

ART. XI.—*Notes in Medicine and Surgery*—II. By PHILIP CRAMPTON SMYLY, M.D., F.R.C.S.I.; Surgeon to the Meath Hospital, and to the Institution for Sick Children, Pitt-street.

THE methods recommended for the treatment of diseases of the larynx and trachea have become so numerous, within the last few years, that it is not easy to compare their several advantages. One laryngoscopist advises solutions of various irritants, introduced by means of a brush or syringe especially constructed for the purpose; another blows very fine powders into the cavity; another galvanizes the muscular structures; another pulverizes fluids for inhalation.

All these devices have been called for by the obvious advantages of applying local applications to a diseased surface. Before the laryngoscope brought the lining membrane of the larynx and trachea into view, and revealed many diseases before only guessed at, the practitioner was content with a brush, or sponge on a stick, to apply remedies to the pharynx, or to touch, with nitrate of silver, any ulcerated spot he might see. Now that he can see, in many cases, down to the bifurcation of the bronchial tubes—in almost every case the whole larynx, and a great part of the trachea—he must mount his brush on a long curved stem, he must have his peculiar syringe, his laryngeal galvanizer, his polypus forceps, his *écraseur*, and his fluid pulverizer.

The object of these notes is to point out some of the advantages peculiar to the last of these—the inhalation of pulverized fluids.

Inhalation is not, by any means, a new idea; vapours have been employed from the earliest times, and air impregnated with various substances suspended in it, has been a remedy of well-known value—*e. g.*, the sea breezes in scrofulous disease. But inhalation of solutions of various medicinal substances, broken into a fine spray, is new. Sales Girons published his first clinical observations in 1857; the diseases in which the inhalations were found beneficial were pharyngitis, laryngitis, bronchitis, tuberculosis, &c. Since then many, both in France and Germany, have followed him, more especially within the last two or three years, and many instruments have been invented to break the fluid into spray. It would be out of place to enter on this extensive subject here, or on the discussion whether the spray, when formed, enters the air passages at all or not, and if it does how far it can penetrate into the bronchial tubes. It is, for the present, sufficient to state, that the fluid impregnated

with substances not otherwise volatile, can be broken into such fine spray that the solution may be inhaled without inconvenience, and that the medicinal agent may thus be brought in direct contact with the lining membrane of the bronchial tubes, even as far as their small ramifications.

The instrument I use is made by Mr. Krohne, after M. Lewin's. It consists of a glass chamber, covered with an air-tight brass cap. In this cap a glass tube is fixed, almost touching the bottom of the glass vessel. The end, outside the brass cap, is drawn out to a capillary opening, and bent at an angle. Into another part of the cap an air-pump is screwed, to press air into the chamber, thus forcing any fluid introduced into the chamber through the capillary opening with very great force. A glass cylinder, open at both ends, and having a small round hole in the side, is fixed by means of a metal rod at a short distance, so that the stream from the capillary opening may enter the hole in the side. Opposite this hole a metal button is fixed, on which the stream strikes, and is broken into a fine spray which falls out of the cylinder at each end. The patient is then placed opposite one end of the glass cylinder, and by breathing draws a considerable portion of the spray into his air passages.

I have employed the pulverized fluid thus formed in several cases, and with very good results, in which I had before been employing other remedies without effect; these I will pass over, and merely give one case in which every other remedy either failed or could not be employed.

Mr. R. consulted me, about the end of June, 1864, complaining of a constant irritation of the throat, preventing sleep, and causing great distress. His throat was so sensitive that the examination with the laryngoscope was very difficult—almost impossible. However, after a time, I got a very good view of the entire larynx. The epiglottis was very red, the mucous membrane between the arytenoids and the false cords was congested and slightly excoriated. The vocal cords were quite white, except towards the sides attached to the larynx. I tried to touch the parts with a brush charged with a solution of nitrate of silver, but could not get it past the base of the tongue. I ordered, then, a strong gargle of bromide of ammonium, and to come again in a day or so. A few days after he returned, saying the gargle had done him some good. The examination was not quite so difficult, and I succeeded in passing a brush between the arytenoids. There was

very little spasm, but he was attacked with violent vomiting, which continued for three hours; after this he would not allow a brush to be again introduced. He tried several gargles, but without any effect, and inhaled the vapour of hot water, &c. He got worse and worse, so that for many nights he had no refreshing sleep. I then told him I had just obtained Lewin's fluid pulverizer, and that I wished to try its effect in his case. The first day he inhaled the spray of a (15 grains to the oz.) solution of nitrate of silver for about ten minutes; after the inhalation he said he felt the whole throat rather sore. Next day he came for a second application; the soreness, after the first, had quite gone off towards evening, and he had slept, without any disturbance from his throat, the whole night. The inhalation was repeated twice. His throat was so much improved that he was able, a few days after, to leave Dublin to travel for pleasure.

October 13th.—Mr. R. has not had any return whatever after the second application of the spray of nitrate of silver solution.

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ART. XII.—*Remarks on the Hebrew Catalogue of Skin Diseases.*

By T. W. BELCHER, M.A., M.D., Dub.; Fellow of the College of Physicians; Physician to the Dispensary for Skin Diseases, &c.

I BEG to refer the readers of this Journal to the number for May, 1864. In that number appeared an essay of mine, entitled "The Hebrew, Medieval, and Modern Leprosies Compared," which concluded in the following words:—"They (the minor skin affections) were classed with leprosy by Moses, and, altogether, probably form a better classification of cutaneous diseases than any of the systems now extant."

I wish in the present essay to note particularly the Mosaic nosology above referred to; and before doing so I would set before the reader, in as concise a manner as I can, a *resumé* of such parts of the first essay as relate to the subject now under consideration.

It will be observed that I controverted the position of the learned Erasmus Wilson—that Hebrew leprosy and Greek elephantiasis were identical; and I endeavoured to do this by proving that black and white were not the same, and that hypertrophy and atrophy were absolutely different.

That elephantiasis may have existed among the Jews side by