affords a clue to the proximate cause of death during the inhalation of chloroform. The first symptom denoting danger is, generally, a sudden paleness of the face; and this may be accepted as a certain index of approaching paralysis of the heart, involving an absolute arrest of function, if immediate means be not taken to avert it. (See a case, taken at random, recorded in the Lancet, November 15th, 1862, p. 533.)

There is a condition of the heart, anatomic and congenital, which furnishes another intrinsic cause of cardiac apoplexy. A girl, aged about 18, suffers from an acute palpitation; the pulse is normally 120, and very weak; her skin, and especially that of the face, is always dusky; she cannot ascend a hill without much difficulty. Physical examination detects no murmur, and no dilatation of the heart. My friend Dr. Coates, (formerly Physician to the Eastern Dispensary) kindly investigated this case. The only explanation I can give of it is, that the facial communication between the auricles did not become quite obliterated, and that a little venous blood perpetually filters through the septum, irritating the endocardic surface of the left heart, and exciting, by reflex sympathy, hyper-action of its walls. This overaction takes a rhythmic form, and is never irregular.

Pure pathology awakens little—far too little—interest, unless it bears upon practice. And patients care for correct diagnosis usually only so far as it is a guide to correct prognosis and treatment. From these two standpoints—prognosis and treatment—it seems that the more common diseases of the heart may roughly be divided into three groups.

(a.) Disease, Degenerative or otherwise, of the Muscular Wall of the Heart. Death often sudden; scarcely ever can it be hoped that the heart will regain its healthy tone and power. Unless contraindicated by any complication or intercurrent malady, iron must be given perseveringly, and in good doses. Trust not to those transient props, ether and ammonia; they may weather a patient through half-an-hour's distress, but they have no further value whatever. Iron is the one and only element endowed with the property of regenerating blood, flesh-making food and pure air being, of course, allowed at the same time. Some form of alcohol is almost always advisable. By the use of these means much benefit may often be obtained, and apnea lessened in severity.

(b.) Disease of the Aortic Valves. Death not often sudden. Dr. Stokes remarks that a general morbid state accompanies incompetency of the aortic valves; "a state of deficient haematoses, apparently that which favours the deposition of fatty, atheromatous, and tubercular matter." This points to the same principles of treatment as in the last case; the details being varied to meet individual exigencies. Iron is the unfailing medicinal remedy; its good effect being exercised in sustaining the compensative hypertrophy of the left ventricle, and in nourishing the overworked heart itself with good blood.

(c.) Disease of the Mitral Valves. Death sometimes sudden, and seldom long delayed. Toxics, especially of the ferruginous kind, are rarely well borne. The chief indication appears to be to unload the over-full venous system, especially that of the abdominal viscera, by saline purgatives (especially the potassio-tartrate of soda, usefully combined with senna or aloes), aided now and then by small doses of mercury. Eluminiation from the intestinal and renal mucous membranes should be favoured in order to discourage dropsy. A selection of digestible food, taken in small quantities at frequent intervals, is essential; and in this as in all other diseases of the heart, repose of the organ should be promoted by abstinence from unnecessary bodily exertion.

II.—Instruments Employed in Laryngoscopy.

[Concluded from page 299.]

All the instruments I have described are available alike for the examination of the larynx, and of the upper part of the pharynx and the nares; the face of the laryngoscope in the examination of the latter being, of course, turned upwards instead of downwards. As, however, the uvula and soft palate would prevent our seeing the mirror, unless they were artificially held out of their natural position, the little instrument figured in the margin (Fig. 4) becomes necessary. This consists of a broad leaf-like portion turned up at the end, and a stalk, both of metal; the stalk being fixed in a wooden handle. Its use is to raise the uvula and soft palate; and no better example can given of the difficulties which must be encountered in their attempts to apply the instruments practically, by those who derive all their knowledge of the laryngoscope from the instrument-makers, than the fact that the traveller from one of the principal London instrument-makers carried this palate-spatula about with him, exhibiting it as an instrument for depressing the tongue. When we are examining the nares, this little instrument is held in the left hand, while the right is occupied with the mirror. Consequently we are not able, when using these instruments, to apply caustics, or adopt any operative procedure, in the regions disclosed to us. I have seen several models of instruments combining the palpate-spatula and the mirror in such a manner that both may be worked with one hand, leaving the other liberty for whatever manipulations may be requisite for the treatment of the diseased conditions revealed by the rhinoscope, as an instrument combining the mirror and palpate-spatula is called. The best rhinoscope which I have yet seen is that of Stocke; and I am at present
getting a model made by Mr. Matthews of an improved form of this instrument, which will, I hope, prove of real practical value.

In the local treatment of the various affections of the larynx and pharynx, many instruments are required which I have no space to describe; but, of the chief advantages derived from the laryngoscope being the power it gives us of applying caustics with accuracy to the interior of the larynx, no description of the laryngoscopic apparatus would, I think, be complete which left unnoticed the proper form of caustic-holder. Such a form of instrument has been proposed by me, and I have employed those of Stoerk and of Leiter. (The latter of these were to be seen, with a large collection of laryngoscopic instruments, in Leiter's case, in the Austrian Court of the International Exhibition; the instruments which I use and recommend are exhibited by Mr. Matthews of Portugal Street.) Both of these, however, have faults in their construction, which have induced me to endeavour to improve upon them; and the instrument here figured (Fig. 5) is the one which Mr. Matthews has invented and constructed, embodying all the advantages which I know about what is requisite to make the instrument as nearly perfect as practicable. The stalk of the instrument being slender, and at the same time rigid, we are able to direct the caustic accurately to the point desired, without so completely obscuring the image in the mirror as when we employ Stoerk's instrument; and, the extremity of the instrument being expanded, it admits a much larger piece of caustic than any of the foreign instruments I have seen, which will scarcely contain a piece larger than the finger-nail through which it is applied, so that there is risk of the caustic falling into the trachea.

I have made the absolute security of the caustic a sine qua non of this instrument. The caustic, being concealed when we introduce the instrument into the larynx, is pushed forward by the pressure of the thumb on a button at the end of the instrument; and, the pressure being taken off, it returns to its case by the elasticity of a spring, when opposite the point we wish to cauterise. The whole is perfectly manageable with one hand.

The ordinary sponge-prolongs, mounted on whale-bone suitably curved, are of course not superseded by the instruments for holding solid caustics; and no set of laryngoscopic instruments is complete without one or two of these. On precisely the same principle as his solid caustic-holder, Mr. Matthews has constructed an instrument with a sponge for the application of liquids; and, regarding, as I do, the solid caustic-holder of incomparably greater practical value, for its convenience and security, than any that has been previously constructed, I should recommend the instrument for applying liquids to those who wish to have every instrument they use neat and elegant, as well as useful.

Together with the instruments I have described above, Mr. Matthews has submitted for my inspection a pair of forceps, or perhaps one should rather describe them as tweezers, which, projecting from the end of a long tube constructed with rings, etc., as is the caustic-holder figured above, are closed by the pressure of the thumb, and open again by their own elasticity when the pressure is removed. These Mr. Matthews, no doubt, intends for the purpose of removing such small foreign bodies as a fish-bone, etc., and for this purpose they might, I think, be very useful.

Certain instruments, which I have had constructed for the treatment of special cases, I shall describe in connexion with the cases themselves.

Those who are anxious to make a special study of laryngoscopy, and who are able and willing to devote much time to the study of the laryngoscope, cannot do better than study its application on their own persons.

Autolaryngoscopy is quite possible by the aid of simply a small mirror held in the left hand, while the right is used for guiding the laryngoscope; but this practice is very difficult, without the use of some apparatus especially adapted to it.

Although, from a fear of being tedious, I shall not here describe the instruments necessary for observing or demonstrating one's own larynx, I may mention the apparatus of Czermak, which is the one I have used. In this, by means of one mirror, the light from a lamp or the sunlight is reflected into the pharynx and in another mirror, placed high enough to admit of the light reflected from the first passing beneath it, the operator observes the image of his own mouth with the laryngoscope, and its reflection of the larynx. Another apparatus, which I have never seen, appears from the description given by its inventor, Dr. Moura-Bouroulleau, at least as good as that of Czermak, simply for purposes of autolaryngoscopy. The pharyngoscope, as it is called, consists of a mirror which may vary from six to eight inches in diameter; this is pierced in its centre by a hole an inch and a half in diameter; and in this opening is placed a lens of glass; the whole is mounted on a frame, which may be fixed to a lamp in such a position that the lens is immediately in front of the flame, the back of the mirror being directed towards the lamp. The light emerging by the lens falls into the open mouth of the observer; and he, holding the laryngoscope in the proper position, sees what it discloses, reflected in the mirror of the pharyngoscope. The illumination in this instrument, being obtained by concentrating the light instead of reflecting it, is probably better than that obtained by Czermak's apparatus; but for demonstration to others the pharyngoscope of M. Moura-Bouroulleau seems to me very inferior to Dr. Czermak's laryngoscope for self-observation; and I should, therefore, advise those who wish to take the judicious step of applying the laryngoscope and studying the laryngeal image on their own persons, before practising upon others, to purchase the apparatus of Professor Czermak, directions for the use of which I will give when speaking of the mode of applying the laryngoscope. Previously to discussing this, I shall, in my next paper, describe the appearance of the parts brought into view by the mirror, as seen during life.

[To be continued.]

The Idiots at Earlswold. Some idiots are much affected by changes of weather, the state of the barometer somehow remarkably influencing their nervous system. In short, the phases of idiocy are illimitable, both bodily and mental, and the pointed remarks idiots make are perfectly inexplicable. For instance, one of them had heard that I had said in a speech they could not play at cricket; so he criticised me by observing, "It is very easy for a man to speak, but he often says what he does not know." However, he certainly could not play at cricket, though that game has now been achieved by many. A clerical friend of mine was saying some of the little ones his hunting-match, which he blew upon, and then touched the spring, as if it opened by his breath; some larger boys were looking on, and said, "He looks like a clergymen, but he practises deceit." In fact, it is necessary to be most careful as to what is done or said before them, for they have strange observations, especially as to any promise the fulfilment of which may have been forgotten. Yet I have seen a nice little fellow who spoke well enough, but could not recollect what he said for a moment; the impression was gone directly. It should be known by all visitors that they are subject to much fulsome and less remarks upon themselves. ("Earlswold and its Inmates," by the Rev. E. Sidney.)

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