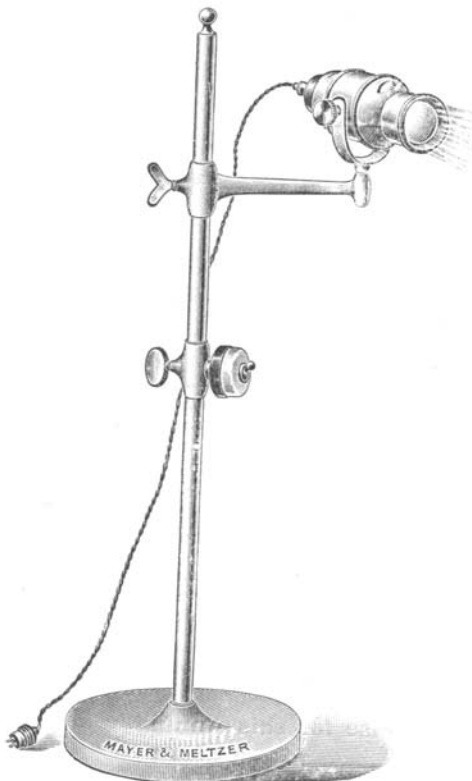
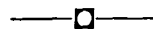


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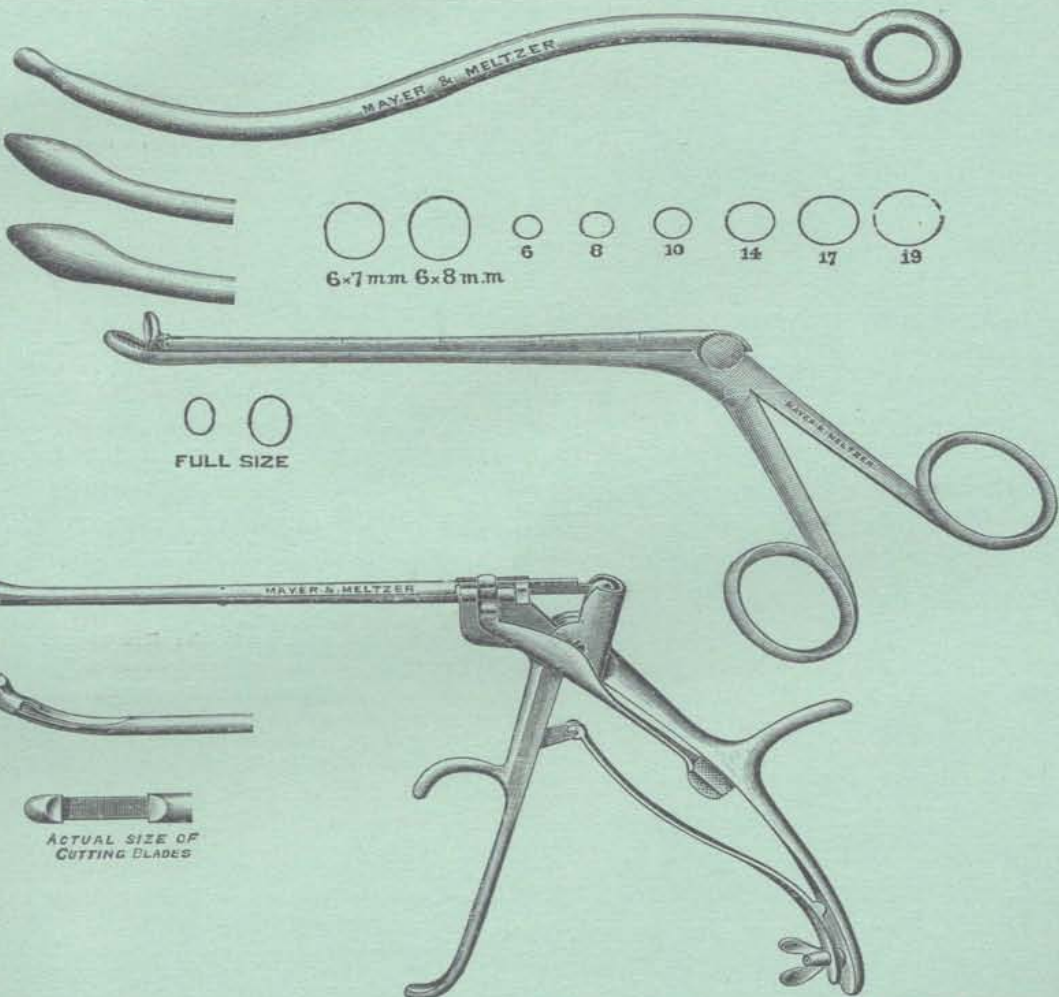
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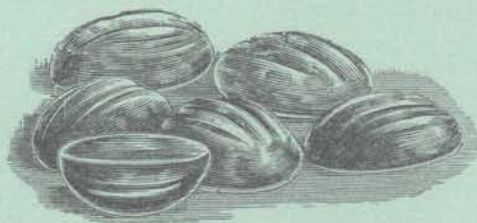
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