

Rosenmueller's fossæ are to be scraped off with a lateral cutting curette. The author has devised two small instruments, made by Reynders, one edge being blunt, and made to cut one from right to left, and the other from left to right. The advantages gained in operating on children in the foregoing manner are: 1. The absence of disagreeable symptoms following the use of an anæsthetic. 2. The absence of profuse hæmorrhage. 3. The absence of pain after the operation, and of bronchitis brought on by blood entering the bronchial tubes, as so often happens after anæsthesia. 4. Short time consumed in operating. 5. The consent of parents objecting to an anæsthetic.—*Med. Rec.*

THE USE OF DIGITALIS AND STROPHANTHUS.—Dr. James Little, writing for the *Birmingham Medical Review*, after pointing out that digitalis is the most important cardiac remedy in the materia medica, goes on to compare, in an interesting manner, its power with that of strophanthus. He says, "Strophanthus shows its power in the same kind of cases that digitalis, when the systoles are frequent and marked, but is less useful when the pulse is regular and there is weakness of the left ventricle." He thinks that the tincture of strophanthus, like the tincture of digitalis, should not be mixed with water until just before it is swallowed. He also believes that when strophanthus is given in this form, fifteen minims every four hours is not too much. He concludes:

1. That digitalis is the better drug of the two because it is more frequently useful.

2. If slowing and steadying of the heart has been produced by digitalis, is well to keep up its action by occasional doses.

There are some patients whom digitalis sickens, and a smaller number in which it seems to fail to bring about an increase in the force of the heart. Under these circumstances strophanthus may prove itself useful. Patients who have widespread thickening of their smaller arteries are sometimes benefited much more by strophanthus than by digitalis.

4. Strophanthus is much more rapid in its action, but is not suitable for prolonged use.

He has also found that bromide of potassium in small doses, given twice or thrice a day, sometimes serves to quiet disturbed cardiac innervation.—*Therapeutic Gazette.*

SUCCESSFUL TREATMENT OF MEMBRANOUS CROUP WITHOUT EITHER TRACHEOTOMY OR INTUBATION.—The class of cases to which I refer are of laryngitis with fibrinous exudation and not complicated by diphtheria. My experience before February, 1891, covering a period of nine years, was to have treated medicinally eight cases, six of which died, showing a mortality of 75 per cent. I condemn

tracheotomy and intubation in true croup, as the same objections obtain in both, viz., that the accumulation of muco-pus in the lower part of the trachea and in the bronchi is lost sight of. Paralysis of the posterior crico-arytenoid muscles, preventing dilatation of the glottis in inspiration, is a symptom no doubt relieved by tracheotomy and intubation, but the other paramount elements of danger in the case, as pneumonia, capillary bronchitis, accumulation of muco-pus, feeble expiratory efforts preventing expectoration, due to general debility and exhaustion, are *unremedied*.

The treatment I have used since February, 1891, is based upon the allaying of inflammation about the site of the membrane, effecting the separation of the membrane, lessening the formation of new membrane, effectually controlling laryngeal spasm, and sustaining the strength. I use asafoetida by suppositories to allay spasm and to give needful intervals of quiet, restful sleep, and consider it a valuable and much overlooked remedy in membranous croup.

For the other conditions or symptoms I used ammonium chloride, given in syrupy mixture without water, as the addition of water makes it unpalatable to children.

For a child eleven months old the following prescriptions are ordered:

B.—Ammonii chlorid., 3j.
Syr. tolutan., f 3ij—M.
Sig.—Half a teaspoonful every two hours.

R.—Asafoetida pulv., gr. xvj.
Quininæ sulph., gr. iv.
Codeinæ, gr. ss.
Olei theobromæ, gr. cxxx. M.
Fiat suppos. No. viij.

Sig.—One every four hours.

Four cases of recovery are reported.—*College and Clinical Record.*

DIFFICULTIES OF DIAGNOSIS IN DISEASE OF THE AORTIC VALVES.—The group of cases of uncomplicated aortic insufficiency is to that of aortic insufficiency, plus mitral stenosis, as 88 to 39. But from the existence of the usual "aortic diastolic" murmur and of a pre-systolic thrill or murmur, or both, the presence of the two lesions cannot be inferred. Several cases are cited in which a pre-systolic murmur was present, but in which aortic insufficiency was proved, and mitral stenosis disproved, by post-mortem evidence. The differentiation between the two lesions in exceptional cases requires careful consideration of all the physical signs, and the evidence afforded by the cardiograph is of high importance. A case is reported in which from the clinical evidence it seemed probable that there was a conjunction of the two lesions, the mitral stenosis being slight. The autopsy showed aortic insufficiency; no mitral: