

nexion with the former. The posterior edge of the septum of the nose stood out quite distinct, and the posterior terminations of the middle and inferior turbinated bones were well seen. The orifices of the Eustachian tubes presented circular concavities with raised margins, and certainly seemed different from what they are generally described. The upper part of the pharynx was shown by simply introducing a reflector looking upwards at the same time holding the soft plate downwards and forwards.

These illustrations were confined solely to the examination of the healthy parts; but a great field is opened out with the aid of the laryngoscope, for the examination of various internal and hidden diseases of the larynx of which we at present have scarcely any conception. The Professor told me that with its aid he has been enabled to introduce the solid caustic and touch an ulcer within the larynx. If tracheotomy has been performed for laryngeal disease, a reflector can be introduced into the trachea opening, and a view of the internal disease will be at once afforded from below upwards. Much as the ophthalmoscope has done for hidden and obscure diseases of the eye, it is probable that even more may be expected from the laryngoscope in many terrible, intractable diseases of the larynx. But it appears to me that it is an instrument that cannot be commonly applied, unless by very delicate and steady hands; and it requires a special experience in its use. My own throat was submitted for examination, and the little reflector was delicately and gently applied by M. Czermak in front of the soft palate; I did not feel the slightest uneasiness although my faucial mucous membrane is irritably sensitive, and I was able to sustain a good, prolonged examination. The Professor declared, however, that I knew how to disport my throat for examination; and he said that he saw the laryngeal structures more distinctly and with greater facility than is his custom. Dr. Thudichum was not so fortunate in applying the reflector to my throat, for it rather tickled the uvula, and I felt disposed to cough. After a little practice with this instrument, I feel persuaded that I shall be enabled to demonstrate its use pretty satisfactorily to others.

There are other peculiarities in connexion with the laryngoscope besides those I have described. It is not necessary, however, that I should do more on the present occasion, than to draw attention to the use of this most valuable auxiliary. No one in any way familiar with the delicate structures of the throat should be without it.

Portman-street, Portman-square, Sept. 1860.—*Lancet*.

QUININE : A PROPHYLACTIC OF INTERMITTENT AND REMITTENT FEVERS.

By H. W. DESAUSSENE, M.D.

(*Read before the South Carolina Medical Association.*)

I desire to record a few observations on the power of quinine to protect the constitution against attacks of fever in those habitually exposed to malarious influences. A case which came to my knowledge years ago, and which I shall hereafter relate, first drew my attention to this subject. Subsequent facts, obtained from experiments on the African coast, have confirmed the experience derived from this individual case; and I think that I have been able to collect a sufficient number of data to render the opinion plausible, if not conclusive that quinine possesses the power of protecting the white man from attacks of intermittent and remittent fever, or its collaterals, when exposed for even long periods to malarious influences; and, moreover, that its daily use is in no-wise injurious to health; nor does its habitual use render the system insusceptible of its remedial powers.

It is well known that during the years 1840-41, the English Government sent an expedition into Africa to explore the sources of the Niger River. The expedition consisted of two vessels, well manned and fitted with all the appliances and comforts that skill could devise for securing the health of the men about to undergo a prolonged stay in a