

In these cases three medicaments are especially recommended, ipecac, sulphate of copper, and apomorphia. Ipecac is the expectorant by far the most used; as an emetic it is the safest. Unfortunately it does not always produce vomiting, and one is obliged to have recourse to the sulphate of copper in the dose of 50 centigrammes (7 grains) in mucilage. Sulphate of copper is somewhat harsh in its action, but it may render you great service in these cases.

*A priori* apomorphia ought to be the best of emetics, since it is capable of employment in subcutaneous injections, which is a great advantage in the case of young children affected with sore throat, who refuse often with extreme obstinacy all the medicines which you try to give them by mouth. Apomorphia, in the dose of one-sixth grain for the adult, one-twelfth grain for young subjects of from eight to ten years, one-thirtieth grain for children of a still younger age, promotes vomiting in a few minutes after its introduction under the skin. It is, however, a medicament which very readily undergoes change, and on the other hand its action seems to be feeble in cases where hæmatisis is retarded as in asphyxia; finally, it is a toxic substance which in some cases determines symptoms of supreme gravity, as Pecholier has recently shown, and as I have myself pointed out. These circumstances have led to the virtual abandonment of apomorphia in the treatment of membranous croup.

Besides medicated inhalations, expectorants, and emetics, besides a tonic regimen, there remains but little to be done, from a medical point of view, in the treatment of croup. These are you see, arms of little potency to combat so formidable a malady.

At the same time, if we lack medications of great activity, there are kinds of treatment that are dangerous, such as revulsives and blood-letting. Considering diphtheritic laryngitis as a veritable inflammation, some physicians have undertaken to combat it by antiphlogistics, and they have even applied vesicatories, or (what is worse still) leeches to the larynx and chest. This practice is to be mentioned only to be condemned, it weakens the patient and, by the denudation of the epidermis, favors the production of cutaneous diphtheria. You ought then to refrain from all such measures.

Struck with the importance of keeping patulous the windpipe, Bouchat thought that one might obviate the dangers which result from the presence of false membranes by tubes introduced into the glottis. I was interne of the Hospital St. Eugénie when the first trials of catheterization of the glottis were made by Bouchat; these first attempts did not seem very encouraging and the method never became general. This practice has lately been revived by Von Huttenbrenner, with, however, no better success.

(2.) When, in consequence of the progress of the disease, and the failure of internal medication,

you find yourself powerless to prevent the more and more frequent return of the suffocative paroxysms, and the gradual progressive asphyxia which results, it is your duty to intervene surgically and perform tracheotomy.—*Medical Record*.

In the *Brit. Med. Journ.*, 1882, vol. ii. p. 169, Dr. Dreschfeld reported his first observations in the treatment of phthisis by iodoform. The favorable opinion then formed has been still further strengthened. Of sixty-four cases of confirmed phthisis, thirty-four had been under treatment sufficiently long to be available for the purposes of this communication. Of these thirty-four cases, four were in so far advanced a condition that the iodoform was only borne in the form of inhalation, but gave no results; two cases were complicated with amyloid disease, and here also the iodoform was useless. Of the remaining twenty-eight cases ten showed either no improvement or only a temporary improvement (increase of weight, improvement of appetite, decrease of cough and expectoration); while the physical symptoms showed no alteration at first, but afterwards the phthisical process gradually advanced, and associated again with loss of flesh, night-sweats, etc. Of the remaining eighteen cases, some showed slight but steady improvement, broken only temporarily by a fresh cold or some complication, such as gastric catarrh, pleurisy, etc.; whilst in six cases the improvement was most marked and beyond all expectation, the increase in weight amounting in one case to fourteen pounds, in another to ten pounds, and in a third to eight pounds in one month. The physical symptoms also improved; the sputa, however, continued to contain tubercle-bacilli. The iodoform treatment was also tried in six cases of incipient phthisis. Of these, two had only been under treatment a very short time. Of the four remaining cases, two showed no improvement, one was at once benefited; cough and expectoration entirely ceased, the apex-catarrh disappeared, and the patient felt now perfectly well. In the second case the treatment was equally successful—only, however, after having been continued for longer time. There being an almost entire cessation of cough, it was difficult to obtain any sputa; one specimen, however, was obtained, and this was found free from bacilli, whilst before they were found abundantly. Two cases of laryngeal phthisis, treated both by inhalation, and also locally by the application of iodoform powder to the ulcers, gave satisfactory results; the ulcers cleared and became smaller, and the general condition improved. The iodoform was given in the form of pills (one grain of iodoform, two grains of croton-chloral, one minim of creasote) and in the form of inhalation (twenty grains of iodoform, twenty minims of oil of eucalyptus or ten minims of creasote, and half an ounce each of rectified spirit and of ether). The inhaler used was one devised by Dr. Roberts,