

R.—Saturated solution of potas. brom, \bar{z} ii.
 Bromine, \bar{z} i.
 Aq. destill,
 Glycerin, āā \bar{z} iv.—M.

These corrosives should be employed only in exceptional instances, viz., when the initial lesion is distinctly circumscribed, the remaining mucous membrane being of a healthy color; and even here the greatest precautions should be taken in limiting the application to the diseased parts, lest new foci be formed by destruction of tissue beyond the requirements of the case.

The most prominent of the antiseptics or 2nd class, are sulphurous, boracic, salicylic, and diluted carbolic acids, chlorate of potash, tincture of iron, permanaganate of potash, iodine and corrosive sublimate, which last may be safely used as a spray up to 1 in 2000.

A large number of remedies have been tried as solvents of the exudation, the chief ones being papoid, lactic acid and lime water, lime water and glycerine, pilocarpine and peroxide of hydrogen. The last mentioned is at present in the meridian of its glory, but it may be that in the near future its sun will go down, as has been the ignoble fate of so many of its predecessors. The application of scientific medicine is not infrequently the development of fashion, in this particular instance I myself have fallen into line behind the bell wether, and have had some experience as to the merits of peroxide of hydrogen; but although I use it frequently, I cannot say that the results are better than those I formerly met with when for several years I relied upon a mixture consisting of tannic acid \bar{z} i, glycerinum \bar{z} ss, acid carbolic η xv., Lugol's solution of iodine \bar{z} ss., and water sufficient to make one ounce.

Hydroxyl being an unstable compound, owing to the free elimination of nascent oxygen, it is imperative that it be carefully preserved and its immediate effects closely watched. Marchand's and Harvey's No. 1, are the best in the market, and should be kept in a well-corked bottle, standing on the cork, in a cool dark place; the atomizer to be emptied into the vial after each application. If no foaming is produced by its contact with the exudation, the sample should be discarded as worthless. Its action being that of powerful oxidation the strength should not exceed the require-

ments; it is usually employed mixed with distilled water from a twenty per cent. solution upwards.

In all nasal cases absorption takes place readily from the Schneiderian membrane, and the strictest watchfulness is necessary to ensure cleanliness; for this purpose the syringe, douche or atomizer may be employed with such remedies as boric acid, chlorate of potash, permanganate of potash or peroxide of hydrogen. Should false membrane be so large as to occasion obstruction to the cleansing process, the urgency of the case permits of such apparently harsh measures as forcible detachment, or boring of the membrane in order for the introduction of the lotion.

Time will not permit of a description of the operations, intubation and tracheotomy, when the larynx is involved, but a few well attested truths may be briefly stated.

1. The mortality in each is virtually equal, about 26 per cent., therefore the peculiarities of the case, not the relative merits of the operation, must determine which is to be resorted to.
2. Very young children, requiring, necessarily, a tube of small calibre, are best tracheotomized.
3. Intubation is as a rule preferable after the 5th year, and especially in adults.
4. If membrane exists low down in the larynx, it is better to open the trachea.
5. The after treatment is more exacting in tracheotomy, consequently intubation is to be chosen in the absence of skilled nursing.
6. The length of time for retention of the tube in either instance is to be determined by the rate of progress of the disease, the average being, perhaps, seven or eight days; but if at any time during this period after intubation pneumonic complications should appear, the tube must be removed to allow of expectoration.
7. To wait until symptoms of impending collapse occur is to cast unjust reflections on the means employed.
8. In every instance of contemplated operation the lungs should be as carefully examined as the circumstances will allow, and the prognosis modified accordingly.
9. The most frequent cause of fatality after operation is inflammation, in the form of bronco-pneumonia, arising from circulatory disturbances set up by the occurrence of lobular collapse dur-