possession of a competent knowledge of anatomy and physiology. It is pitiable also to see how little is really known of the culture of the voice and the correction of its defects by the intelligent practitioner, and even the throat specialist, unless his musical tastes have led him to give more than ordinary attention to the subject. This is not as it should be, and the consequence is that such training is left to non-professional men, whose theories and practice are often the reverse of correct. It can only be hoped that more attention will be given to these matters in the future by specialists themselves, and it would be equally beneficial to the public at large if vocal training were made a necessary part of the education of every boy and girl, and that professional men should study these very important questions for themselves, so that they may become competent to advise correct training for young subjects, instead of, as at present, leaving it to be dealt with by persons outside the profession, whose efforts may be commendable enough, but whose methods are often questionable.

NEW INSTRUMENTS, THERAPEUTICS, &c.

Hewitt, Frederic (London).—*A Modification in Junker's Chloroform Inhaler.* "Lancet," April 30, 1892.

THE efferent tube containing the chloroform-laden air is conducted *inside* the afferent tube, which is of necessity much thicker than in the original. There is, therefore, no chance of attaching the conducting tubes to the wrong pipes, as is possible in the latter. The large tube is passed round the administrator's neck, and kept securely by means of a chain. The chloroform bottle is thus suspended, as from a collar, and there is, therefore, little or no danger of it being upset. Mr. Hewitt recommends his modification on the strength of nine months' use. *Dundas Grant.*

White, J. Blake (New York). — *A Double Nasal Spray and Vapourizer.* "Med. Rec.," March 26, 1892.

THERE are two tips, one fitting into each nostril. The author thinks that a spray thus introduced while the patient inspires strongly can enter the pulmonary tubes much further than any mouth spray can do.

Dundas Grant.

Knight, Charles H. (New York).—*An Electric Tonsil Snare.* "Med. Rec.," May 14, 1892.

A FIRM metal ring of oval shape with a metal shaft has attached to it such a pair of hollow tubes as are usual in galvano-caustic snares. The platinum wire of the snare is formed into a loop corresponding to the ring, and is attached to it by a single fine thread. It will be easily seen that, the loop being placed round the tonsil, the thread is burnt through when

the wire is hot and that the snare can then burn its way into and through the part. The apparatus may be used with any handle, such as that of Schech. *Dundas Grant.*

Spencer (St. Louis).—*A New Nasal Speculum.* "The Medical News," Feb. 6, 1892.

THIS consists of two blades, "slightly flared" at their extremities, so as to be self-retaining, and worked by a screw with a guide rod fixed parallel to it. *B. J. Baron.*

Oatman E. (Nyack, N.Y.)—*New Method of Fastening the Wire in Nasal Snares,* "Med. Rec.," April 16, 1892.

THE wire is passed under an eccentric milled wheel, with a lever attached. Compressing this lever causes the wire to be tightly gripped.
Dundas Grant.

Bucklin, Charles A. (New York).—*A Universal Nasal Saw.* "Arch. of Otol.," Jan., 1892.

THE saw is like Bosworth's, but there are three blades adaptable to the one handle. One blade has the same conical teeth, another has teeth "raking" forwards, and the third raking backwards. They can be turned upwards or downwards. *Dundas Grant.*

Cholewa (Berlin).—*Instruments for Application of Trichloracetic Acid in Nose and Ear.* "Monats. für Ohrenheilk.," 1892, No. 2.

DESCRIPTION of some probes which can be used for that purpose.
Michael.

Jarvis, William C. (New York).—*A Modified Nasal Ecraseur.* "Med. Rec.," March 5, 1892.

A PISTOL-SHAPED handle is adapted to a slight modification of Jarvis's original snare, so as to clear the line of sight. The working is effected by means of a ratchet. The inventor prefers the old screw mechanism, with its slow strangulation, for angiomata, posterior turbinated hypertrophies, or other vascular growths, but the new modification is well adapted for gelatinous polypi. *Dundas Grant.*

Lubet-Barbon (Paris).—*Bromide of Ethyl as a General Anæsthetic.* "Arch. Internat. de Laryngol., de Rhinol. et d'Otol.," Jan. and Feb., 1892.

FOR many of the operations practised in our specialty, the comparatively short anæsthesia afforded by this vapour gives sufficient time in the hands of a competent operator. If given freely without admixture with air, five or six inspirations suffice to produce anæsthesia. Dr. Lubet-Barbon recommends it for removal of tonsils, adenoids, nasal spurs, hypertrophies of the turbinated bodies, aural polypi or malleus. *Dundas Grant.*

Schroeder, H. (New York).—*The Treatment of a Cold.* "Med. Rec.," Jan. 30, 1892.

A GOOD *résumé* of the commonplaces, and recounting so many methods of treatment as to leave the subject very much where it was. The writer

finds belladonna and aconite useless, and prefers for sedative purposes in children two or three grains of phenacetin and about five grains of sodium bromide. At the stage of acute rhinitis he advises a snuff powder of boracic acid, bismuth, morphia and camphor. To each drachm of this may be added one-eighth grain of atropin, which stops the discharge, but leaves an unpleasant feeling of fulness. Cocaine is most strongly condemned. Liquid vaseline is recommended as a good vehicle for drugs administered by means of sprays. *Dundas Grant.*

Kaufmann, P. (Cairo).—*Identification of Tubercle Bacilli in Sputum by a New and Simplified Process.* "Lancet," May 21, 1892.

A COVER glass preparation is made and stained with carbol-fuchsin in the usual manner. It is then moved to and fro in water at a temperature between 208° and 212° Fahr. from one and a half to three minutes. It may then be examined with or without double staining having been practised. *Dundas Grant.*

Egidi, F. (Rome).—*Modified Apparatus for Laryngeal Intubation in Children and Adults.* "Boll. delle Mal. dell' Orecchio, della Gola e del Naso," Jan., 1892.

THE author deals first with the importance of intubation, which, if it is not destined definitely to replace tracheotomy, will cause it at least to take a second place. He has been one of the first in Italy to apply laryngeal intubation, and is endeavouring to extend its use and to simplify the apparatus which up to now has been in use. He describes the apparatuses for intubation, from the oldest, that of Bouchut, to the most modern. Egidi has endeavoured, in his own modification, to avoid the great defects in O'Dwyer's apparatus. These consist, according to him, *first*, in the exaggerated length of the tubes, which renders their introduction into the larynx not an easy matter, because in raising the instrument the curved part of the introducer is apt to strike against the roof of the palate, the result being a displacement and deviation of the inferior extremity of the laryngeal tube. *Secondly*, in their narrow calibre, rendering the passage of membrane difficult, and causing frequent occlusion by the mucus, which is so liable to adhere to, and become inspissated on, their internal surface. *Thirdly*, in not having the conductor hollow, so that one is never sure of having entered the larynx until the introducer has been removed from the tube, which it closes hermetically

Avoiding these inconveniences, Egidi has had made oval tubes, shorter and wider than those of O'Dwyer, with the conductor hollow, and having a joint in the middle so as to facilitate its extraction. He finishes his remarks by speaking of laryngeal intubation in acute and chronic stenosis of adults. *V. Grazzi.*

O'Dwyer, J. — *An Improved Method of Performing Artificial Respiration.* "Archives of Pediatrics," Jan., 1892.

THE Sylvester and other methods of imitating the natural expansion of the chest are inefficient, because the chest cannot be expanded to any considerable degree without contraction of the inspiratory muscles, and

especially of the diaphragm. Fell's method of forcing air into the lungs by a foot bellows, as is done in laboratories upon the lower animals, is open to serious objections. Tracheotomy has to be performed, and the wound round the canula made air-tight, and the trachea tamponed or tied above the incision ; the tongue, unless secured, causes obstruction, and the vocal cords may be forced together by the inrushing air. Should the larynx be obstructed, the stomach would be inflated, and not the lungs.

O'Dwyer has devised a set of tubes to establish direct communication between the bellows and lungs by the natural passages. The laryngeal part of the tube also tampons the larynx below the vocal cords, so that no air can return beside it.

The set consists of two long tubes—one for children and one for adults—and five laryngeal tips, the lower portion of which are grooved to allow the vocal cords to help in holding them down. The proximal portion of the long tube has two openings, one for inspiration connected with the bellows, the other to be controlled by the thumb of the right hand.

The principal danger to the lungs is over-distension and rupture of vesicles, from forcing air into the lungs and not allowing it time to escape. This is prevented by making the respirations slowly—ten to twelve to the minute—and watching the movement of the chest.

The great value of the method has been demonstrated by Dr. Fell in opium poisoning, and by Dr. H. C. Wood in resuscitating animals apparently dead from ether and chloroform, even when respiratory movements had ceased for two minutes, and in which the heart had ceased to beat. Its value in cases of apparent death from anæsthetics in the human subject is obvious. It is also of value in paralysis of the inspiratory muscles, as in strychnine poisoning, puerperal and other forms of eclampsia, and acute pulmonary obstruction from various causes.

A patient can be breathed for while still perfectly conscious, and it can be kept up for several hours after he has lost the power to breathe for himself.

These tubes may also be used to prevent blood from entering the lower air passages during operations in or about the mouth, affording also free passage for air to and from the lungs, a lateral curve of the proximal part of the tube being all that is necessary.

R. Norris Wolfenden.

Fell, G. E.—*Forced Respiration.* "Archives of Pediatrics," May, 1892.

AN answer to the objections of O'Dwyer to his method. His apparatus is not identical with that used in laboratories. It consists of a large bellows, a rubber tube, connecting with a large brass tracheotomy tube with a valve, which when turned opposite ways would admit of the passage of air into and out of the lungs. The tube and the valve are now made in separate parts connected by flexible tubing, to avoid giving the trachea a wrench on turning the valve. The tube is not ligatured to the trachea as in the laboratory apparatus, but rings of larger or smaller size are screwed on to the end of the tracheotomy tube, so as to tampon the trachea. The connections are made so as to be easily disconnected. The air can pass through the valve in or out, at all times, except during forcible inspiration ;

the air from the bellows is constantly passing through the tube during expiration, and is thus enabled to immediately enter the lungs when the piston is pressed down, and by removing the thumb from the piston expiration immediately follows without counter air-current from the bellows. Auto-respirations can thus be assisted. A constant stream of air is provided for by double bellows, and the air is heated by an "air-heater." The apparatus thus differs very considerably from the laboratory apparatus.

The author, by fitting a rubber cup to the face (face-mask), saved several lives without tracheotomy before preparing his present face-mask.

He speaks of the disadvantages of intubation as proposed by O'Dwyer. It prevents the imbibing of fluids, important in narcotic poisoning, and where the respiration has to be kept going for many hours. Vomited fluids may also enter the larynx. It will not be required where the face-mask is applicable, and he controverts O'Dwyer's arguments against forcing air through the mouth and nose. He condemns the cheap apparatus described in the "Year Book of Treatment" of 1891. With the face-mask respiration can be kept up for ten hours; after this has failed, life has been saved by him by performing tracheotomy. The face-mask obviates the practice of intubation. The author's experience of "forced respiration" is greater than that of any other surgeon, and has been extremely favourable. *R. Norris Wolfenden.*

DIPHTHERIA, &c.

Schlichter (Wien).—*Contribution to the Etiology of Diphtheria in Infants.* "Archiv für Kinderheilkunde," Band 14, Heft 3, 4.

The author refers to twenty-seven cases of diphtheritic infections in infants observed by him. Nearly all cases were sporadic, and could not be related to a special infection. He concludes that diphtheria of infants has no relation to puerperal diseases of the mother, that it must be caused by diphtheritic infection also if this cannot be proved for an individual case, and that the individual predisposition of infants is increased by diminished resistance caused by atrophy or lung diseases. *Michael.*

Baginsky, A. (Berlin).—*Etiology of Diphtheria.* "Berliner Klin. Woch.," 1892, No. 9.

COMPARE the report on the meeting of the Berliner Medicinische Gesellschaft, Jan. 30, 1892. *Michael.*

Williams (Richmond).—*Diphtheria.* "The American Practitioner and News," March 12, 1892.

THE author believes the disease to be local at first, the system being infected later on. Early diagnosis and treatment being imperative, he advises us to remove a piece of the membrane, stain it in fuchsin or