so often that I am prepared to speak more definitely about it. But, then, the spray would have to be employed almost continuously, and not only once in a while and by inexpert hands. If such a proceeding can hardly obtain any footing it must rather be ascribed to the difficulty of practising what we preach than to the failure of the method.

Another achievement that apparently indicates progress is the intubation of a diphtheritic larynx. The dexterity which this implies would find a better field if it were used for the purpose of effecting a change for the better in the diseased condition of the larynx. This it cannot do, and has therefore, no more justification than that of being a bloodless relief from suffocation. The enthusiasts do not claim more for it either, so far as I know, unless it is to raise the percentage of successful results upon those intubated, after it becomes more commonly adopted and improved in its working details. This has not been effected up to this time. About 30 per cent. saved sounds better than 70 per cent. not saved. In this it stands equal with tracheotomy, but in the infliction of suffering upon humanity it stands far above the latter procedure. How far it will succeed in replacing tracheotomy is a question the future will solve; but even if it does do so, I cannot see any grand achievement in the method as a way of dealing with a filth disease. By either of these two methods the disease is being complicated, certainly from necessity, as long as fatalistic prescribing reigns supreme. But when the view once shall be commonly accepted, that a diphtheritic infiltration in the throat ought to be as severely dealt with as a diphtheritic ulcer externally, then there will be less call for either of them If we are to attain this end, then it is our duty to arm ourselves with the head-reflector. to see for ourselves, te make the diagnosis, and to carry out the treatment, and not merely prescribe something. This reached something better is sure to follow.—*Medical News.*

REMARKABLE EFFECTS OF DIURETIN IN REMOVING DROPSY,

By Robert H. Babcock, A. M., M. D.

Case I.—Mr. B., aged 63, manufacturer, corpulent, March 1, last. I found his heart's action weak and arhythmic, and œdema had assailed his lower extremeties. There was anorexia, together with obstinate constipation. He was ordered to keep the house, and measures were taken to regulate the heart and invigorate the function of the kidneys. But all to no purpose. Hydragogue cathartics, digitalis, and caffeine exerted absolutely no effect on the dropsy, although the influence of the heart tonics in increasing arterial tension was combated with nitro-glycerine and nitrite of sodium. Œdema steadily advanced upward until, at the end of a week, it had involved the genitals and invaded the peritoneal cavity The heart's action was very bad, and attacks of cardiac asthma were frequent and violent, while a hard cough, with scanty serous expectoration, increased the suffering. Determining to waste no more time I ordered diuretin (Knoll) as a last resort. The remedy was begun Tuesday afternoon, March 10, and ninety grains taken the first 24 hours, and subsequently one hundered and twenty grains a day for four days. The result was astonishing. From a pint and a half during the 24 hours immediately preceding, the urine increased to twelve pints the next 24 hours, and, under one hundred and twenty grains of diuretin, to fourteen pints the second day, and eight pints the third day. At my usual visit that afternoon (Friday), I found œdema had disappeared, excepting slight puffiness about the left internal malleolus. The following Monday there was not a trace even of ascites. All dyspnœa had vanished, and the cough was no longer troublesome. There was, however, perceptible enlargement of the liver from passive hyperæmia, and a week later the patient again resorted to diuretin for a couple of days, owing to a recurrence of slight ascites. At present he is about and in possession of far better health than for months prior to his illness. During the administration of the diuretin no other remedy was taken.

Although said not to exercise any direct effect upon the pulse, it certainly in this and the following case manifested marked improvement, the rate becoming nearly normal and perfectly regular for minutes together. This I was inclined to attribute to indirect influence through diminution of arterial tension consequent upon the rapidly lessening venous engorgement and hence improved circulation.

Case II.— Miss S., aged 18 years, has been confined to bed for nine weeks with heart disease, March 7. Physical signs showed the case to be one of mitral disease, stenosis predominating. Heart's action rapid and irregular, and signs of venous stasis very marked. Œdema involved the feet and legs nearly to the knees,a and the enormoasly enlarged liver from passive hyperæmia was giving the patient much suffering. The urine was that of renal congestion, and in quantity not much more than a pint in 24 hours. Ninty grains of diuretin were ordered in divided doses during the 24 hours, and continued for six days. It was difficult to collect all the urine, owiug to involuntary micturition at times, but the amount passed could not have been less than six pints in the 24 hours. By the end of the sixth day the œdema had practically disappeared. During the administration of the remedy the action of the heart became manifestly slower, stronger, and perfectly regular.

In this instance, I believe, the effect was not greater because of the interference with absorption produced by the portal obstruction; and