

entitle us to maintain that the modifying effect of habit is not confined to organic poisons, but extends to those of mineral nature, at all events to arsenic.—*Edinburgh Medical Journal*.

NOTES IN MEDICINE AND SURGERY,

By PHILIP CRAMPTON SMYLY, M.D., F.R.C.S.I. ; Surgeon to the Meath Hospital, and to the Institution for Sick Children, Pitt-street.

The methods recommended for the treatment of diseases of the larynx and trachea have become so numerous within the last few years, that it is not easy to compare their several advantages. One laryngoscopist advises solutions of various irritants, introduced by means of a brush or syringe specially constructed for the purpose; another blows very fine powders into the cavity; another galvanizes the muscular structures; another pulverizes fluids for inhalation.

All these devices have been called for by the obvious advantages of applying local applications to a diseased surface. Before the laryngoscope brought the lining membrane of the larynx and trachea into view, and revealed many diseases before only guessed at, the practitioner was content with a brush, or sponge on a stick, to apply remedies to the pharynx, or to touch, with nitrate of silver, any ulcerated spot he might see. Now that he can see, in many cases, down to the bifurcation of the bronchial tubes—in almost every case the whole larynx, and a great part of the trachea—he must mount his brush on a long curved stem, he must have his peculiar syringe, his laryngeal galvanizer, his polypus forceps, his *écraseur*, and his fluid pulverizer.

The object of these notes is to point out some of the advantages peculiar to the last of these—the inhalation of pulverized fluids.

Inhalation is not, by any means, a new idea: vapors have been employed from the earliest times, and air impregnated with various substances suspended in it, has been a remedy of well-known value—*e. g.*, the sea breezes in scrofulous disease. But inhalation of solutions of various medicinal substances, broken into a fine spray, is new. Sales Girons published his first clinical observations in 1857; the diseases in which the inhalations were found beneficial were pharyngitis, laryngitis, bronchitis, tuberculosis, &c. Since then many, both in France and Germany, have followed him, more especially within the last two or three years, and many instruments have been invented to break the fluid into spray. It would be out of place to enter on this extensive subject here, or on the discussion whether the spray, when formed, enters the air-pass-