

and then to use measures for the expulsion of the false membrane in due time through the natural openings.]

The topical application of solutions of the nitrate of silver of gradually increasing strength is a powerful reducer of the irritability of the glottis, but it requires far too much time for its action, even if it were otherwise suitable to cases of exudative inflammation, which I believe it is not. Emetics do certainly act on the glottis, and are such great helps in relaxing it that they can never be dispensed with, but their operation is only short-lived, and the patient would soon be exhausted by their very frequent employment. The inhalation of chloroform is perhaps the most speedy and powerful relaxer of the glottis at present known, and it may with caution be used in the cases to which I am now referring. It has this advantage, likewise, that its action may be maintained for a much longer time than that of those previously mentioned.

A few weeks ago a child of two years old was brought into one of my wards in the Infirmary, in the advanced stage of exudation croup. I thought he was suffering especially from spasm of the glottis, and had him put under the influence of chloroform, in which state his breathing became much fuller and more satisfactory, while both colour and heat greatly improved. But the mother, terrified at some mention that had been made of an operation, would not consent to his remaining in the house, and in spite of all our remonstrances, took the child home that same day, I suppose to die. Another good relaxer of the glottis is hot water, with which the *vinum belladonnæ* may, I think, be usefully mixed, and the best way for applying it is by Siegle's atomizer. In this way the patient is made to inhale the mixture as a spray, and even if he be an infant, the air in his neighbourhood may be so impregnated with the vapour that he cannot escape its action. I have seen much advantage from this appliance both in croup and in other laryngeal states allied to it.

These agents for relaxing the glottis have a double advantage; for they both gain time, which is so precious in these cases, and they may be alternated with other means, such as emetics, for the expulsion of the false membrane. They are the only relaxers of the glottis of which I can at present speak from experience; but do I not doubt that when attention is fairly drawn to the subject, other agents will be discovered still more appropriate to the fulfilment of this important end. At all events, that is the direction in which our endeavours ought to point, if we are ever to be able to overcome this formidable feature of advanced croup.

In those cases of the disease in which suffocation becomes imminent from the supervention of œdema of the aryteno-epiglottidean folds, tracheotomy is often performed, and were it not for the unsound state of