antiseptic, and has lately been brought forward again for pulmonary phthisis.

Creolin, as a general antiseptic remedy, is in great favor with many. I watched experiments with it in Prof. Schmitzler's clinic, in this disease, for several months, and cannot regard it with much favor.

Boric acid.—Bresgen, Schech, Schæffer and Bindermann, recommend it in powder insufflations, 2 to 7 grains, or inhalations of 1 to 5 per cent.

Carbolic acid in inhalations of 1 to 2 per cent., two or three times daily for 10 minutes.

Hydrarg. bichloride.—John McKenzie, and Massei use it in the form of inhalations, 1 in 1,000 or 2,000.

Iodine, nitrate of silver, ferrum sesquichloratum and zincum chloratum are still employed by a few.

(*Class c.*)—The surgical treatment of laryngeal tuberculosis, endo-laryngeal incisions, or scarifications.

For this treatment, Schmidt and Sockolowski considered those forms of laryngeal tuberculosis as most suitable, in which, besides relatively small changes in the lungs, and the absence of fever, the changes in the posterior region of the larynx were of œdematous character, in which the epiglottis was thickened and swollen, and there was great dysphagia, which diminished very much, or disappeared entirely after making incisions.

Curetting or scraping of the larynx,—Heryng advises it in primary laryngeal tuberculosis, or in cases of tubercular growths of the posterior part of the larynx, and in cases of ulcers with sclerotic ground and hypertrophic edges. Rosenburg also obtained good results from this method.

Cauterization by galvano cautery or chromic acid, is useful in some cases.

Lately, Memod has published an article on the use of endo-laryngeal electrolysis with long laryngeal needles bent to the angle of the ordinary curve of laryngeal instrument, and covered with protective varnish.

In treatment of infiltrations he says, there is no pain or hæmorrhage during the application of the current, and after two or three sittings the infiltration diminishes and the general condition improves.

Tracheotomy.—Some advocate it as a therapeutic measure, operating early in the disease, on the two-fold plea—

(1st) That the disease may be primary, and that by tracheotomy the lungs will be less liable to be infected.

(2nd) That functional rest is thereby afforded to the larynx, and a better chance given of success by topical medication.

Others wait until there is dyspnœa before operating, and there is a third class who decline entirely to do a tracheotomy on patients suffering from this disease.

I would expect the best results from a combined treatment, using one or more of each class, as the indications called for. In the anæmic stage, and when the thickening is only commencing, inhalations (with a proper inhaler) of stimulating volatile ingredients, as creasote, oil of pine or eucalyptus in water, are to be recommended. For the ulcers, brushing with lactic acid or menthol each second day, with iodol alone, or combined with coaine in form of insufflations in the intervals. Where the lactic acid does not act energetically, curetting is to be employed, and for the infiltrations incisions, or perhaps electrolysis.

TREATMENT OF ABDOMINAL WOUNDS FIFTY-FIVE YEARS AGO.

The following account of the treatment of an abdominal wound in 1835, by the late Dr. Isaac B. Aylsworth, of Bath, Ont., will, we are sure, be interesting to our readers. The manuscript was found among the unpublished writings of Dr. Aylsworth, whose name was a household word on the Bay of Quinté, fifty years ago.—Ed.

On the 2nd of November, 1835, about four o'clock p.m., I was called to see Johnston and to assist Dr. Stewart who was already present. Having arrived at the spot, about half a mile from Bath, I found Johnston on his back, by the side of the road, with a transverse wound, two inches and a half in length through the parietes of the abdomen, two inches above the symphysis, the extremity of the cut towards the right side of the body not extending quite to the median line.

A portion, ten or twelve inches in length, of intestine was protruded through the wound in the abdomen, which from its size, the appearance of its contents and the absence of longitudinal bands, etc., we concluded must be a part of the ileum.