If I were to suggest an ideal means of dealing with inebriates it would be the establishment of a little world in which alcohol had no place, but in which life with its various occupations, domestic arrangements, and amusements went on exactly the same. It would in fact be a colonization scheme, such as has proved so valuable in the case of epileptics and of the insane, only much more extensive and much more feasible. The problem involved is merely the exclusion of alcohol from all part in the colony's affairs. It is true that this could not be accomplished in any region open to ordinary traffic, travel, and communication; even a Chinese wall built around such a colony would not protect it from the invasion of its enemy; it would find some means to percolate through. But I can imagine some Temperance Island so far removed from the main land as not to be accessible to small boats, with only one harbor, five to ten or more miles in diameter, amenable to the laws of the United States, the property of a corporation of practical philanthropists, where all boats and baggage and merchandise would be thoroughly quarantined against the introduction of alcohol as if it were a comma bacillus, or the microbe of the Black Death. Here would be villages and industries, manufactures and arts, the commoners and the gentry, living in business prosperity and domestic happiness. Thither the drunkard would repair with his family, and obtaining a position, support himself and them, and lead a useful life as if such a thing as inebriety never existed. A majority of inebriates would immigrate there of their own accord, but certain ones would need commitment by law for three years. Such commitment, however, would be no hardship, for the rights of voting, of citizenship, the solace of society, the pleasure of following one's trade or calling, of earning a livelihood, and of living with one's family would make existence not only tolerable but blessed. The realization of such a project is not an "iridescent dream." It is quite within the bounds of feasibility. A small additional tax upon spirits and spirit-venders would be sufficient to acquire some Nantucket and consecrate it to this purpose.

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A CASE OF SUFFOCATIVE LARYNGO-TRACHEITIS, AND A METHOD OF IMMEDIATE RELIEF.*

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In illustration of an additional indication for the method described in my article, "A Topical Treatment of Bronchitis," (*Philadelphia Medical News*, of March 11, 1893, and *Chicago Medical Recorder* of March, 1893,) I wish to describe the following case:

Mrs. L. L. attended a ball shortly after her return from a wedding trip to the South. The day following I found her suffering from what seemed to be an ordinary laryngo tracheitis. On the succeeding morning I was again called and found the conditions greatly changed. She had been awake all night suffering from an attack or "croup." As this was to her a familiar reminiscence from childhood, she was more amused at her sudden rejuvenation, than alarmed at her distress.

I found her with accelerated and strident respira-

tion, and cyanotic face. There was a gurgling sound of advancing and receding mucus in the wind-pipe. Occasionally the mucus would become so lodged as to suppress respiration altogether; she would then struggle violently to regain her breath. Temperature 101°.

I found the pharynx almost normal. Aditus ad laryngem moderately swollen and congested. The glottis covered with a sticky, yellow-greenish secretion. Upon inspiration, the tracheal mucosa presented itself swelled and with engorged capillaries; thick bands of very tenacious green discharge stretched across the trachea, almost blocking it up.

During the previous night the patient had vomited several times. I again forced vomiting, and in various ways succeeded in giving transitory relief; the secretions would, however, gather again. During the forty minutes consumed in these observations, the patient had several attacks of suffocation, from each of which it seemed more difficult for her to regain herself.

I then decided, in view of my experience in the rapid elimination of bronchial secretions (see article quoted above) to apply the deep spray. The success of its application was as rapid and striking as we see it in intubation for laryngeal stenosis. Each inhalation of the spray scooped out the tenacious, cohesive discharge, which was so adherent to the mucous membrane as to carry away admixtures of blood with each expectoration.

The patient was then put back to bed, entirely relieved of dyspnoea, and sank into an exhausted sleep. Her recovery took place without further incident, except that the sputa remained bloody for a few days following.

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BRONCHOCELE, THYROIDECTOMY.

Read before the St. Louis Medical Society,

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Miss W., aged twenty-two years, school teacher, of healthy parentage, was born and lived in the southeastern part of Missouri. At the age of thirteen had an enlargement make its appearance over the thyroid gland, which gradually enlarged until two years ago, when it began to grow rapidly. The form of development was the usual larger right lobe the size of an orange, the left being one-fourth its size. Immediately above the right another smaller enlargement was observed, which in all probability was an auxiliary thyroid gland undergoing degeneration. The physical symptoms were rapid increase in loss of strength, being unable to go up stairs without great difficulty, loss of flesh, palpitation of the heart with mental disturbances. Her general appearance had changed so rapidly as to alarm her friends. She was anæmic, with the usual anxious and greatly distressed appearance. Her eyes were slightly protruding, which may have been due to the nervous impressions arising from the disturbance of the heart's action and increased rapidity in breathing; her voice was normal. A measurement over the most prominent part of the tumor measured fourteen and three-fourths inches. It was movable and would rise and fall in the act of deglutition. It was not adherent to the overlapping skin, and had no attachment to the