

ing-glass, and the light used was natural and not artificial. This clearly proves the claim of Dr. Babington, as being truly the inventor of the Laryngoscope. The various improvements that were made from this time up to 1837, when the well-known experiments by Professor Czermack, of Pesth, were made, are briefly alluded to. To his untiring industry is beyond a doubt due the present wonderful results which the Laryngoscope, as remodelled by him, has produced. The second chapter contains a good description of the various parts of the instrument; and the third chapter gives the principles of the art, with clear and concise directions how to use the instrument. This chapter is exceedingly well written, and contains advice which should be carefully read by all before attempting the application of the Laryngoscope. He says, "Beginners, in their anxiety to get a good view, often give rise to faecal irritation, by keeping the mirror too long in the patient's mouth: the same condition is often caused by moving the mirror too much about at the back of the throat after its introduction. The practitioner should recollect that when an act of retching has once taken place, it is afterwards often impossible to get a good view of the larynx at the same sitting. Moreover, the act of retching always causes considerable temporary congestion of the laryngeal mucus membrane, and this is apt to lead the inexperienced to very erroneous conclusions." Dr. Mackenzie seems to think that, unless by the clumsiness of the practitioner, most persons could be examined at the first sitting without difficulty, and recommends that, for the purpose of gaining the patient's confidence, the mirror be introduced several times, leaving it at the back of the palate only for a few seconds, no attempt being made to see anything. He however admits having met with patients with such an irritable condition of the fauces as to render the application of the instrument almost an impossibility. Bromide of potassium and ammonium have been recommended in such cases, but in his experience without benefit, and recommends as the best treatment in such cases to get the patient to suck small pieces of ice for ten minutes previous to the use of the Laryngoscope.

Chapter four describes the appearances of the healthy larynx, and chapter five, the various accessories of Laryngoscopy, such as the examination of your own larynx, the demonstration of a patient's larynx, to others, &c., &c.

The next (6th) chapter contains practical remarks on the application of remedies by means of the Laryngoscope. Our author says, "For applying solutions to the larynx, squirrels or camel's hair pencil cut square at the ends and firmly attached to aluminum wire, bent at a proper angle, will be found the best. * * * * *